How KPIs Tracking is Essential to Hospital Success

All Hospital CEOs Must Track
How KPIs Tracking is Essential to Hospital Success

Taking Cardiology to the Grassroots
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EARLY IN June Nature Medicine published a case report from National Cancer Institute of a 49-year-old breast cancer patient who had advanced metastatic disease. She was treated with an experimental immunotherapy in a clinical trial and is said to have complete durable regression. This is the closest thing to cancer cure described in our times.

The question is can this happen in India? Do patients have options of experimental therapy in India? Cancer for most Indians is a death sentence with a very expensive bill. Those who can afford to travel abroad seek a better chance with an established or experimental therapy. Clinical trials are essential to develop newer treatment modalities but in India clinical trial is so grossly misunderstood that they are often equated to criminal activity. Only a handful of hospitals have managed to overcome barriers to clinical trials and are attempting to do some good work.

According to reports, India accounts for 17% of the world’s population and 20% of the global disease burden expressed as disability adjusted life years. This high disease burden can be countered with among other things good data from clinical trials.

There is a need to make people aware of their right to treatment options and like organ donation, clinical trials should also be talked about in positive light. The bad should be regulated with law and the good should be celebrated.

Of course, there have been cases reported of malicious trials but that does not mean that all clinical trials are bad. It is a known fact that many doctors who migrate to other countries do so because of conducive academic environment there. And by pushing our doctors to take their academic ambitions abroad we create the crisis of abysmal doctor: patient ratio in India.

Unless we work together to clear the air about clinical trials our patients will not have good treatment options, our doctors will not have an enriching academic environment and we will not have miracle stories to tell.
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Hospitals are complex organizations. What are the typical KPIs critical for gauging any hospital's performance on various operational and financial parameters?

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CHECK IT OUT ONLINE
F rom time immemorial yoga has been considered the best form of exercise to stay healthy. Yogasanas have a direct relation with the nervous system, which in turn helps in maintaining a healthy body. Brain is the organ, which caters to all internal and external needs of the body in addition to managing social reactions and spiritual connectivity. As far as the brain is concerned, the concept that if this one organ is kept healthy, it can take care of the rest of the body needs to be reiterated. Yoga helps us achieve and maintain excellent health by taking care of our brain and mind.

Dr. NK Venkataramana, Founder & Chief Neurosurgeon, Brains Neuro Spine Centre

Our country is facing severe shortage (70-75%) of blood reserves and this shortage can be tackled if additional 2% of the current population starts donating blood voluntarily.

Even though sensitisation about voluntary blood donation in India has increased and has outpaced replacement blood donation, still, there is a long way to go. People are hesitant towards donating blood owing to the fear of getting infected by needle transmitted diseases and other reasons which are not right in true sense, however, today the process is much more advanced, harmless and safe. Additionally, advantage of voluntary donation is that it less infectious as compared to replacement donations.

An average Indian man can donate blood once in three months, whereas, women can donate once in four months. Gone are the days when one unit of blood was used for simple transfusion, today its components like RBC, WBC, platelets and plasma can be used to save minimum three lives. Hospitals along with NGOs are working restlessly to increase awareness by organising blood donation camps, tying up with institutions and corporates to meet the demands.

We are hopeful, with collaborative efforts, India will soon address its shortage for blood reserves on its own.

Dr Prathip Kumar B R, Consultant & HoD Blood Bank, Narayana Health City

Yoga is a universal panacea for many body related deficiencies. A twenty-minute daily regime of yoga cures many diseases and also prevents them. In my recommendations to the patients other than the necessary medicines, I also suggest specific yoga workouts for ortho related issues. My patients are happy that with this advice as the medicinal intake reduces.

Nadeem Shariff, Physiotherapist, Primecare Hospital

It is important to educate people on the process of blood transfusion and clear misconceptions; as this has been a great concern for the larger masses. There are certain criteria that must be followed while donating your blood to avoid transmitting disease to the receiver. It is important to be responsible before donating your blood to the needy such as; the donor should not be suffering from chronic or infectious disease, the person should not be underweight etc. As a donor we all should be equally responsible to confirm quality blood to the needy. It is also essential to approach a certified blood donation camp or centre for many reasons. These centres will ensure that blood donation is done using sterile equipment, have the right storage facility and have well trained healthcare professionals who are capable of answering all your queries. In addition, such centres will ensure that there are no unethical practices that are commonly seen in the huge blood smuggling market in India.” said

Dr. Kruti Dumaswala, Consultant, Transfusion Medicine, BGS Gleneagles Global Hospitals

The incidence of Sickle Cell Anaemia (SCA) has been increasing in communities where consanguineous marriages are prevalent. The chances of both mother and father carrying the abnormal genes increases significantly if they have descendants of a common ancestor. India alone is home to about 150,000 patients with sickle cell disease and about 88% of SCA cases in Asia. These cases are predominantly found in Central India, northern Kerala and Tamil Nadu which is called as the sickle belt of India. Symptoms include anaemia, pain crisis, frequent infections, delayed growth, vision problems and pooling of blood in spleen which could be fatal as well. Sickle Cell Anaemia is also associated with numerous complications such as stroke, acute chest syndrome characterized by sudden onset of chest pain and breathing difficulty, pulmonary hypertension, organ damage especially liver and kidney, blindness, gall stones, leg ulcers, bone and joint damage and painful penile erection leading to impotence. Genetic counselling is of paramount importance as the disease has got no permanent cure except bone marrow transplant. In areas with high prevalence of SCA, awareness programs should be implemented and routine screening should be done to detect carrier status. Marriage between two carriers is highly discouraged. Nevertheless, SCA patients ideally need specialist care throughout their lives in order to live a quality life.

Dr Sunil Bhat, Senior Consultant & Head Pediatric Hematology, Oncology and Blood & Marrow Transplantation, Mazumdar Shaw Cancer Centre

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TWIN LICENSING BY BCIL-SECRETARY, DBT AND SECRETARY, DHR & DG, ICMR APPLAUD

Technology for Intraosseous Device was transferred by Biotech Consortium India Limited (BCIL) to RCupe Health Technologies Pvt. Ltd., Bangalore in the presence of Dr. Renu Swarup, Secretary, DBT and Dr. Balram Bhargava, DG, ICMR & Secretary DHR in DBT. The IO Device technology has been developed under the flagship programme of DBT- SIB being implemented at AIIMS and IIT Delhi in collaboration with QUT Australia, Hiroshima University, Japan, Tottori University, Japan etc. BCIL manages the techno-legal aspects including comprehensive IP management and technology-transfer of this programme. Dr. Purnima Sharma, MD, BCIL and Dr. Suchita Markan, AGM, BCIL from BCIL led the transfer of this technology to RCupe Health Technologies. The innovative, Intraosseous Device has been designed to assist healthcare professionals to address the need of intravascular access in resource constrained environment. IO Device is a manually-operated, fully disposable, ready-to-insert sterile to provide emergency vascular access. This is a clinically proven robust device with numerous publications in Indian and American Journals. This device is expected to benefit an estimated 365 million patients globally.

Technology for pleuraGoh- a novel chest-tube fixation and sealing device was licensed by BCIL to UNINO Healthcare Private Limited, Mumbai in the presence of Dr. Renu Swarup, Secretary, DBT and Dr. Balram Bhargava, DG, ICMR & Secretary DHR in DBT. pleuraGoh is a unique technology developed under Department of Biotechnology (DBT), Government of India supported SIB programme which aims at developing frugal medical device solutions for public good as per unmet needs of India. pleuraGoh is a novel chest-tube fixation and sealing device was licensed by BCIL to UNINO Healthcare Private Limited, Mumbai in the presence of Dr. Renu Swarup, Secretary, DBT and Dr. Balram Bhargava, DG, ICMR & Secretary DHR in DBT. pleuraGoh is an elegant non-messy solution that addresses all major issues pertaining to chest-tube fixation and sealing. It can be used as an attachment with an existing chest-tube catheter, addressing the occurrence of various type of complications including unintended chest-tube displacement, peri tubal air-leak and air leak during removal of chest-tube. pleuraGoh has been designed to improve outcome from effective chest tube fixation and sealing. This device is expected to benefit an estimated 20 billion chest tube market globally. This technology has been developed by Harshini Zaveri, Naresh Ravulapalli, Anand Parikh and Dr. Ranjan Mukharjee under the mentorship of AIIMS doctors bringing together a multidisciplinary skill set to address a problem that affects nearly 20 million people in India.

AHPI, NLSIU LAUNCH LEGAL CELL FOR DOCTORS

Keeping in view the rise in criminal prosecution of doctors, which is both embarrassing and harassing for them, and to protect them from frivolous and unjust prosecutions a legal cell has been launched to assist the healthcare professionals. The Association of Healthcare Providers (AHPI) and The National Law School of India University (NLSIU) have come together to provide third party expert opinion whenever individual doctors or institutions need so. This can be availed by all registered healthcare organisations like nursing homes and hospitals and individual healthcare professionals like doctors, consultants and surgeons.

Though the larger hospitals have their own legal cell to deal with such situations, it would be advantageous to have an unbiased third party legal opinion on the litigation and the manner in which the case is to be handled. “With the increasing instances of legal issues in the medical profession, AHPI and NLSIU have set up a legal cell to address matters relating to Individual Consultants and Hospitals. Members can be assured of a high-quality credible opinion from the best Law School of the country,” said Dr. Alexander Thomas, President AHPI.

AHPI will act as the Nodal organisation to which the cases can be referred. NLSIU will arbitrate between the complainant and the individual doctor and institution for an amicable settlement. It will also be able to suggest advocates for representing in the court and will also provide expert legal opinion on any other matter relating to healthcare industry.

A basic knowledge of how judicial forums deal with the cases relating to medical negligence is of absolute necessity for doctors. Instances of litigation against individual doctors and hospitals are on the rise and the exorbitant compensation awarded by the consumer fora and courts has worsened the
situation. A legal cell in this regard would help
the doctor community get advice and support.

CENTRE FOR EMPOWERMENT OF CHILDREN WITH DISABILITIES LAUNCHED IN MUMBAI

On the occasion of Helen Keller week, Centre for Empowerment of Children with Disabilities (CECWD) is inaugurated in Bai JerbaiWadia Hospital for Children.

Helen Keller, though deaf-blind had earned Bachelor's degree in Arts and was a known American author, political activist, and lecturer. All this would not have been possible without the support of her teacher Anne Sullivan. At the CECWD, special educators like Anne Sullivan will be appointed who will empower the lives of children with disabilities.

In the state of Maharashtra alone, the statistics show that when the census was conducted in the year 2011, there were 6,26,809 people in the age group of 0-19 living with disabilities, of them 44,083 are people living with Multiple Disabilities. There are very few centers, providing, services to this large population.

Dr Minnie Bodhanwala, CEO Wadia Hospital says, "Today, with the new life style choices adopted by people there has been increase in the diseases, genetic conditions, and trauma at birth along with varied other causes there is an increase in the number of children with disabilities. At our hospital on an average we cite 800-1000 children with disabilities a year. This made it imperative for us to have a CECWD, to enhance the quality of their life and empower them to overcome the limitations caused by disabilities We also thank MCCM corporators for helping us in this initiative."

