Volume 101

WOODLANDS HOSPITAL

April 2018

Customer Service Training Program Initiative

This year one of Woodlands Hospital's goal is to improve the quality of its customer service. As such all Staff were mandated and privileged to attend a two days customer service training program arranged by the Management.

These sessions were held between 23rd February 2018 and 27th March 2018 and each batch comprised of Staff from various departments.

It was conducted by Consultant Ms. Kalavati Seegopaul.

Below is an overview of what was gained at the training from all Departmental Heads

Most if not all the persons expressed great satisfaction with the program and were extremely impressed with the content and presentation.

It was deemed very informative.

Although the focus was on Customer Service emphasis was first made on knowing one self-i.e. self-awareness.

It helped persons assess themselves and strive to achieve a higher and deeper sense of responsibility towards humanity and enable them to represent this in their daily lives, in whatever little way, to perhaps create a cascade of positive events.

So in a way, the program helped intrapersonal- appealing to one's belief system and core values.

All Staff were able to grasp the basic concept of customer service and then relate it to 'SELF'.

Largely emanating from the program though, was the need to first understand and then inculcate into our daily lives, be it at work or elsewhere, the skills of Emotional Intelligence (the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically. Emotional intelligence is the key to both personal and professional success), Self Awareness and Empathy.

As a result the Managers have outlined some ideas that they would like to implement as SOPs (standard operating procedures) to help foster a better and improve quality care for both external and internal customers.

Below is a list of planned ideas.

Have a Vision Statement for every department. This statement should take into account the vision statement for the Hospital.

Have ground rules for every department-

Both of the above should be done in consultation with all Staff in the department Identify with staff individually and collectively.

Everyone must know their role and functions. Reevaluate the work flow and load and assign duties as necessary.

Have monthly meetings that would involve presentations on customer service and re-emphasize Emotional Intelligence.

Promote and maintain a high level of professionalism at all levels.

High on the agenda there is the need to be CONFIDENTIAL with the information we gather.

Encourage staff to have a sense of pride and love for their job.

Promote and maintain good and healthy teamwork practices.

Promote and maintain a prompt, reliable and, most importantly, efficient service.

Encourage staff to always be polite i.e. with our hellos and goodbyes to peers, patients and relatives.

Have a reward for outstanding Staff, with the aim of promoting excellence.

Encourage staff to be open minded as it relates to bad practices and make positive suggestions that may improve on work practices.

Create a medium where Staff can communicate to a professional or someone of trust any issues that may be troubling them, be it work or domestically related, with the aim of alleviating any stress and thus having a more worker friendly staff.

Create a medium where customers can make suggestions, or complaints about anything that affects them during their time of stay at Woodlands.

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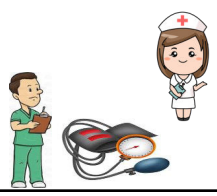
DATE TO REMEMBER May12, 2018

Senior Citizens Tea Party 14:00 —17:00 hours

Nurses Dinner 18:30 —21:00 hours



NEWS IN BRIEF

SOME STATISTICS FOR DECEMBER *2017*

Emergency Room
Patients Seen– 2765
Admissions— 120

Maternity
Total Deliveries— 47
Males— 24
Females– 23
Caesarean Sections-13
Neonatal Death— 0
Twins— 0
Premature— 5
Breech— 2
Still Births— 0

Male ward
Admission— 98
Deaths—0

Female ward
Admission – 131
Deaths—4

ICU
Admissions—34
Deaths– 0

CICU
Stenting— 10
Angiograms—15

Radiology
X-ray— 1297
CT— 153
Ultrasound— 2533

Theatre
Surgeries— 107
Ophthalmology — 41

Pharmacy
Prescriptions– 4483

Laboratory
Patients attended-2806

Pathology Lab
Cytology — 60
Histopathology— 100

DOCTORS MEETING:-

Was held on 28th March, 2017at 17:00 Hrs……..Chairperson—Dr. N.Gobin

NURSES MEETING:-

RM/RN :-Was held on 22nd March, 2018 at 15:00 Hrs.
Topic: HR Matters by HR Department
NA/LPN:- Was held on 23rd March, , 2018 at 15:00 Hrs.

VISION STATEMENT AND GROUND RULES

VISION STATEMENT FOR MAIN OPERATING OUR THEATRE

To have a Theatre equipped with all necessary modern Equipment ,Instruments and skilled Staff to provide quality care in a compassionate, safe and timely manner.

GROUND RULES FOR OUR THEATRE

Ground rules are statements of values and guidelines which a group establishes consciously to help individual members to decide how to act. To be effective, ground rules must be clear, consistent, agreed-to, and followed. Where articulated ground rules are missing, natural behavior patterns often emerge spontaneously. These are referred to as norms.

Team ground rules define a behavioral model which addresses how individuals treat each other, communicate, participate, cooperate, support each other, and coordinate joint activity. They may be used to define and standardize team procedure, use of time, work assignments, meeting logistics, preparation, minutes, discussion, creativity, reporting, respect and courtesy.

