Changing the face of Woodlands; one step at a time- HIMS & the Main Reception area. In this month’s Newsletter we would like to focus on some major ongoing changes. At Woodlands we are about to go big, completely changing how we manage things, and we are super excited about this.

Soon writing in charts will be a thing of the past here as we move apace to modernize our management and embrace the 21st century technology era.

Spearheaded by our IT Manager Mr. Sachin Awale we hope to incorporate the Hospital Information Management System (HIMS) at our hospital. The ball has already started rolling with our newly built Reception Area ideally situated just in front of the entrance to the hospital.

We no longer have an Enquiry Area. All enquiries and data collection as well as admissions now take place at the Main Reception.

At this time patients data collection also happens at Dr. Neville Goblin's Area and at the Reception Area in the East Wing.

HIMS helps to maintain the valuable patient data for providing better information electronically. It helps to standardize and enhance overall performance of the organization. Through intranet/internet services, Management, Doctors, Nurses etc., will have different levels of access to information. With the invention and continued improvement of computers and smart phones this system is fantastic at always keeping the Doctor et al, connected and updated on the patient’s condition, with minimum harm to the environment (no papers).

This program will happen in phases. In the first phase, each patient (Out/In patient) will be given an Electronic Card that carries a MRD (Medical Record Number). This card will allow access from any smart device, to the specific patient hospital information.

Patient’s information will be updated upon each visit. Hence it is imperative that patients walk with their card at every hospital visit. However if they forgot the card, the MRD number/Name & DOB / Mobile Number can be used to access their information.

**Note**: this System will have all the necessary security features in place to prevent hackers.
DOCTORS MEETING:
Was held on 14th, November, 2018 at 17:00 Hrs. Chairperson—Dr. N. Gobin
Topic: Misal X-Rays by Dr. Narayan Joshi
on 28th, November, 2018 at 17:00 Hrs. Chairperson—Dr. N. Gobin
Topic: Autoimmune disease: The many faces by Dr. Swaby
Hematidrosis by Dr. Vikas Gobin

NURSES MEETING:
RM/RN/NA/LPN
Was held on 8th, November, 2018 at 15:00 Hrs.
Topic: Introduction of our Clinical Governance Manager-Nurse Sills

Clinical Governance Manager-Nurse Leeann Sills

Woodlands have never had a position of Clinical Governance Manager.
However in October Nurse L. Sills applied for a job. At her interview she was asked
to identify where she would fit in to the present structure of Woodlands Hospital and
what she would call that position.
She then suggested being the Clinical Governance Manager. When called upon to de-
fine what she expected to do in that position she went on to say as follows.
She will be in charge of doing things right for quality assurance purposes, responsible
for reviewing and amending policies as seen fit and to make recommendations with
the primary focus on the patient’s safety and patient’s satisfaction.
At her first meeting with the Nursing Staff she warmly shared an open door invitation
for any staff willing to share their concerns in her office which is temporarily located
near the Human Resource Manager or can be contacted by the intercom on Ext: 296.
At the same meeting open ended questions were asked to staff about having a
feedback system available and which methods were preferential. Suggestions
included: a suggestion box, sending an email or having random chats. A suggestion
box being placed in the Lunch Room was unanimously agreed upon.

CHRISTMAS TRADITIONS AT WOODLANDS LIMITED

This is the time when Woodlands Staff actually meet and interact with
Staff from other Departments.
It’s the time when there is joint effort as ‘Woodlands Team’ strive
together to make the Staff Christmas Party and the Children’s Party
memorable.
For the Staff Party all the Entertainers are Staff from Woodlands who
join together to rehearse and put out talent they never knew they had.
The final product can vie with any other professional
entertainment group.
The Children’s Party is a lot of work and are Staff are expected to be
involved with both the planning an execution.
Then there’s also the Tradition of each area organizing their own
Departmental parties which is on the last working day before
Christmas.
To this Party Staff from other areas are invited.
Please help keep these traditions going.
A rare case:
14 year old boy presents with the complaint of a growth to the front of his penis “since he has known himself”
It is not painful but can sometimes cause “spraying” as he passes urine.
He had seen several medical practitioners over the years and was given different medications but nothing seemed to help.
A family member punctured the growth once but it returned readily.
The patient had no known illnesses and had an otherwise unremarkable childhood.
On examination, a picture similar to the one below was observed. The mass was approximately 1cm in diameter, non-tender and cystic. It was located at the tip of the urethral meatus on the left side (and apparently present since early childhood)

Diagnosis: Parameatal urethral Cyst (in a male)

Parameatal urethral cyst is a rare clinical entity.