“The centre will disseminate all information related to disabilities like, the applicable concessions and government schemes available, Legal Acts and their implications. Direct services provided by the centre would be Special Education, Remedial Education and Vision Rehabilitation, these shall work in collaboration with the other services provided at the Hospital. The Hospital will now house all the services under one roof at cost-effective prices.”

CANCON 2018 SETS CONSENSUS GUIDELINES FOR IMPROVING OUTCOMES IN HEAD AND NECK CANCER

The 2nd edition of CANCON 2018, organised by Cytecare Cancer Hospitals, witnessed participation from over 250 delegates and faculty, who deliberated over a period of two days on 'Improving Outcomes in Head and Neck Cancer - Oncological, Functional and Beyond'.

CANCON-2018, organised by Cytecare in association with The Foundation for Head & Neck Oncology, Association of Otolaryngologists India Bangalore Chapter, Association of Oral and Maxillofacial Surgeons of India Karnataka State Chapter and The Indian Dental Association, saw deliberations on establishing consensus guidelines for improving outcomes in head & neck cancer.

Speaking at the conference, Dr. Vikram D. Kekatpure, Senior Consultant, Head and Neck Surgical Oncology, Cytecare Cancer Hospital, said, "There is a need to develop consensus guidelines for a holistic approach to improve outcomes for head and neck cancer patients, with greater emphasis on functional rehabilitation and quality of life.

The faculty included leaders of national and international repute, including Dr Anil D'Cruz, Director Tata Memorial Hospital, Mumbai, DrSubramanaiyer, AIMS, Kochi, Dr P. Arun, Tata Medical Center, Kolkata, DrAlokThakar, Prof, AIIMS, New Delhi. Also present was Dr. Dr. Pankaj Chaturvedi, Head and Neck Cancer Surgeon, TMH, Mumbai, who spoke on the pressing need to reduce tobacco use and burden of tobacco related diseases.

INAGURATION

Dr. ANIL D'Cruz
Dr. Anthony Pais
Dr. Pankaj Chaturvedi
Dr. Subramanaiyer
Dr. Anil D'Cruz
Having seen improvements in oncological outcomes in recent years, the focus today is on uplifting the functional and quality of life requirements of patients. In view of this, endoscopic resections, robotic surgery, dental implants, advances in radiation techniques, targeted therapy, molecular markers, and other techniques are being incorporated with the intention of improving functional outcomes.

The conference saw symposiums on subjects such as oral cavity cancer, laryngeal-pharyngeal cancer, thyroid cancer, paranasal sinus and skull base tumours and head and neck reconstruction, targeted therapy, rehabilitation and supportive care. Residents, trainers, practicing surgeons and physicians of head and neck cancer specialty who attended the event were awarded 12 CDE and 4 CME points.

**ASTRAZENECA RECEIVES MARKETING PERMISSION FOR DURVALUMAB (IMFINZITM) IN INDIA**

AstraZeneca Pharma India Limited (AZPIL) today announced that it has received Import & Market permission for Durvalumab (ImfinziTM) in India by the Drug Controller General of India (DCGI). The receipt of this permission paves way for the launch of durvalumab (ImfinziTM) in India, subject to the receipt of further related statutory approvals and licenses. Durvalumab provides a treatment option for patients with locally advanced, unresectable Non-Small Cell Lung Cancer (NSCLC) and metastatic urothelial carcinoma. Durvalumab is a patented product of AstraZeneca global.

Gagan Singh, Managing Director, AstraZeneca Pharma India Limited said, “The import and market permission for Durvalumab for unresectable stage III Non-Small Cell Lung Cancer (NSCLC) and locally advanced or metastatic urothelial carcinoma is a significant milestone for patients who have currently limited treatment options. In India, approximately one third of patients with NSCLC are present with Stage III disease and we are excited to bring the first immunotherapy into this setting for patients.”

AstraZeneca’s Durvalumab is a part of a new class of immunotherapy drugs known as ‘checkpoint inhibitors’. Some forms of bladder and lung cancer use the PD-L1 protein to evade the immune system. Durvalumab, is a human monoclonal antibody that binds to PD-L1 and blocks the interaction of PD-L1 with PD-1 and CD80, countering the tumour’s immune-evading tactics and releasing the inhibition of immune responses.

**APOLLO HOSPITALS ORGANIZED THE 1ST APOLLO ORTHOCON 2018**

Apollo Hospitals Navi Mumbai, announced its first annual conference on orthopedics ‘Apollo Orthocon’ - an all-day session with orthopedic and spine surgeons from Maharashtra. Attended by over 150 orthopedics and spine surgeons, the scientific sessions focused on knowledge sharing and in-depth discussion on latest trends and developments in orthopaedics and spine care. Topics discussed included ‘Recent Advances in Spine Surgery, Arthroscopy, Hand Surgery, Revision Knee Replacement, Revision Hip Replacement, Pediatric Fracture Management and Acetabular Fracture among others. The conference also witnessed a unique case presentation of a patient that was recently operated on by one of the robotic spine specialists at Apollo Hospitals, Navi Mumbai.

Dr Siddharth Yadav, Consultant, Orthopaedic Surgeon, Apollo Hospitals, Navi Mumbai, said, “We are excited at bringing experienced, clinical talent and surgeon under one roof for sharing clinical advancements. Scientific conferences, provides a great platform to share the knowledge and learn from the experienced faculty. Learning new techniques in clinical practices helps in delivering superior clinical outcomes and also improving the quality of life for the patients.”

Commenting on the hospitals first such event, Dr Narendra Trivedi, CEO, Apollo Hospitals Navi Mumbai said, “Apollo Hospitals constantly endeavors to push and support the medical fraternity with medical insights while driving innovation. The Apollo Orthocon is an avenue for doctors to share their valuable expertise that will help advance how orthopaedics as a discipline is practiced across India. Apollo Orthocon 2018 was a successful communion between the doctors, and we look forward to hosting more such conferences in the following days.”

Dr Anant L. Joshi, renowned Orthopaedist, is being felicitated at Apollo Orthocon, post his paper presentation by one of the chairpersons of the conference.
**TRANSASIA BRINGS FORTH THE LATEST TRENDS IN BIOCHEMISTRY AND HEMATOLOGY**

Transasia Bio-Medicals Ltd., recently organized a scientific seminar in East Delhi on the latest advancements in biochemistry and hematology for laboratories. Titled Transasia Scientific Seminar (TSS) Ace, this pioneering academic initiative aims at encouraging the exchange of technical know-how among doctors. The seminar focused on biochemistry and hematology - two of the most critical areas for in-vitro diagnostics.

The session on 'Effective Use of Database Systems by doctors' by Dr. (Col) Arun Harith (Sr. Consultant & Head of Department - Biochemistry, MedantaMedicity, New Delhi) highlighted the growing need of database for improving test outcomes. On the other hand, Dr. (Col) Jyoti Kotwal (Chairperson & Prof.- Dept. of Hematology, Sir Gangaram Hospital, New Delhi) spoke on 'Clinical Utility of Advanced Hematology Parameters.' She emphasized on how the latest automation in hematology helps in enumeration of the different parameters such as IPF, Ret He, Immature Granulocytes, NRBC, etc. and how these parameters help in early diagnosis of diseases.

The sessions were chaired by Dr. Meera Sikka (Head of Dept.- Pathology University College of Medical Sciences.) The seminar received an overwhelming response with full-house participation. The over 70 attendees comprised pathologists, physicians and clinicians from reputed Government institutions such as Delhi Cancer institute, IHBAS, Swami Dayanand Hospital, Rajiv Gandhi Super Specialty Hospital, Hegdewar Hospital, LBS Hospital and private institutes such as MAX Healthcare, Kailash Healthcare Ltd., Yashoda Super Specialty Hospital, Dr. Lal PathLabs, Metropolis, SRL Diagnostics, etc.

Speaking on the occasion a spokesperson for Transasia Bio-Medicals Ltd. said, “There is an alarming burden on the society from both communicable and non communicable diseases in India. 70% of the treatment decisions are based on lab results. Yet, less than 30% of the Indian population has ever got their blood test done. The major chunk of the 70% population is in the smaller towns. At Transasia, we are committed to reaching out to the pathologists and clinicians in every nook and corner of the country, so that they are well equipped to cater to this population. TSS Ace is a unique platform that empowers the pathologists with the technological advances and encourages exchange of scientific updates, backed by expertise and experience.”

Over the years, TSS Ace has grown in popularity and has become Transasia’s identity. It has been well accepted as a successful forum and benefits more than 800 pathologists and clinicians annually.

**THE LARGEST EVER REPORTED UPPER JAW TUMOR REMOVED**

A 19-year-old tribal boy Amar Samad, hailing from Konaroavillage in Bano Block of Simdega district in Jharkhand, was the butt of ridicule and living a secluded life since the last 10 years. The reason: he got afflicted with a rare genetic abnormality that resulted in a jaw tumor so large, it has not been reported in medical literature before. Thankfully, his life changed for the better a few days ago when a
A team of 12 surgeons at Kochi’s Amrita Institute of Medical Sciences (Amrita Hospital) removed the external deformity in a surgery lasting 14 hours. The hospital conducted the surgery free of cost considering the poor socio-economic background of the patient.

A football-size mass of matter, weighing 4.8 kg and measuring 20 x 20 x 20 cm, started growing on Amar’s upper jaw in 2008 and protruded out to the left. The dense collection of bone and fibrous tissue was diagnosed as “ossifying fibroma” on initial biopsy examination. This led not only to a grotesque appearance, but also difficulty in swallowing and speaking, in addition to social stigma that left the patient home-bound. He also suffered from a parathyroid adenoma (a benign tumor of the parathyroid gland) which might have initiated the problem.

Said Dr. Subramania Iyer, Head, Plastic & Reconstructive Surgery, Amrita Institute of Medical Sciences, “Amar’s medical condition belonged to a very rare disease group called Hyper-parathyroidism Jaw Tumor Syndrome, which arises due to a genetic abnormality and causes small-size tumors on the jaw. His case is unique as a tumor of this size associated with this disease has not yet been reported in medical literature. In fact, this is the largest ever reported upper jaw tumor of its kind. The humongous growth was leading towards grave complications. If the condition had persisted, Amar would have found it impossible to eat, and breathing would have become a struggle. The calcium levels in his body had risen very high due to the disease.”

The removal of the tumor as well as reconstruction of the upper jaw was a great challenge. Added Dr. Subramania Iyer, “The tumor’s removal was complicated by its huge size and the involvement of the entire upper jaw and the left eye. The amount of blood loss was a cause of worry, but this was controlled by temporarily blocking blood vessels to the upper part of the face. Reconstruction had to be meticulously planned. We used 3D printing to construct an accurate model of Amar’s face and tumor, and conducted mock surgery for practice. Micro-surgical transfer of his leg bone was carried out to construct a new upper jaw.

We had initially planned to remove his left eye, but managed to save it through meticulous surgery. His nose was reconstructed with bone, with plastic tubes acting as airways.”

The patient also underwent surgical removal of the parathyroid adenoma. After the surgical procedures, Amar’s parathyroid hormone and calcium levels have returned to normal. He now needs implants placed in his reconstructed upper jaw to act as teeth. The position of his left eye has to be readjusted to make it more acceptable cosmetically, though it has limited vision left. Both the eye and dental procedures will be conducted after six months.