Below are some of the Ground Rules established by Theatre Staff , this is a work in progress and will be reviewed.

- Punctuality for all attending staff- nurses, doctors, housekeeper and attendants.
- All staff should always be properly attired for work.
- Professionalism
- Confidentiality- what happen in theatre should stay in theatre.
- All information about the Patient's condition should be disclosed by the Surgeon
- Respect for– Colleagues, Surgeons, Patients and their Relatives.
- No cell phone during working hours except during lunch break.
- No chewing of gum at work or eating in the presence of patients
- When in doubt find out before executing your duties
- Any conversation around patients must involve the patient.
- Any conversation during surgery must involve the Surgeon.

CAKES!! CAKES!! CAKES!!

Woodlands Cafeteria introduces cake catering. Cakes will be specially made for you by order. For more information please contact Cafeteria Manager Ms. Shultz, **call or what's app 592 6228040.**
Make your occasion a day to remember by having Special cakes for


Management of Upper GI Bleeding

UGIB refers to GI blood loss having an origin proximal to the ligament of Trietz.

Classification

1) Variceal In this mortality is 50% on 1st episode and 30% on subsequent
the 6 week mortality after each bleed is 15 to 20%
2) Non-Variceal :Mortality rate 3.5% to 10%
It can be further divided into

Major Causes

Peptic ulcer disease
Esophageal and gastric varices
Hemorrhagic gastritis
Esophagitis
Duodenitis
Mallory-Weiss tear
Angiodysplasia
Upper gastrointestinal malignancy
Anastomotic ulcers (after PUD surgery or bariatric surgery)
Dieulafoy lesion

Minor causes

Cameron lesion
Gastric antral vascular ectasia-GAVE (watermelon stomach)
Portal hypertensive gastropathy
Post chemotherapy or radiation sequelae
Gastric polyps
Aortoenteric fistula
Submucosal lesion/mass (eg, leiomyoma)
Connective tissue disease
Hemobilia
Hemosuccus pancreaticus
Kaposi sarcoma
Foreign bodies

Laboratory:

Complete Blood count
Serum chemistries
Elevated blood urea nitrogen to creatinine ratio. 36:1 or 100;1
Liver function test Altered in Variceal bleeding
Coagulation profiles Important in patients on anticoagulation and CIRRHOSIS.

Imaging

Chest x-ray-Chest radiographs should be ordered to exclude aspiration pneumonia, effusion, and esophageal perforation.

Abdominal x-ray- erect and supine films should be ordered to exclude perforated viscous and ileus.

Computed tomography (CT) scanning and ultrasonography may be indicated for the evaluation of liver disease with cirrhosis, Cholecystitis with hemorrhage, pancreatitis with Pseudocyst and hemorrhage, aortoenteric fistula, and other unusual causes of upper GI hemorrhage.

Nuclear medicine scans may be useful in determining the area of active hemorrhage

Angiography -Angiography may be useful if bleeding persists and endoscopy fails to identify a bleeding site. Angiography along with trans catheter arterial embolization (TAE) should be considered for all patients with a known source of arterial UGIB that does not respond to endoscopic management, with active bleeding and a negative endoscopy.

In cases of aortoenteric fistula, angiography requires active bleeding (1 mL/min) to be diagnostic.

Initial Assessment and Management.

Resuscitation based on hemodynamic status
Blood transfusion(target hemoglobin >= 7 g/dl)
Discharge from the emergency department based on risk stratification.
If Hemodynamic instability continues send to- ICU on CCRM
Nil by mouth and establish large bore IV lines
Rapid infusion/Bolus isotonic crystalloids.
Supplemental oxygen.
Temporary support with vasopressors
Prophylactic Endotracheal intubation in ongoing Active Hematemesis,Encephalopathy,Agitation.
Although Intubation is recommended it does not seem to make a difference in patient outcomes.

Indications for transfusion

Hemodynamic instability despite crystalloid resuscitation
Hemoglobin < 9g/dl in high risk patients(elderly, Coronary artery disease, and patients with co morbidities)
Hemoglobin < 7 g/dl in low risk patients

What is Transfused?

FFP for coagulopathy
Platelets for thrombocytopenia < 50,00 or platelet dysfunction.
Blood transfusion and tranexamic acid.
(Tranexamic acid not recommended in patient with non variceal bleeding. Benefit with regard to mortality but not with regard to bleeding, surgery, or transfusion)

Transfusing patients with suspected variceal bleeding to a hemoglobin >10 g/dL (100 g/L) should be avoided.

Is lavage and the NG tube important?