It was first reported as recently as 1956 by Thomson and Lantin .
There is paucity of case reports of parameatal urethral cyst in Indian population.
The aetiopathogenesis of these cysts is a matter of much debate.
Thomson and Lantin  in their report attributed the formation of parameatal urethral cysts to the process of delamination of foreskin from glans.
Shiraki however was of the view that occlusion of paraurethral duct leads to cyst formation.
This view was endorsed by Oka et al.

and Yoshida et al. in their work. Hill et al. added that the occlusion of paraurethral duct may be as a result of infection.
These cysts are usually small of about 1 cm in diameter and occur on the ventral or lateral margin of urethral meatus. They can present at birth or any time in the childhood.
Both congenital and spontaneously appearing cysts have been described.
Usually asymptomatic, these cysts are mostly brought to clinical attention for poor cosmesis but dysuria, urinary retention and stream distortion may be possible presentations.
They usually manifest clinically at 1 year of age.
In our case the cyst was of congenital origin and measured 1 cm in diameter at diagnosis.

Various treatment modalities such as
• watchful wait for spontaneous rupture,
• needle aspiration,
• marsupialisation
• complete surgical excision
have been described as possible treatment options.
However, spontaneous resolution by rupture is rare in boys and is used only in neonates but the duration of watchful waiting for spontaneous rupture has not been described.

Further, there are report of recurrences following spontaneous rupture and needle aspiration.
Marsupialisation suffers from drawback of unsatisfactory cosmesis.
Complete surgical excision of cyst is, therefore, treatment of choice as it produces good cosmetic results and recurrences are unheard of.
Complete surgical excision is the treatment of choice (this was done for our patient).
Management and Staff wish to congratulate the following persons on their birth anniversary for December, 2018

<table>
<thead>
<tr>
<th>Name of Staff</th>
<th>Birthday</th>
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<tbody>
<tr>
<td>Kamana Burnham</td>
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<td>Shonnett Bynoe</td>
<td>5th</td>
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<td>Shellon Cornelius</td>
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<td>Videsha Persaud</td>
<td>6th</td>
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<td>Quanne Campbell-Gonsalves</td>
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<td>Leonard Bowen</td>
<td>7th</td>
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<td>Vanessa Solomon</td>
<td>12th</td>
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<td>Orin Josiah</td>
<td>14th</td>
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<td>Lilawtie Latchmenarine</td>
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<td>Tiffany Smith</td>
<td>19th</td>
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<td>Delker Welch</td>
<td>23rd</td>
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<td>Natasha Laundry</td>
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<td>Meethu Thomas</td>
<td>24th</td>
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<td>Jairam Baldeo</td>
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<td>Lijo Joseph</td>
<td>27th</td>
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<td>Luani Lowe</td>
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<td>Ariel Williams</td>
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<td>Gary Grant</td>
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<td>Ramona Coxall</td>
<td>30th</td>
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<td>Kim Stanton</td>
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Vacancies

Pharmacist: 1 Positions
Pharmacy Technician: 1 Position
Confidential Secretary: 1 Position
HR Assistant: 1 Position
Security Officer: 1 Position
Registered Nurse: 2 Positions

All applicants will be expected to work all shifts

Welcome to our New Staff
Quanne Campbell-Gonsalves, Registered Nurse
Ryan Arjoon, Theatre Technician
Leanna Sills, Clinical Governance Manager

We can now be perused on our Web Site
www.woodlandshospital.com
follow us on facebook