Amar’s case came to the notice of Dr. Sreehari Jingla from Jharkhand. Moved by his plight, and with the help of a visiting US doctor who knew about the head-and-neck reconstructive service available at the Amrita Hospital, he facilitated Amar’s treatment after being turned away from many reputed hospitals as the doctors were not confident they could handle the case.

**Strategic Partnerships to Build Health Innovations for Universal Health Coverage (UHC)**

In an endeavour to encourage health innovations in India and Africa, a conclave was organised by the Public Health Foundation of India (PHFI), Amref Africa, the Institute of Development Studies, UK (IDS UK), Indian Institute of Public Health Gandhinagar in partnership with NITI Aayog. This event was hosted at the GE Healthcare Centre in Bengaluru. The conclave deliberated on ways to leverage the transformational potential of these innovations and accelerate progress towards achieving UHC in low- and middle-income countries (LMIC) in Asia and Africa.

Professor Vinod Paul, Member, NITI Aayog, Shri. Alok Kumar, Advisor (Health), NITI Aayog, Professor K Srinath Reddy, President, PHFI, Ms. Desta Lakew, Director, Amref Africa and Mr. Nalinkanth Golagunta, CEO, GE – India was present for the inaugural session.

Speaking at the inaugural session Professor Vinod Paul, Member NITI Aayog said, “The Government of India’s AYUSHMAN BHARAT
is committed to the wellbeing of our citizens. The focus of the health and wellness centers is to ensure disease is prevented and detected early, care that is accessible and closer to home, better health outcomes at lower costs and a platform for health, nutrition, wellness and sanitation. Under the Ayushman Bharat, there will be opportunities for health innovators under various areas to contribute to building stronger health systems for the country."

Alok Kumar, Advisor (Health) in his address said, “We are encouraging health innovations which can improve healthcare in our country. We are looking at providing opportunities for innovations which can improve access, delivery and affordability of healthcare services.”

Professor K. Srinath Reddy, President, PHFI said, “The Sustainable Development Goals have positioned Universal Health Coverage as a target to be delivered by 2030. For India, encouraging and supporting healthcare innovations that enable health services to reduce the burden of diseases at different levels of the health system and prevent disease at the population level are a high priority. These innovations must have relevance, affordability and scalability for impact. Building partnerships in health is also essential so that research explores, science discovers, technology develops, and the health system delivers. India can become the creative crucible of frugal, functional innovations that can transform health care.”

Dr Gerry Bloom, IDS UK, summarising the highlights of the conclave said, ”The conclave highlighted how governments, innovators, researchers and funders of innovation can work together and create a supportive ecosystem and how people and communities can benefit from new technologies and how its reach be maximised to populations.”

Desta Lakew, Director Amref Africa said, ”The conclave established the need of a working collaboration between India and Africa aimed at documenting factors and facilitating development and integration of innovations into service delivery. We look forward to welcoming some of the discussions and learnings between both the countries as well as steps forward at a follow up meeting in Kigale at the Africa Agenda Summit.”

Dr Priya Balu, Director UHC, PHFI said, “The conclave focused on the need to build and scale up health innovative multi-sectoral partnerships. Cross - Learning and Knowledge sharing and involving different types of organizations and sectors will augment the learning process for health innovators in India and accelerate the need to build meaningful partnership to help progress towards universal health coverage.”

Health Innovators like Selco Foundation - Solar energy solutions for health facilities, Jana Care - Aina Smartphone -based diagnostic for chronic diseases, I Kure Techsoft, Commcare (Dimagi) - Data collection software, CCD (Centre for chronic disease control), Neurosynaptic Communications, Aravind Eye Care Systems – Aurolab, Tricog Health, UE Life Sciences, Meduplay Systems, Medtronic India Pvt Ltd Call Health showcased the innovations.

The Health Technology Assessment Regional Resource Centre (HTARRC) at IIPH Gandhinagar contributed in assessing scalable and replicable models that can be integrated in the health system. The deliberations from the conclave will help frame consensus on scalable models of innovations in healthcare as well as the need for rigorous analysis, not just technical but also on cost-effectiveness of technologies and their fit to advance the agendas of Ayushman Bharat initiative. The HTA RRC intends to create sensitization and evidence-base on uptake of innovations in health technologies in order to make progress towards Universal Health Coverage in India.

The conclave brought together technology innovators, investors, government officials, public and private sector health service providers from India and Africa to share insights and strategies to encourage health innovation and for transforming health care delivery in Asia and Africa. The deliberations of the conclave will be documented to a white paper to be submitted to NITI Aayog. The conclave explored socially driven health innovations can potentially address the Indian Government’s commitment to achieving Universal Health Coverage through Ayushman Bharat and more specifically its roll-out in States. The role of sectoral innovation to bridge gaps in public sector provision in health care access and delivery will also be highlighted.

The experts on the conclave discussed explored how the creation of new kinds of partnership between public and private sectors covering the following areas of integrating/ bundling discrete innovations to improve access, delivery and affordability of healthcare services, the role of regulations and regulators in encouraging the development and application at scale of innovations for meeting the health care needs of vulnerable populations. Understanding demand for different kinds of health services, its implications for types of services provided and alternative approaches for financing access to these services; Private-Public sector collaborations that accelerate the adoption of new healthcare delivery models and new models of health financing; Investment and finance for the development of innovations and their integration into the provision of services at scale.

The other supporters of the event were CAMTech, Villgro, IIPH Bengaluru Campus and Results of Development (R4D).

**BGS GLENEAGLES GLOBAL HOSPITALS LAUNCHES EMERGENCY WHATSAPP NUMBER**

BGS Gleneagles Global Hospitals, a Parkway Pantai Enterprise is proud to launch an emergency helpline number that primarily aims to guide a person in times of medical emergencies. The emergency number, 91086 86400 was officially launched over the past weekend. The special feature of this emergency number is that anyone can use it to send a video of the person in distress or even opt for a video call on whatsapp to chat with a medical professional from BGS Gleneagles Global Hospitals. This is especially useful while one may be waiting for an ambulance to arrive and the condition of the patient may be critical, therefore warranting immediate action to possibly stabilize the patient’s condition.

Shailaja Suresh, CEO, Gleneagles Global
Hospitals, Bengaluru commented on this initiative, “We are redesigning our emergency care and are very proud to announce this unique initiative as part of this redesign. During an emergency every second counts and if those crucial seconds are managed well, it can surely minimise damage caused to the affected person(s). Be it minor injuries or life-threatening scenarios, immediate and appropriate suggestions provided by our expert medical professionals from the hospital, until paramedics arrive, will definitely help save lives. Hence our unique idea of launching the whatsapp number is to use modern day technology in caring for saving lives.”

PADMA SHRI DR. CYRUS POONAWALLA CONFERRED WITH “DOCTOR OF SCIENCE HON.” BY THE UNIVERSITY OF MASSACHUSETTS

The University of Massachusetts on Sunday conferred Dr. Cyrus Poonawalla, with the Honorary Degree of “Doctor of Science Hon” for his commendable work in the field of vaccines. Known as one of the ‘seven vaccine heroes of the world’ by Bill & Melinda Gates Foundation, Dr. Poonawalla is the Founder of Serum Institute of India, world’s largest vaccine manufacturer producing 1.5 billion doses annually that are administered in 170 countries.

Dr. Poonawalla said, “I am grateful to the University of Massachusetts for recognising our work. I strongly feel that we need to treat the field of vaccination with the respect it deserves. It’s not just another field related to medical science. But one of the most important ones. We need more precautionary measures than cures for betterment of human life and vaccination is one such measure”.

In the past, this degree has been awarded to Barack Obama, in the year 2006, Anthony S. Fauci, Director of National Institute of Allergy and Infectious Disease in the year 2008 and Her Excellency Ellen Johnson Sirleaf, President of Liberia and the 2011 co-recipient of the Nobel Peace Prize in 2012.

Along with Dr. Poonawallah, physician-scientist Huda Y. Zoghbi and Duke University nursing leader Marion E. Broome were conferred with the Honorary Degree if “Doctor of Science Hon.” for their accomplishments as well.

Dr. Poonawalla is also the first Indian to receive the award for “Excellence in Inter-American Public Health” by the Pan American Health Organization (PAHO) and the Pan American Health and Education Foundation (PAHEF).

CYTECARE CANCER HOSPITAL AND BRAINS HOSPITAL COLLABORATE TO LAUNCH ‘NEURO-ONCOLOGY CENTRE’

On the occasion of ‘World Brain Tumour Day’, Cytecare Cancer Hospital and Brains Neuro Spine Centre launched Bengaluru’s very own world-class ‘Neuro-Oncology Centre’ at Cytecare Cancer Hospital, Bengaluru.

The Cytecare Brains Neuro Oncology Centre, under the able guidance of world famous neurosurgeon, Dr. N K Venkataramana, will have a team of highly experienced super
specialists who will create the first-of-its-kind Neuro Oncology Centre in Bengaluru.

The Neuropathology team, led by Dr. S K Shankar, will provide advanced pathological diagnosing coupled with immunohistochemistry to chart the appropriate course of treatment as well as prognosis. Their involvement on the tumour board case discussions will be pivotal in enhancing the treatment outcomes and quality of care.

Brain tumours affect people of all ages, with 15-20% of brain tumours occurring in children, while the incident rate for adults stands at 8.2/lakh. When it comes to children afflicted by cancer, brain tumour is second only to blood cancer. Brain tumours can be benign or malignant, and affect any portion of the brain, skull, spinal cord and vertebrae. Despite rising awareness and advances in technology, the outcome of malignant brain tumours remain dismal with an average survival rate of only 14 months.

The Neuro-Oncology centre at Cytecare, Bengaluru, will provide comprehensive services encompassing public awareness, early detection, state of the art imaging, brain monitoring and neurosurgery, supported by exclusive brain tumour research programs and the most modern technology for radiosurgery, neuro pathology, radiation oncology and chemotherapy.

Speaking on the collaboration withBrains, Dr. Selwyn Colaco, COO, Cytecare Cancer Hospital, said, “The Neuro-Oncology centre at Cytecare Cancer Hospital is a one of a kind facility that promises to push the frontiers of gold standard Neuro-Oncology care in India. This collaboration brings together Cytecare’s specialising comprehensive Oncology care with Brains’ extensive expertise in Neurology care. I wish all the doctors associated with this facility the very best in their endeavors.”

Speaking on the occasion, Dr. NK Venkataramana, Founder & Chief Neurosurgeon, BRAINS said, “Malignant brain tumors are a critical health risk in both adult and pediatric population. Apart from providing world class treatment for all types of Brain tumors, we will also focus on prevention and innovative treatment methodologies through cutting edge research. However, identification of risk factors and creating awareness remains the fundamental goal in our pursuit of excellence.”

IGNOU TO SCALE-UP SKILL BASED COURSES IN HEALTHCARE SECTOR

Ministry of Health and Family Welfare, signed an MoU with Indira Gandhi National Open University (IGNOU) to scale up the short term healthcare courses through its available robust platform.

Initially four courses will be launched country wide under this MoU, namely Home Health Aide, Geriatric Care Assistant, Phlebotomist and General Duty Assistant. Followed by remaining six skill based curriculum as standardized by MoHFW- Diabetes Educator, Dietetic Aide, EMT-Basic, Dispensing Optician/VT and Medical Equipment Technology Assistant.