Yes if:

Grossly bloody aspirate in the absence of traumatic intubation confirms a UGIB.
Helps to determine the type of gross bleeding
Red blood suggests currently active bleeding
coffee grounds suggest recently active bleeding.
Continued aspiration of red blood suggests severe, active hemorrhage.
Nasogastric aspiration of red blood is associated with a significantly higher rate of active bleeding or other endoscopic stigmata of recent hemorrhage (SRH) at emergency EGD, as compared with a nasogastric aspirate of coffee grounds or nonbloody material.
NGT clears the gastric field for endoscopic visualization, and to prevent aspiration of gastric content.

Routine use of Nasogastric in patients with acute UGIB is no longer recommended.

Clinical signs and laboratory findings similar ability to

Treatment of non-variceal bleeding

Endoscopy is now the method of choice for controlling active peptic-ulcer related UGIB.

Endoscopic therapy should only be delivered to actively bleeding lesions, non-bleeding visible vessels and, when technically possible, to ulcers with an adherent blood clot.

Black or red spots or a clean ulcer base with oozing do not merit endoscopic intervention since these lesions have an excellent prognosis without intervention.

Adrenaline (Epinephrine) should not be used as monotherapy for the endoscopic treatment of non-variceal UGIB

1.Esophageal varices:

Band ligation

Stent insertion is effective for selected patients

Trans jugular intrahepatic Porto systemic shunts (TIPS should be considered if bleeding from esophageal varices is not controlled by band ligation.

2.Gastric varices:

Endoscopic injection of N-butyl-2-cyanoacrylate should be used.

TIPS should be offered if bleeding from gastric varices is not controlled by endoscopic injection of N-butyl-2-cyanoacrylate

Indications for Surgery

Hemodynamic instability despite vigorous resuscitation (>6 units transfusion)

Failure of endoscopic techniques to arrest hemorrhage

Recurrent hemorrhage after initial stabilization (with up to two attempts at obtaining endoscopic hemostasis)

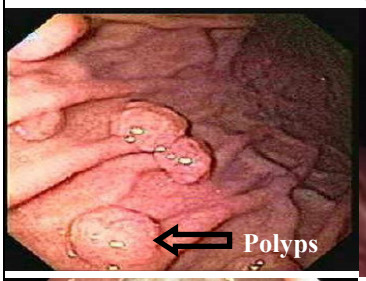
Shock associated with recurrent hemorrhage

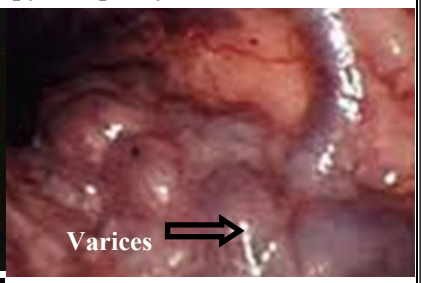
Continued slow bleeding with a transfusion requirement exceeding 3 units/day Co-existing condition.

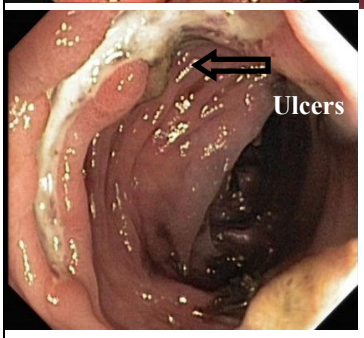
Types of operations

The choice of operation depends on the site and the bleeding lesions:

Duodenal ulcers are treated by under-running with or without pyloro-plasty.







Dr.Ravi Motilall. B.Sc.,

MBBS, DIP SURG

Post Graduate Fellowship training in Pediatric surgery and Endoscopy.

We can now be perused on our Web Site

www.woodlandshospital.com

Management and Staff wish to congratulate the following persons on their birth anniversary for April, 2018

Name of Staff	Birthday
Deborah Milner	4-Apr
Lisa Douglas	10-Apr
Bernard Durant	10-Apr
Elaine Singh	14-Apr
Donna Garnett	14-Apr
Milika Stephens	15-Apr
Jipsa Jose	15-Apr
Lilawattie Lokiram	18-Apr
Hazel Brutus	21-Apr
Oswin Pellew	24-Apr
Yvonne Baken	28-Apr

TAKING A BREAK FROM WOODLANDS

Staff	Leave
Bertil Noel	3rd Apr– 23rd April
Donna Garnett	9th Apr– 22nd April
Jins Jose	8th Apr– 5th May
Maricea Comacho-Chandrabose	3rd Apr– 9th April
Meethu Thomas	1st Apr- 28th April
Nafeeza Bacchus	11th Apr– 9th May
Remona Williams	8th Apr– 5th May
Vashtie Lalljie	2nd Apr – 8th April
Yara Martinez Diaz	14th Apr– 28th April

Welcoming all our new Staff Rolando Salazar RN

Ofelia Fuste – RN and Keola Agard – Pharmacist

Vacancies Pharmacists: 3 positions,
Attendants : 1 position,
Housekeeping Manager: 1 position
Housekeepers : 3 position
Switchboard Operator: 1 position

ALL APPLICANTS WILL BE EXPECTED TO WORK ALL SHIFTS