The combined objective under this MoU is to scale up the health programs to create trained personnel in the healthcare sector and to set up a dedicated cell for developing, implementing and certifying the skill based programs at IGNOU. A robust monitoring and assessment framework will be established under the MoU to ensure that MoHFW standards are followed stringently. MoHFW will provide for financial assistance to IGNOU for establishing the structure and initiating the programs and the courses will be initiated in a phased manner across the Country by IGNOU.

In addition to the ongoing and strong collaboration with Ministry of Skill Development and Entrepreneurship, MoHFW has identified IGNOU to scale up the skill based courses in healthcare sector and train 14 lakh by 2025. The signing of this MoU is under the existing framework of ‘Skills for Life, Save a Life’ initiative, under which ten short term course curricula were formally released by this Ministry in June 2017, along with Ministry of Skill Development and Entrepreneurship. This MOU will create training and monitoring network at District Level integrating the tertiary, secondary and primary health care institutions. It is envisioned that this MoU will take up large scale training in a time-bound manner at an affordable cost and will be accessible to all citizens of India.

Stressing on the need for mid-level service provider, Shri Nadda said that with the coming up of 1.5 lakh Health and Wellness Centres (HWCs) by 2022, there will be an urgent need for such health care providers. “The potential for skilled healthcare workers and professionals will increase immensely in the health sector. Such courses will ensure that the health sector gets the adequate skilled health workers,” Shri Nadda added. The Health Minister further pointed out that we must also ensure that quality is not compromised and there has to be regular review to add new courses.

Also present at the function were, Smt Preeti Sudan, Secretary (Health), Shri S B Arora, Vice Chancellor, IGNOU, Shri S Sandhu, Additional Secretary (MHRD) along with other senior officers of the three Ministries.

DR V MOHAN AWARDED FOR DISTINGUISHED INTERNATIONAL SERVICE IN THE CAUSE OF DIABETES

Dr. Viswanathan Mohan, received the American Diabetes Association’s® (ADA’s) 2018 Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes. Dr. V. Mohan is the Chairman and Chief of Diabetology at Dr. Mohan’s Diabetes Specialities Centre at Chennai in South India which is a WHO Collaborating Centre for Noncommunicable Diseases Prevention and Control and IDF Centre of Education. He is also President and Director of the Madras Diabetes Research Foundation.

Internationally renowned, Dr. Mohan has worked tirelessly to address the challenges of diabetes in India and developing countries. He is actively involved in Indian Government health policy and advocacy programs related to diabetes, and he has served as President of the Research Society for the Study of Diabetes in India. Dr. Mohan’s comprehensive diabetes
The recognition by ACCE has added another feather to the cap of AMTZ which in a short span of two years has paved the path of creating various institutions like Kalam Institute of Health Technology (supported by DBT, Govt. of India), WHO Pre-qualification center, Directorate of Radiation Safety (under AERB, Govt. of India), Indian Biomedical Skill Consortium (in partnership with Quality Council of India), and Medi Valley Incubation Council (under Atal Innovation Mission, NITI Aayog).

AP MED TECH PARK FIRST TO GET INTERNATIONAL ENGINEERING AWARD

AP Med Tech Park created a record by winning the 2018-ACCE international award. American College of Clinical Engineering in collaboration with the Healthcare Technology Foundation (ACCE / HTF) has conferred the “International Organization Award” to Andhra Pradesh MedTech Zone (AMTZ) during the 28th ACC annual meeting held on 2nd June 2018 in California. The award was received by Dr. Jitendra Sharma, MD & CEO AMTZ, who is a renowned international figure in the field of medical technology and healthcare.

The ACC is an internationally recognized professional society for clinical engineers with memberships across the globe. ACC was founded in 1990 and established with a special focus on promoting the profession of clinical engineering in the international arena. ACC-HTF International Organization Award is given to an organization outside the United States and Canada that has demonstrated significant improvements in Clinical Engineering. This award is sponsored by the Healthcare Technology Foundation on behalf of ACC. AP Med Tech Zone is the first Indian organization to have been nominated ever for this award.

India is import dependent to the extent of 80% amounting to Rs. 25,000 Crore per annum in medical technology sector. AMTZ has been making rapid progress by creating an innovative industrial park for manufacturing of medical devices with a holistic ecosystem for promotion of the medical technology products in India. The initiative of AMTZ is applauded by the industry in India and medical technology experts all over the world. The AMTZ value proposition includes R&D support, avenues for technology transfer, world class infrastructure, regulatory support and access to local as well as global demand. The zone provides manufacturers with capital intensive state-of-art scientific facilities at a very low cost thus reducing the cost of manufacturing which will help in reducing the overall cost of healthcare delivery not just in India but globally.

TRANSASIA PARTNERS WITH APPI 2018 TO BRING IN THE LATEST IN CLINICAL DIAGNOSTICS

Transasia Bio-Medicals Ltd., recently participated in the 5th annual conference held between 16-17 June, 2018 at Mumbai. Transasia offered participants an opportunity to interact with the industry experts while introducing its latest technologies.

The four exclusively organized workshops by Transasia, on Biochemistry, Hematology, Coagulation and Immunology, focused on the latest advancements complete with discussions on first-hand experiences of the participants.

Dr. Rumma Manchanda, Prof. & Dir. of Pathology, KEM Hospital, Pune led the session on ‘Approach to bleeding patients and QC in coagulation in standalone labs’. Dr. Saravanan, Prof. & Head of Dept. – Biochemistry, Stanley Medical College, Chennai, conducted a refresher module on the ‘Basic Principles of Clinical Chemistry.’ Dr. K. Gayathri, Consultant Pathologist, Lifeline Tapadia Diagnostic Centre, Hyderabad, spoke on ‘CBC on 3 Part/5 Part analyzer in standalone laboratories’ while Dr. Gita Nataraj, Prof. -Dept. of Microbiology, KEM Hospital, Mumbai shared a status update on Dengue fever.

On behalf of Transasia, Dr. Ameeta Joshi, Prof.-Dept. of Microbiology, JJ Hospitals, Mumbai conducted the plenary session addressing the ‘Challenges and solutions in diagnosis of Tuberculosis’. The session laid emphasis on the newer technologies, particularly in Molecular diagnostics, for TB detection.
Transasia has been taking concerted efforts in this direction with its soon to be launched comprehensive portfolio for molecular testing for diseases such as HIV, TB, respiratory diseases, dengue, malaria, etc.

Besides this, Transasia also introduced its new technologies in Clinical Chemistry and Immunology. XL 1000 is the latest, random access clinical chemistry analyzer with a throughput of 1040 tests/hr. Its other key features as sample clot detection, permanent hard glass cuvettes, four channel direct ISE measurement, 3 reagent capability, simultaneous placement of up to 150 samples, among others, make it an ideal choice for high volume laboratories.

ErbaQik rapid test kits for dengue and malaria were introduced by Transasia at the apt time, considering the need to contain the infections during monsoon. With a unique dual colour advantage, it is the only bi-colour detection immuno-chromatographic device. Unmatched sensitivity of > 92% and specificity of 100% for all parameters of dengue and malaria, makes it the most reliable in India today.

Additionally, Transasia also showcased its best offerings in Clinical Chemistry, Urinalysis, Coagulation and Hematology. Over 500 practicing pathologists from India and across the globe participated during the two day event making it a huge success.
INDIA IS a country of dichotomies. We have some of the wealthiest individuals and corporations in the world, but also one of the highest sections of the world’s poor population. We boast about world class medical infrastructure for few, but insufficient and often inaccessible basic healthcare for most. Further, the privatization of health services, even in rural areas, has resulted in increased financial burden on the poor—the average cost of treatment in a private hospital is four times that of a public hospital. Media reports further highlighted how this transition has resulted in many families being trapped in a cycle of poverty.

Healthcare Delivery and Electricity

There are several reasons why a private health facility has emerged as a preference for the poor populations, even though it is costlier. Many times, a patient that might have sacrificed a day's work to travel many hours to the Primary Health Center (PHC) might be turned back or referred to the next tier hospital. This may happen either because there is no doctor available, or there is no appropriate facility to treat the patient, or there is no electricity to run the equipment when needed whereas, the private health facility has infrastructure to deliver care. The above mentioned challenges faced by rural healthcare providers often directly or indirectly link to accessibility of reliable power source.
Skewered Innovation
The technology innovation in the health sector has also been largely driven by the needs of the private sector, in other words healthcare that is centralized and specialized—not for geographies with constrained infrastructure, having basic treatment and diagnostic needs. The resultant technologies are often complicated to use with multiple specialized functions, requiring specialized training, are large and consume a lot of energy; sensitive to quality and unreliability of power.

Power Hungry
In rural India, availability of power at a critical time of treatment, or voltage that allows for specialized equipment to run properly, make most of the technologies unsuitable. Another reason for significant gaps in quality of services available at health centres in cities versus villages or smaller towns. The constant and unpredictable power cuts also necessitate the use of large diesel generators, adding to the noise and air pollution, increasing operational expenses and wasting the already constrained human resources to procure fuel and maintain the generators. Thus, quality of health delivery is tied to the quality and quantity of energy available in the health centre.

Reimagining Healthcare delivery by Decentralizing Energy
Sustainable energy can catalyze better healthcare delivery in the following ways:

- Improve Quality of Services: Existing services at the health centers can be made more reliable. Patients would not need to be denied a service for otherwise unavailability of electricity. For example, a baby needs to be kept inside a baby warmer as soon as it is born—if there is no electricity during this specific time, then the baby warmer is of no use and the baby might suffer. Patients also don’t need to be turned back or asked to return multiple times for a simple lab test, which reduces healthcare expenditure for the patients.

- Improve Quantity of Services: As the patients come to know that certain services are definitely available at the health center during the specified hours, the footfall for the health center also increases. The marginal increase in revenues from higher footfall can improve the financial viability of
We boast about world class medical infrastructure for few, but insufficient and often inaccessible basic healthcare for most. Further, the privatization of health services, even in rural areas, has resulted in increased financial burden on the poor - the average cost of treatment in a private hospital is four times that of a public hospital providing certain additional services such as dental and eye care. Availability of reliable electricity can also push the administrators to increase the number of services available at that center, such as additional diagnostic equipment, vaccinations, blood storage, etc.

- Improve Doorstep delivery: The conventional health system today requires the patient to travel to a stationary health center. There are contexts where healthcare is being taken closer to the people, in the form of mobile clinics, tele-health, boat clinics, etc. For such decentralized models of healthcare delivery, decentralized renewable energy (DRE) can be a good complement as accessing diesel and other fuels in remote areas is often challenging.

With advancements in healthcare technology, point of care devices and information technology - the combination of ultra-efficient devices powered by decentralized renewable energy (DRE) would make it possible to re-imagine the delivery of health services, by democratizing healthcare delivery and taking it closer to the doorstep of the poor. Thus, sustainable energy can be a key enabler for decentralizing healthcare delivery.

SELCO Foundation is currently working with Karuna Trust, SwasthyaSwaraj, Tribal Health Initiative, Centre for North East Studies and Policy Research and other field partners to closely understand the needs and develop appropriate solutions. The combined effort of healthcare providers, equipment manufacturers, energy enterprises and policy makers is necessary to move the needle from pilot projects to meaningful replication.
COVER STORY

10 KPIs
ALL HOSPITAL CEOS MUST TRACK
How KPIs Tracking is Essential to Hospital Success

Author:
Jyoti Sahai, Chairman and Managing Director
Kavaii Business Analytics India Pvt. Ltd.
During a recent meeting with the CEO-Doctor of a multi-specialty hospital, our discussion veered towards how data-driven decision-making using analytic insights could benefit the hospital. His response, typical of most of the CEOs (for that matter from any industry) was, “Oh! I really don’t need any analytics! All the facts I need to run my organization are on my finger-tips!”

My takeaway from that conversation were the two keywords “facts” and “fingertips”! For running a successful organization, you do always need to have near real-time relevant and critical (may be up to ten, one for each fingertip!) facts on what is happening within the company. However, just the facts (measures) may not always be sufficient to arrive at a decision unless those are benchmarked against the desired performance and/or trends over different periods for those measures. Deployment of analytics enables the stakeholders to have that additional edge over the decision-making, by making that exercise based more on validated data than just a gut feeling.

That set me thinking on what could be those top key performance indicators (KPIs) which if available on fingertips (at the click of a button) could aid a CEO in achieving the organizational objectives more effectively, and what could be the ones relevant for a hospital CEO!

I presume that any hospital CEO’s top priority is to strive to earn the patients’ trust, and that is possible only if the hospital could meet and exceed patient expectations.

Patient Centricity
What a patient expects from the hospital is a treatment that is effective, timely and fair. The following KPIs keep...
the hospital CEO and other stakeholders informed on how effectively that is happening?

**Treating the patients effectively: Redamittance Index**
The top hospital stakeholders should be worried if higher percentage of patients who have been already discharged (whether out-patients from day-care or inpatients with hospital-care) return to hospital for re-treatment or re-admittance for the same ailment. That will show that either the initial diagnosis was flawed, or some critical elements were missed out while administering the treatment. Either way it would be matter of great concern for the hospital CEO, who should always be aware of the re-admittance Index – percentage of discharged patients who required re-treatment or re-admittance.

**Timely: Turnaround time index**
One of the most critical performance indicator within a day-care hospital is the Turnaround time (TAT) – the elapsed time between entry of the patient in the hospital (registration) and start of consultation of that patient by the physician. Other important TATs that are tracked within a hospital include – for a test being conducted, the elapsed time between the ordering of the test till the report collection, and most importantly for an inpatient, the elapsed time between the decision to discharge and the actual vacating of the bed. Inordinate delays in these lead to irritated patients, increased costs, and avoidable queueing issues too. Typically, hospitals set internal benchmarks, or compare with any available industry benchmarks, to track the various TATs. In case of inordinate delays, hospitals could carry out a root cause analysis and take preventive and corrective actions.

What any hospital CEO should strive for is that the TAT Index for any given period is less than five per cent, that means not more than five per cent patient-visits experience a delay beyond a set benchmark in treatment or in discharge.

**Fairly: Unfair treatment index**
I remember once a CEO of a hospital was concerned about if any of the eleven consultants in the hospital were at any time prescribing investigations and/or medicines that were not warranted for the observed symptoms and the medical condition of the patient. Periodic audit of all prescriptions comparing those prescriptions with a defined set of rules (lines of treatment) for corresponding symptoms will give a fair idea of the deviations if any. What a CEO has to do to control it, is to always ensure that the Unfair Treatment Index (per cent of possible deviations from an appropriate line of treatment) is kept below the minimum acceptable tolerance benchmark.

**Trust: Patient satisfaction index**
A hospital may expect that it has earned a patient’s trust by providing treatment that is effective, timely and fair, but it can really know that for sure by arriving at the Patient Satisfaction (P-SAT) Index only. P-SAT can be derived by analyzing the feedbacks received from the patients, results of internal surveys, and the comments (adverse or commending) on the social media. A prudent
CEO always depends upon the P-SAT Index to accurately gauge the extent of the hospital’s success and reputation.

We have now understood that patients’ trust can be earned by providing effective, timely and fair treatment. However, none of that is possible unless the hospital itself is run efficiently and profitably.

How does the CEO keep track whether the hospital is run efficiently?

Managing the Hospital Operations Efficiently

For meeting and exceeding the patients’ expectations it is imperative that the hospital operations including administrative and clinical processes are efficient and stable. Primarily it means that all the hospital resources are used optimally, and are available for use when needed. The above-mentioned TAT Index is one such KPI. The following other KPIs too provide an indication of a hospital’s operational efficiency.

Are the resources and infrastructure used optimally? Bed utilization index

Hospital resources and infrastructure, if not used optimally, lead to lost opportunity, frittering away of resources, and most importantly increase in operating costs. The Management has to ensure that the various Wards, Operation Theaters, Labs, and various equipment, and even the service providers (human resources) are available for providing service to the patient when needed. Out of these various parameters, tracking of the bed utilization (per cent of hospital beds occupied at any given time) is considered very critical for any large hospital as it has a direct impact on the efficiency of that hospital. A consistently low bed utilization could mean among other things, either faulty planning (resulting in over-investment) or a low P-SAT. On the other hand, a consistently high bed utilization could lead to severe strain on resources and maybe result in declining quality of service.

Thus, it is imperative that the hospital CEO constantly monitor the Bed Utilization Index.

Are the patients kept in hospital for a period that is necessary and sufficient?

One of the most critical KPIs for a hospital is the Average Length of Stay (ALOS) of inpatients for specific types of ailments or procedures carried out.

One of the most critical KPIs for a hospital is the Average Length of Stay (ALOS) of inpatients for specific types of ailments or procedures carried out. The hospital could compare its such averages with either the industry benchmarks, or internally set benchmarks. For example, assume that for a specific operation procedure (including the pre-operation and
post-operation in-hospital care) the ALOS is 6 days. If elsewhere in the industry the ALOS for the same procedure is 7 days, that will mean either your administrative and/or clinical processes are more efficient than others or you may be missing out on some necessary hospital-care (a point not in your favor). On the other hand, if the ALOS elsewhere is 5 days, that will mean either you are providing some additional necessary services that others are not offering (a point in your favor) or your treatment more often is less efficient (your processes take extra time and/or resources for the same procedure).

Either way the CEO should keep a close watch on ALOS to optimize the services provided under the various procedures offered by the hospital.

However, even an efficiently run hospital having earned it patients’ trust may fail if it is financially weak.

**Monitoring the Financial Health of the Hospital**

For a hospital to ensure efficiency in its operations, it is imperative that its finances are stable and profitable. Without that the hospital will not be able to sustain its efficient operations for a longer period. It is the hospital CEO’s prime responsibility to ensure that that does not happen. The hospital CEO can depend upon the following KPIs to keep a check on the financial health of the hospital itself.

**Is the hospital earning enough on each patient-visit?**

Whether you are an individual or an establishment, the universal fact remains that you cannot consistently spend more than what you earn if you have to sustain financially in the long-term.

What is critical for the hospital Management is to know what is the hospital earning on an average for each visit that a patient makes to it for treatment. Once average revenue per patient-visit (ARPV) is known for a period, and is compared with the average cost of operations for that period, average cost per patient-visit (ACPV), the hospital CEO knows whether the hospital operations at the current levels are sustainable or not.

Trends of ARPV and ACPV over a period give sufficient insights to the CEO to arrive at fair pricing of services and take steps to manage optimal utilization of resources.

However, a strong ARPV or a manageable ACPV alone
will not be sufficient for financial stability unless the cash management is also strong.

**Are the insurance claims being settled in time by the insurance companies?**

Once a CEO of a 100-bed hospital told me that although the hospital had been having a strong revenue stream during that period, he was finding it difficult to pay on time for even the relatively small purchases made for materials and services. Why was that? A quick look at the hospital accounts revealed that (as is typical of all medium-large hospitals) almost 75 per cent of the hospital revenue was derived thru insured patients, provided care under cashless treatment schemes. It was also found that a substantial portion of that money was blocked in over-due claims submitted to the insurance companies and remaining outstanding for various reasons. That meant that the cash-flow was heavily dependent upon the timely settlement of insurance claims.

Any prudent CEO keeps a tight watch on the number of days claim outstanding (DCO) with the insurance compa-
nies; monitoring closely the TPAs – Third-party Administrators – ensuring that the claims are settled by the insurance companies as per agreed contractual terms. Timely settlement of insurance claims results in improved and predictable cash-flows and strengthens financial stability.

A hospital CEO may track the above-mentioned KPIs and ensure that the hospital is earning patients’ trust and is operationally efficient and is financially stable too. But the litmus test of any hospital’s reputation and success is when its performance is compared with its peers, the other similar hospitals in the geography or with the same specialization.

**Where does the hospital stand when compared with its peers?**

Several independent agencies periodically rank the participating hospitals based on various performance factors. The ranking could be geography-wise, type of hospital-wise, or specialty-wise.

For a CEO it is imperative that the ranking that is most important for the hospital is thoroughly analyzed, and a proper strategy to improve/maintain the ranking in future put in place.

**Tracking KPIs**

How does the CEO keep track of the above-mentioned top KPIs? The CEO’s dashboard could display the current status of the KPIs, available at any time at the click of a button (literally putting those on fingertips). A typical dashboard containing the critical KPIs could look like as shown below:

**Table 1 - Sample CEO’s Dashboard**

<table>
<thead>
<tr>
<th>KPI Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-admittance Index</td>
<td>6.8%</td>
</tr>
<tr>
<td>Turnaround Time Index</td>
<td>6.4%</td>
</tr>
<tr>
<td>Unfair Treatment Index</td>
<td>3.4%</td>
</tr>
<tr>
<td>Patient Satisfaction Index (0-10)</td>
<td>8.4</td>
</tr>
<tr>
<td>Bed Utilization</td>
<td>75.2%</td>
</tr>
<tr>
<td>Average Length of Stay – Angioplasty (days)</td>
<td>3.4</td>
</tr>
<tr>
<td>Average Revenue per Patient-Visit (Rs.)</td>
<td>12,765</td>
</tr>
<tr>
<td>Average Cost per Patient-Visit (Rs.)</td>
<td>10,452</td>
</tr>
<tr>
<td>Days Claims outstanding</td>
<td>37</td>
</tr>
<tr>
<td>Ranking - Best Hospitals in India</td>
<td>12</td>
</tr>
</tbody>
</table>

(The numbers and the traffic-light shown against each KPI in the dashboard are for illustration purpose only, and do not represent any industry benchmark or desired value)

The above list contains the typical KPIs critical for gauging any hospital’s performance on various operational and financial parameters. However, depending upon the criticality for a particular hospital, different and more relevant KPIs could replace those less relevant for that hospital.

I have not included any KPIs or insights produced by clinical analytics, as those will be specialized and specific to each individual hospital and will have to be tracked separately.

My suggestion is that let the CEOs use their fingertips for recalling critical tricks of their trade and expertise only, and let an analytics system recall the KPIs for them whenever needed for reference!
OPINION

Why you Should Never Call “the Expert”

You are safer in the hands of an inexperienced doctor...

You may have seen an article that came out a couple of years ago in the Journal of the American Medical Association about how mortalities among heart patients reduced during national cardiology conferences - when all the seniormost doctors were away. (https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2038979). These findings suggest that if you want good care you should leave yourself in the hands of a novice, as there is less likelihood of mortality.

Why is this? There are a number of possible reasons. One likely, but counter-intuitive, one is that the “expertise” of the senior doctors is what caused medical errors and ultimately, mortalities. As we build expertise, we also build cognitive shortcuts – established ways of doing things, that mostly work. We are less creative. We take less notice of our specific surroundings. We are less likely to listen to others. This is called the Einstellung Effect. (https://www.sciencedirect.com/science/article/pii/S0010027708001133).

The Expert Trap

In my experience, this basically manifests as
arrogance – and we see it as designated experts (sometimes self-designated) dominate meetings and conferences. It’s an easy trap to fall into, it’s seductive to think of yourself as an expert. It can be energizing to really feel like you know your way around a topic, to feel certainty, based on your hard won experience, your rigorous training, in what you are saying, doing and advising. It’s nice to see juniors listen to your every word and lap up your advice.

However, in my experience, the most effective quality for getting things done to a high standard is humility. The humility to listen to all sorts of different stakeholders, the humility to look at things with fresh eyes, the humility to see a specific context afresh. For me, humility is something I have to work towards and cultivate (I am arrogant by nature, I <3 the sound of my own voice), but it’s a worthwhile effort every time. It’s also ethical: as a foreigner working in India, it’s imperative I adopt a humble approach – the alternative is neo-colonialism.

The frustrating thing is that in most professional contexts, people want to hear the certitude of an expert. Any kind of openness or humility is seen as “junior”. For me, this is an ongoing balancing act – to make sure I am listened to by my peers, I am convincing to my clients, but I am also humble in my problem solving approach for the best possible outcome.

The thing is, we still need expertise. We need the institutional memory of different organizations, the lessons learned from successes and failures, a sense of history of ideas and concepts, the efficiency of getting things done quickly by people who have done them before. But we need our experts to be open-minded and to apply their established knowledge and lessons learned with caution – each situation is new.

This article was first published at: www.publichealthstrategies.net/blog/
In just 18-months of existence Cytecare has made a name for itself ticking the right boxes of quality and consistency

M Neelam Kachhap

**IN 2016,** Bangalore had at least four dedicated cancer hospitals and several multi-specialty hospitals offering cancer care when another dedicated cancer hospital was launched. Cytecare inaugurated its first 150 bed flagship facility in Yelahanka, Bengaluru on November 24, 2016. Initially the company raised 165 Cr from HNI with plans to expand to other cities.

Given the increasing trend of cancer cases in the country and only a handful of private players in this segment Cytecare Hospital has the potential to grow. According to ICMR study, India will see a whopping 17.3 lakh new cases of cancer and over 8.8 lakh deaths due to cancer by 2020. At this rate even the hospitals that have dedicated cancer units will be filled to capacity. Increasing awareness of treatment and cutting edge technology more number of patients comes in for treatment in early stage of the disease. Besides, increase in purchasing powerand deeper penetration of insurance has brought cancer treatment within the reach of the patients.

Add to this the steady stream of international patients who come to India for treatment. Cancer care thus is definitely lucrative for investment.

Recently Cytecare raised another 210 Cr in series A funding, for further expansion. When asked about this Suresh Ramu, CEO, Cytecare said that they are conducting feasibility test and evaluating some cities for expansion but are yet to zero in on a particular city. There are a lot of considerations he says and Cytecare is not in a hurry.

The hospital has seen about 5000 patients in the last 18 months. “We have people from 24 countries who visited us in the last 18 months. Of the 5000 cases we did, 60 percent patients came to us from Bangalore and 20 percent came from other states. Rest were international patients. So our next center will have similar patient profile from connectivity perspective and patient population perspective. Besides, specialist should be willing to come there,” Ramu explains.

There are a number of places that are already

“Cytecare is about treating cancer the right way and we want to ensure that the latest and best treatment is available to patients across the country”

**Suresh Ramu,** CEO, Cytecare
being explored. In fact, they have had some level of talks with a provider in Mysore Ramu says. Even though the North-east seems to be a good place to start the difficulty in getting expertise is limiting their efforts Ramu explains. Jaipur, Indore, Pune, Chennai, Navi-Mumbai, NCR region, and Ahmedabad are some of the cities the Cytecare management is evaluating. Of these Indore seems to be a favorite and will see some action soon.

“Cytecare is about treating cancer the right way and we want to ensure that the latest and best treatment is available to patients across the country,” shares Ramu. And Comprehensive oncology is a big piece of the puzzle including chemotherapy, radiology, radiation therapy, specialized organ-based surgeries and palliative care. “Our tumor board conversations are quite intense,” says Ramu. We want to do what’s right for the patient, he says. Defining and improving clinical outcome is a big mandate for us, he says. This will lead to partnership with academic institutes and pharma companies for good clinical trials, because patients have the right to treatment options, says Ramu.

Remembering the recent case where a woman has recovered from late-stage breast cancer using a new form of immunotherapy Ramu says, this kind of interventions are not allowed in private settings here in India. This is the reason why we want to be able to generate India specific data on cancer treatment and partner with the right kind of researchers to save lives. After all, this is what we want to achieve, save lives, delay recurrence, make treatment affordable, and better QoL for our patients, Ramu says.

Cytecare has recently launched its first sub-center in Hassan about 160 km from Bangalore. The sub-center is equipped to handle consultations, diagnostics and Chemotherapy. Our plan is to develop 4-5 such sub-centers around this hub, shares Ramu. Preferable we will add 2 more sub-centers in this fiscal he adds. Cytecare is also evaluating some African and Middle East locations for sub-centers. There are a lot of patients needing cancer care in these two geographies and a sub-center there would help, says Ramu. A local partner would be good as not every patient has to travel for treatment, he says. The company is looking for Philosophical alignment; ethics, value system, level of care provided, etc to evaluate the partner, Ramu says.

Cytecare has also been able to attract good talent pool from nurses to specialist. Some of the noted specialists are Dr. Anthony Pais, Oncoplastic Breast Surgery, Co-founder & Clinical Director; Dr. Vikram Kekatpure, Senior Consultant, Head & Neck Surgical Oncology; Dr. Prasad Narayan, Senior Consultant, Medical Oncology; Dr. Sriram Jaganathan, Consultant, Interventional Radiology and Dr. Kenneth D’ Cruz, Senior Consultant, Gastrointestinal and HBP Surgical Oncology. Another thing that Cytecare has got right is the online reputation management, the company has been able to generate positive online reviews and is building brand awareness among the target population. In addition, the company has had successful negotiations with health insurers and suppliers. They are even tied up with health insurers in Kenya.

Also, with the insurers and government schemes pushing for accreditation the hospital has just been audited for entry-level accreditation from NABH, and is hoping to receive the certification soon.

Cytecare has also started a bio-bank for tissue banking which will aid in treatment planning and research. The company is also investing in creating awareness among patients for early detection ad screening as well as educational awareness for doctors.
Indian data on DCB Angioplasty in Below-knee Peripheral Vascular disease

Dr Rahul NS, Consultant Vascular & Endovascular Surgeon, BGS Gleneagles Global Hospitals, Bengaluru

PERIPHERAL VASCULAR disease (PVD) is a disorder of blood vessels outside of the heart and brain to narrow, block, or spasm. This affects the arteries of the leg commonly. PVD typically causes pain and fatigue in legs, especially during exercise. The pain usually decreases with rest.

The Disease
In PVD, blood vessels become narrowed and blood flow decreases. This can be due to arteriosclerosis, or hardening of the arteries, or it can be caused by blood vessel spasms. In arteriosclerosis, plaques build up in a vessel and limit the flow of blood and oxygen to limbs.

As plaque growth progresses, clots may develop and completely block the artery. This can lead to organ damage and loss of fingers, toes, or limbs, if left untreated.
Causes
The primary causes of organic PVD are smoking, lack of exercise, poor eating habits, high blood pressure, diabetes and high cholesterol. People are at higher risk for PVD if they are over age 50, overweight, abnormal cholesterol, have a history of cerebrovascular disease or stroke, heart disease, diabetes, high cholesterol, high blood pressure, have kidney disease and/or on haemodialysis. For many people, the first signs of PVD begin slowly and irregularly. They may feel discomfort like fatigue and cramping in legs and feet that gets worse with physical activity due to the lack of blood flow.

PVD can lead to Medical Emergency
These symptoms are commonly brushed aside as the results of aging, but delayed diagnosis and treatment can cause further complications. In extreme cases of blood loss, gangrene, or dead tissue, can occur. If you suddenly develop a cold, painful, pale limb with weak or no pulses, this is a medical emergency. You will require treatment as soon as possible in order to avoid severe complications and amputation.

Management
Lifestyle changes and medications are adequate in order to treat and manage the pain and symptoms in early disease. Significant artery blockages may require interventions like peripheral angioplasty or bypass surgery. Angioplasty is a minimally invasive procedure when your doctor inserts a catheter or long tube into your artery. A balloon on the tip of the catheter inflates and opens up the artery. Bypass surgery is a procedure where the blocked area of
the artery is bypassed using a vein or an artificial tube graft, and blood flow is restored to the lower end of the leg or foot.

**Balloon Angioplasty**

Lower complication rates and lesser morbidity of peripheral balloon angioplasty has been the major attraction for patients suffering from PVD. However, the time of 'symptom-free period' has been an issue of concern to most of the treating physicians and patients. The restenosis or re-block of blood vessels is common in the arteries at the below-knee level. The aim of any angioplasty is to achieve longer patency rates and limb salvage.

**Use of Stents**

Stents are meant to physically keep the blood vessels open after angioplasty generally. But they can themselves lead to repeat blocks, especially in the below-knee blood vessels which can lead to limb loss. Stents have poor results in most segments of PVD, but definitely have disastrous results in the below-knee arteries. Chances of recurrent symptoms are higher in patients who have undergone stent deployment in comparison to those undergoing angioplasty alone. Presence of a foreign body in the small blood vessel is by itself a main factor for recurrence of the disease.

**Drug Coated Balloon**

With the advent of Drug Coated Balloon (DCB) angioplasty, there is a significant improvement in the patency rates and symptom resolution in patients with comparison to the ones treated with regular angioplasty. It is fast catching the attention of the treating physicians worldwide.

The primary causes of organic PVD are smoking, lack of exercise, poor eating habits, high blood pressure, diabetes and high cholesterol.
DCBs in the initial studies have been proven to have “lesser re-block” rates in comparison to regular angioplasty. DCBs have definitely improved the rate of wound healing as well as the symptom-free period.

DCB angioplasty does not leave any implant (metal) within the vascular system, but helps in maintaining the blood flow in the blood vessels to a higher extent. The drug acts locally on the inner walls of the arteries to improve the patency rates. DCB is associated with superior anti-re-stenotic feature and is a safe procedure with no extra-skill requirement or prolonged hospitalisation.

RepeateﬂInterventions

Repeated interventions were a major concern amongst the physicians. The advent of DCBs has changed this. Patients remain symptom free for longer and the chances of re-interventions are lesser. Global trials have shown definitive indications towards better patency rates. The patients have been shown to remain symptom-free for longer periods of time in the interim results of the study.

Repeated interventions are economically not viable for most of our population. Hence it is important to pan for a treatment which offers solutions for long term survival from amputation thereby enhancing limb salvageability.

Limb salvage is very important for the economic and social well-being of any person. Any step in this direction should be welcome.

Indian Data

In connection with this, I had the privilege of presenting the interim results of my study First Indian data on Lutonix DCB in BTK lesions at the 44th Annual VEITH symposium held at New York, USA and LINC Asia-Pacific 2018 conference held at Hong Kong.

As I write this, I have performed more than 120 below-knee DCB angioplasties and can suggest that the procedure is safe, and have been shown to improve the clinical status of patients significantly.

For instance, two of the patients who underwent DCR angioplasty were previously advised amputation for the gangrene in their foot. Following the procedure, they are free from any symptoms with no risk of recurrence.

The data from my study suggests that there was a significant drop of almost 50 per cent in the re-stenosis rates in patients who underwent DCB angioplasty in comparison to those who underwent regular angioplasty. This led to considerable drop in the recurrence of the symptoms. Ankle Brachial Index or ABI is a simple bedside test done on outpatient basis. It indicates the degree of blood flow in the foot as compared to the arm. Patients who underwent successful DCB angioplasty had maintained the immediate post procedure ABI for longer periods of time.

DCB angioplasty is being performed regularly now many hospitals, and in my opinion, it is definitely a safe procedure with better results and no extra hospitalisation required than plain angioplasty. For patients, especially for diabetic patients with below-knee peripheral vascular disease, this is definitely a novel and fruitful approach.
Taking Cardiology to the Grassroots

First conference of doctors from rural and suburban areas of Karnataka on saving precious life by the way of early ECG diagnosis was held at Mangaluru. Dr Padmanabh Kamath, Prof and HOD Department of Cardiology, Kasturbha Medical College and Hospital, Mangaluruthe brain behind the event tells M Neelam Kachhap why such events should be done more frequently.

Why did you feel the need of doing this kind of CME?

It was triggered by heart rendering incident that which happened almost a year back. I saw a patient from a far of place who was referred to me with a diagnosis of acute MI (heart attack). His diagnosis was missed in the early stages and patient was referred almost after 72 hours late. The late diagnosis and late arrival was detrimental in the end and we lost the patient. This was the day I decided to do something for about it and this CME was the result of it.

What is the current scenario of mortality of AMI in our country?

The 30 day mortality of Acute MI in our country is 8.2 per cent (Kerala ACS Registry). This is a shade higher than European data of six per cent.

Please tell us about Anveshana? How did this event come into existence?

Anveshana as you know derives its name from pursuit of excellence. The very fact that we need to excel in the field of diagnostic cardiology and establish a bench mark in the same led us to Anveshana.
What is the role of digital transmission in the management of MI?
Digital transmission has a big role to play especially from remote places where specialty healthcare is not available or inaccessible. We have trying to tackle this and are managing a Whatsapp group called Cardiology at Doorstep (CAD) for the last six months. We interact with physicians in rural areas and help them with any queries regarding MI.

There has been a growing perception regarding unnecessary use of cathlab and stenting? What is your view on the same?
We are very clear in our tackling of coronary lesions in our Cathlab. We use our discretion while handling any patient and avoiding oculostenotic reflex (stenting of insignificant lesions). We go by evidence base coronary physiology (FFR/IFR) and Ischemia driven strategy.

On the other hand we hear stories about patients not diagnosed in time and loss of golden hour so how can we strike a balance between the two?
We conducted a workshop for all our Whatsapp group (CAD) participants on June 24th. It was attended by more than 200 doctors from all across eight districts of Karnataka. We conducted talks on key topics and lectures were delivered by key opinion leaders in the respective field. There was an overall positive feedback from the delegates and it was widely appreciated.

What are the newer guidelines for primary PTCA in AMI?
The guidelines have not changed much. However, Radial angioplasty is better than femoral route (Matrix study). There is limited role for thrombus suction in AMI. Facilitated angioplasty or Pharmaco invasive strategy (upfront thrombolysis and then transfer to PCI capable center) is an attractive option.
DRIVE

How Failure Leads to Success?

Failure and loss are an integral part of life. Dr A Velumani, CEO, Thyrocare Technologies Ltd, with his astute acumen tells us how to deal with failure to succeed and create a multi-million dollar business, in conversation with M Neelam Kachhap

Dr Velumani is a known face in the Indian healthcare industry. He not only started a company to serve the niche market of thyroid testing but by doing so created the world’s largest thyroid testing laboratory, Thyrocare Technologies Limited, with a turnover of more than Rs 250 crores, and a brand value of more than $350M. He is a name to reckon with in the healthcare industry. He met me on the sidelines of a conference and we talked about life and learnings.

We talk about family and he tells me about his. How his son Anand and daughter Amruta are part of the company now and bring him great joy and pride. He talks about a grounded upbringing and ingrained roots so deep that familial achievements of wealth and success never shook their core. His eyes light up when he tells me about the frugality imbued in his children at a young age, a focus to sharpen their inherent talents, they strive to better themselves every day.

Of Loss and Lessons

Even though there is a success story to tell he chooses to talk about loss, a loss that has left a huge void in his life. A void no one can fill. He gets emotional talking about his wife Sumathi. “I didn’t want to marry.” He tells me. When he received the proposal to marry Dr Velumani was not ready. He thought of various reasons to dissuade the impending proposal but he finally gave in after meeting his would-be bride. “It was she who chose me. She didn’t look for features or wealth but the value of the person, and said yes. For that I will forever respect her,” he says. “She was with me in good and bad, and even during uncertainties, like a backbone,” shares Dr Velumani. He lost her to pancreatic cancer in 2016, and says that he can still feel her presence around him.

Dr Velumani and his late wife Sumathi built Thyrocare together from scratch. In 1996, when Thyrocare happened in a small 150 square feet lab, Dr Velumani did not think of becoming one of the richest men in India with Rs 350 Cr Empire. Rather he wanted to focus on creating a technology enabled clinical laboratory where tests can be done at a much lower cost than the then prevailing costs. The idea was to serve 50 percent of the world’s population, for 50 percent of their diagnostic needs, at 50 percent of the costs, he says. And in doing so he became a disruptor. Today, he owns a fully automated diagnostic laboratory set-up covering over 2,00,000 sq. ft floor space that ensures error-free processing of over 50,000 specimens and over 2,00,000 Clinical Chemistry investigations per night.

Striding Through Struggling Time

His is a rag-to-riches story where education played a big part. It was education that lit the path to entrepreneurial journey for Dr Velumani. Being a poor farmer’s son he knew the only way to escape poverty was to study and get a good job. “Had it not been for the Town Panchayat Union School of my village, I would not have been educated,” he says. However, they

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were 4 siblings and his mother had to work very hard to put them through school and college. Enduring his fate, Dr Velumani finished his education but could not get a satisfying job (govt. job) in Coimbatore, his native land. This propelled him to look further and he joined scores of people who used to migrate to Mumbai in late 70s to look for a better life. He worked with for 14 years in a cushy govt job but continued to think of ways to break the monotony. So he turned back to education, first studying for a masters degree and later a PhD. In 1996 he took a radical decision to quit his job and started a diagnostic company. This was the time when his wife stood by him even though the odds were pitted against them. From then on she matched his every step. Taking responsibilities side-by-side. “I told her we would retire and take it slow after the IPO,” but as fate would have it she did not live to see the day. Six months before the IPO she was diagnosed with cancer and just months before the IPO she passed away. 

**Mother Motivator**

I ask him what has been his biggest motivator. Poverty, he says. “I had the luxury of poverty. It taught me many things,” he shares. Poverty along with the life’s lessons taught by my mother have made me what I am today, he shares. Then he tells me about the grit of a woman,

**Thyrocare Technologies Limited**, with a turnover of more than ₹250 crores, and a brand value of more than $350M is a name to reckon with in the healthcare industry
The idea was to serve 50 percent of the world's population, for 50 percent of their diagnostic needs, at 50 percent of the costs.
full-fledged pathology laboratory, conducting all tests and localising the services, I decided to venture into something I was sure of,” he shares. “This uncluttered focus became the trendsetter,” he adds.

Sky is the Limit
Indeed, when Thyrocare went public in 2016, its IPO was oversubscribed almost 75 times. Did he expect such splendid results, I ask him. “No, even I was surprised that our shares were in such high demand,” he laughs. Of course, the company was cash rich and had not had debt on it anytime, so it made sense. “In the last 20 years, we have never borrowed a penny,” Dr Velumani explains. “In addition, over the last ten years, we have always had cash reserve. This is the main reason for our IPO’s success,” he says.

Thyrocare’s multi-lab model has a fully automated CPL (centralised processing laboratory) supported by six RPLs (regional processing laboratory) at Delhi, Kolkata, Bangalore, Hyderabad, Coimbatore and Bhopal. “Our plan is to increase the number of Regional Processing Laboratories (RPL) to 20 in 5 years. We will also increase our B2C business and increase the number of franchises along with corporate business,” he shares.

Giving Back
Thyrocare also has a Nuclear imaging business that contributes six percent to its revenue. Thyrocare currently has five scanners in three PET-CT centres, supported by one cyclotron facility in Mumbai. The company plans to open up to 10 more additional centers by the end of 2020.

Dr Velumani established Sumathi Memorial Trust was in the memory of his wife. The trust is working to help alleviate the large financial burden of cancer treatments, and will pay an amount of INR 3,000 for each patient, when they undergo a PET/CT Scans. The Trust aims to subsidize a million scans before March 2025.

Looking Ahead
At 59, Dr Velumani is very active. Besides looking after his company he also spends his time sharing his learnings from life. His is often invited as a speaker to address various audiences from students to professionals across India and abroad. He honed the expertise in social media early on and frequents Twitter and Facebook. Needless to say he has a steady fan following. “I have been a farmer for 20 years, scientist for the next 20, entrepreneur for 20 years after that and now I’ll be an entertainer for the next 20 years,” he says smiling. “My motto in life is to focus, learn, grow and enjoy,” he concludes.
EVENTS

NBE-ANBAI TEACHER’S DAY AWARDS

Date: September 22, 2018
Organiser: NBE & ANBAI
Venue: Bengaluru
Click: www.anbai.org, www.natboard.edu.in
Contact: bbuffer@nbe.edu.in&anbaidia@gmail.com

The National Board of Examinations (NBE) confers national awards to honor the contributions made by eminent medical teachers /professionals and institutions /hospitals to further the cause of medical education quality and excellence in the country. Last year the award ceremony was conducted by Association of National Board Accredited Institutions (ANBAI).

This year NBE & ANBAI have joined hands and will be organizing the award ceremony together. The awards will be announced and distributed at the Teachers Day awards ceremony to be held at Bangalore on 22nd September, 2018.

WORLD CONGRESS ON CARDIAC SCIENCES

Date: November 28 - 29, 2018
Organiser: Biogenesis Health Cluster
Venue: J.N.TATA Auditorium, IIS
City: Bengaluru
Click: www.cardiacciencesconference.com
Contact: Ms. Radhika, +91-9886327807

The World Congress On Cardiac Sciences - 2018 “International Conference on Cardiology” is designed on the theme: “Building and Beating to the Future of the Heart” that focuses to share novel approaches related to Cardiology field and exploring the challenges concerning excellence in Cardio research and advancements. The motive of the event is to generate awareness that will keep medical professionals abreast of the problems affecting the prevention, diagnosis and treatment of cardiovascular diseases. The scientific program will feature live workshops, interactive education sessions, B2B meetings, round-table discussions apart from the conventional plenary sessions, featured symposia, breakout sessions and oral presentation sessions for abstracts and challenging cases. In addition, the World Congress On Cardiac Sciences - 2018 “International Conference on Cardiology” will feature live cases and interventional courses in an interactive format throughout the conference. Our endeavour is to provide a stimulating and thought to provoke scientific program. “We sincerely hope that the blend of pleasant weather, warm hospitality and revitalizing social evenings will make the scientific environment richer.”

MEDICALL 2018

Date: July 27-29, 2018
Venue: Chennai Trade Centre, Chennai, India
City: Chennai
Contact: Mr.KSundararajan, 91-7305789789
Click: info@medicall.in

Medicall is India’s largest B2B trade fair for medical devices and hospital supplies. Approx. 750 exhibitors and 15,000 trade visitors from over 20 countries, among them physicians, but also biomedical engineers, sales people, decision makers, consultants and hospital owners, are represented at this important industry event. In addition to the presentation of the best and the latest medical and medical-technical equipment, software, supplies and other devices the market has to offer the fair mainly serves as a platform to exchange knowledge and experiences among renowned industry experts. Various conferences and innovation awards in different categories complement the event.

EMCON 2018

Date: November 15-18, 2018
Organiser: The Society for Emergency Medicine India (SEMI)
Venue: The LaLit Ashok Bangalore City/Bengaluru
Click: http://emcon2018.org
Contact: emcon2018@gmail.com, +91 9880880682, 9632602928

The Society for Emergency Medicine India(SEMI) is organizing its prestigious 20th Annual Event on Emergency Medicine – the flagship conference EMCON 2018 at Bangalore, Karnataka India under the SEMI Karnataka Chapter from November 15th to 18th 2018.15th November 2018 will be for the Pre Conference Workshops and the Scientific fiesta with various research projects from 16th to 18th November 2018.

The theme of the conference is Consensus, Advances and Innovations. It aims to bring in the field of Emergency Medicine an agreement for universal emergency care by bonding our unique needs with the progresses made. The Conference aims to provide participants working in Emergency Medicine a platform to come together and corroborate to evolve the National guidelines and to stay ahead in our knowledge and skills to match the International standards and thereby aiming to provide universal agreement of guidelines in India in Emergency Medicine.

MEDICAL FAIR INDIA 2019

Date: February 21 - 23, 2019
Organiser: Messe Dusseldorf India Pvt. Ltd.
Venue: PragatiMaidan New Delhi,
City: New Delhi, India
Contact: info@medcalfair-india.com
Click: http://www.medicalfair-india.com

MEDICAL FAIR INDIA is held alternately at venues in Mumbai and New Delhi every year. Focal ranges include: medical products and medical device technology, laboratory technology and diagnostics, equipment and furnishings plus furniture for hospitals and health centres and the global trend areas of Health IT and Mobile Health solutions, to name but a few themes.

The target group encompasses decision-makers from the medical field (such as physicians and medical professionals), hospital managers as well as representatives from the medical trade and industry. Due to its spectrum of topics covered the event is equally attractive for architects and building planners, for enterprise consultants or for the scientific and research community.
Running a private medical practice in India comes with the risk of lawsuits and property damage. As a medical professional, you are probably well aware of the devastating effects of legal cases and security threats that await doctors who face the blunt of an angry patient. We encourage you to share your queries and concerns regarding legalities of practicing medicine in India to learn more about legal framework, legal cases and the experience of fellow doctors.

Q: In most hospitals resident doctors are employed by hospitals who are directly answerable to hospital administration. If there is an act of omission or oversight by resident, then how is a consultant responsible, if the law refers to "employees", and more so if the consultant has not credentialed the resident upon appointment. For hospitals which are accredited by NABH or JCI, it is documented that residents enrolled are capable alone of doing a resident doctors job, so why should consultants be culpable. For negligence like operative mishaps in any case the doctor in-charge is answerable. In the example of AIIMS, the consumer act is not enforceable on government institutions. Many times Heads of units are in meetings while qualified faculty members operate cases admitted in a particular unit, where would the responsibility lie?

Dr P Gulati, Urologist.

Ans: It is correct that residents are hired by hospital management and report to them. But technically, they work under consultants as they discharge whatever work assigned by consultants on patients which are admitted under the name of consultants. So, consultants have to share the burden of any mistake committed by them and take the blame as this error was done during discharge of professional work. Even if consultants has no role to play in hiring of residents but they have accepted their services. When NABH certification is done, it is certified that a resident is capable of doing resident's work meaning that he will work under supervision of consultants. Please remember that law knows clearly that residents are paid Rs30,000 while consultants draw Rs 3-5 lakhs per month. So far as AIIMS is concerned, it is covered by consumer protection act. Faculty members of AIIMS or any other institutions are independent in discharge of their services and are fully responsible for their and subordinate actions. Head can attend meetings as it is part of duty.

Q: I would like to know whether radiology and other pathology investigations in MLC case done by private labs are legally valid in court of law.

Dr Manmohan Kohli, DMS, SGM Hospital, New Delhi.

Ans: Yes, radiology and other pathology investigations in MLC case done by private labs are legally valid in court of law.

Q: My query is that many path labs are being run by technicians only, even some hospitals are running lab with technicians. What are the medico-legal aspects of this?

Dr Surabhi Tyagi, Associate Professor, Mahatma Gandhi Medical college, Jaipur.

Ans: As per law, all pathology labs needs supervision of a pathologist. Some labs have contracted part-time pathologist who rarely visits the lab. His signatures are done by technicians on reports. This is illegal and action can
be taken by medical Council against such pathologist. Action can be taken against labs also by the govt.

There was instance in Delhi where a pathologist was supervising 80 labs in Delhi spread all over Delhi and his signatures were put on all reports. It was reported to Delhi Medical Council and punishment in form of erasure of name for some time was prescribed by DMC.

**Q:** What is the legal/MCI status on the fact that if we take an admitted patient/an OPD patient of a government hospital/medical college to a hotel (private) for case discussions for teaching purposes only.

Prof B Bhargava, Professor of Cardiology, AIIMS  
**Ans:** There is absolute nothing wrong if you take an OPD / admitted patient of a govt hospital to private hotel or conference venue provided for case discussion if:

- You inform HOD/ Director/ Medical Superintendent of govt. hospital and take permission to do so.
- You take informed consent of the patient or next of kin.
- Purpose should only be academic.
- No commercial gains to be made.
- You bear all expenses and patient should not suffer any loss in healthcare

Please know that hospitals do not come under MCI.

**Q:** This is with respect to the right of confidentiality of a patient recently diagnosed of HIV positive.

The patient is the govt employee and was diagnosed of HIV positive during her course of treatment in the hospital. After being discharged from the hospital, she is putting up course of treatment in the hospital. After being diagnosed of HIV positive during her hospitalisation in the hospital, she has got and informs next physician detailed and correct medical status.

that her colleague in office may start out casting her.

Shishir R. Sharma, Organ Transplant Manager  
**Ans:** You can heed to her request and not mention her HIV status in certificate which is read by office colleagues. It is her right to keep it confidential. You can mention it in discharge summary but not in certificate. Mentioning it in discharge summary is essential as it shows what treatment she has got and informs next physician detailed and correct medical status.

**Q:** Does the doctor have the right to refuse to make the medico-legal report if there is no injury mark on the patient?

Dr Sahil Mittal  
**Ans:** Please note that it is doctor's prerogative to decide to make MLC in a particular case or not but in reality situation is different. Doctor is bound to make MLC in following cases even if there is no injury present on the body:

- Victims/ accused in sexual offences.
- All persons brought by police for examination.
- Court direction for examination.
- Road traffic accidents if patient wants MLC
- Industrial accidents.
- Accused in suicidal/ homicidal offences
- Alcoholic intoxications.
- Lunatics brought by police.

**Q:** Kindly enlighten me, if the assault occurred in another district. Can medico-legal report made in another district?

Dr Sahil Mittal  
**Ans:** Please understand that there is no legal bar on not making MLC in different district. Please follow these guidelines for your safety.

- If patient approaches you directly, make MLC even if assault happened in other district.
- If police approaches you to make fresh MLC case in any case, do it.

**Q:** I am a General Practitioner, running a private clinic single handedly, on a busy main road in South Delhi. I was called by two men in distress to help a passerby, who allegedly had a heart attack, half a kilometer down the road. As I rushed with them, I was worried if the call was a hoax. By the time we reached there, the patient had already been taken to a hospital. I would like to know can a doctor refuse to rush to attend the medical emergencies away from the premises of the clinical setup? Are there any legal implications of such a refusal? Being a female, my security is also at stake in such scenarios, what if the call is a hoax and its a trap? Please, guide me so as to what is the appropriate response in such situations.

**Ans:** Please note that your own security comes first, if you feel that you are not secured or convinced about genuineness of help, you can refuse. It is legally and logically correct. So far as legal stand is concerned, I would like to answer your queries. You can refuse to attend medical emergencies away from your premises provided they are not in your care previously. If they are not your old patients, you can cite reason and ask them to take to near hospital. You cannot refuse to see medical emergencies if patients are brought to your clinical setup. Stabilize the patient first and then refer to correct centre or if needed, take them to hospital yourself. You cannot charge patient for this, this has to be provided free (Clinical establishment Act which is now operational in Delhi)

If you do not act as indicated above, action can be taken by government, police and Medical council against you. Your clinic can be sealed by govt, police may arrest you in case of negligence and your name may be erased by medical council beside cases in consumer court also

My advice is, if you are going out of your clinic to see emergency and if you are a female doctor, please do not go alone, and take some employee with you. If the people resent your employee going with you, refuse to go.

**Disclaimer:** This material has been prepared for informational purposes only, and is not intended to replace, and should not be conveyed or constitute legal advice. You should consult professional lawyer and legal advisors before engaging in any legal matter.
20th Annual Conference of Society for Emergency Medicine India (SEMI)
15th - 18th November 2018

KEYNOTE SPEAKERS

Dr. Gautam G Bodiwala
CBE, DL, JP, DSc (Hon), MS, FRCS, FRCP FRCEM, FIFEM
Pro Chancellor, De Montfort University
Past World President International Federation for Emergency Medicine

Prof. Francesco Della Corte
MD, Hon. Fellow EuSEM Director,
Dept of Emergency Medicine Azienda Ospedaliero Universitaria Maggiore della Carità Corso Mazzini
Residency in Anesthesia and Critical Care Medicine Director

Prof. Dr. Taj Hassan
PRCEM MD MRCP DA FRCSEd
President – ROYAL COLLEGE OF EMERGENCY MEDICINE
London

Prof. Dr. Peter Cameron
Academic Director, The Alfred Hospital, Emergency and Trauma Centre
Department of Epidemiology and Preventive Medicine
School of Public Health and Preventive Medicine
Monash University Melbourne

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