Rajiv Gandhi Cancer Institute
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Architect's Impression of RGCI & RC (post expansion)

News Letter

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EDITORIAL

MEMORABLE MOMENTS IN ONCOLOGIST'S CAREER!!

Every clinician has encountered patients whose memories stay with them for years. The patients who stick usually are not the once for whom the doctors made a brilliant diagnosis or provided evidence based therapies. They are the patients who touched doctor's hearts, the ones they formed a relationship with, the ones in whom they saw themselves or a loved one and ultimately, the ones who taught them how to be better, more compassionate caregiver.

Best moments in doctor's (oncologist) life could be:-

1. The genuine "Thank you" from a patient relieved of pain/stress/ cancer.
2. When a patient recognizes you in public and thanks you in front of kids/family.
3. When an educated patient does medical shopping and goes to your professional competitors. He comes back with same opinion and has greater faith in you.
4. The sound of restarting heartbeat when resuscitating a patient.
5. Closure of wound after a difficult surgery where only the surgeon and anesthetist know how they have saved a life.
6. Managing a major bleeder successfully.
7. Control of life threatening infection .
8. When your student performs well and one of your patient gives a good feedback about him.
9. When anyone at work or in the institution says "Take some rest now. You have been working too much.
10. After publication of report/ paper in reputed indexed journal.
11. When you know that it is not only the medical skills, but also your passionate involvement, speed and coordination that saved the patient.
12. When traffic police "lets you go" for minor offence because you are a doctor, especially on the way to an emergency.
13. When someone says" I want to become a doctor like you".
14. When cancer patient reports to you after many years and says "Doctor you operated me 10 yrs back. I am doing fine. I have come with one of my friends today with similar problem".

I recall a young lady who lost her mother due to carotid blow out in casualty. All attempts were made to save the life of elderly woman with carcinoma larynx but she exsanguinated due to secondary hemorrhage. Six months later her daughter comes with another relative of her stating" Though I lost my mother here but I know we are in safe hands."

There are many more. Every day is filled with both tears and smiles. At the end of the day, death humbles everyone, but it is the doctor who stands to defend everyone else's life without thinking if they are good or bad, friend or enemy. Who will believe that money, family, luxury and romance are secondary joys for many doctors, after they have attended all their patient's issues. This pride is precious, the suffering a choice and rewards immaterial!!

Dr. Dewan AK
Medical Director

AMBULATORY DOMICILIARY ELASTOMERIC PUMP INFUSIONAL CHEMOTHERAPY

Elastomeric Pumps are non-electronic medication pumps designed to provide ambulatory infusion therapy. Medication is delivered to the patient as the elastomeric "balloon" consistently deflates and gently pushes solution through the IV tubing and into the catheter/port.

The elastomeric technology promotes improves patient quality of life by allowing ambulatory and domiciliary treatment without the inconvenience of programming, power sources or alarms.

Two different Elastomeric Pumps that operate using the same base technology are available

INFUSORS: They offer duration infusion times from 12 hours to 7 days.. These are designed for ambulatory infusion of infusional chemotherapy and pain management therapy. They are available in a variety of volumes and flow rates. Multi-rate and patient control module (pcm) formats are also available with flow rate accuracy within +/- 12.5% of the labeled flow rate

INTERMATES: They offer duration infusion times from 30 minutes to 5 hours. These are designed for ambulatory infusion of antibiotic & antiviral medications. They are available in a variety of volumes and flow rates with flow rate accuracy within +/- 15% of the labeled flow rate. Some environmental factors eg. Temperature, viscosity, access, volume and pump height can affect the accuracy of the above flow rate parameters.

CAPACITY : They are available in 3 volumes, small elastomeric reservoirs have capacity of 105 to 130 ml of solution, large elastomeric reservoirs can hold 275 to 300 ml of solution while extra large elastomeric reservoirs can hold 550 ml of solution.

TYPE OF USAGE : Elastomeric infusion pumps can be used for infusional chemotherapy, pain management, continuous peripheral nerve block (cpnb), continuous wound infusion (CWI), antibiotic/antiviral therapy (i.e. Cystic fibrosis,,osteomyelitis, hiv) and iron chelation.

ROUTES OF ADMINISTRATION : Elastomeric infusion pumps can be used for intravenous , intra-arterial, subcutaneous, epidural routes of drug administration. Elastomeric pumps are safe to use on all central venous access lines, including PICC lines.

These are lightweight, single-use disposable, latex-free, silent in operation and no programming is required hence easy to use. Built-in flow regulator eliminates rate manipulation.

CLINICAL USAGE IN RGCI & RC : The Elastomeric Pump medication delivery system is comfortable, portable and adaptable to patient's therapy and lifestyle needs. We are using these pumps in patients who are on continuous infusional chemotherapy in colorectal cancers where protocols like FOLFOX and FOLFIRI are used. Infusion pumps filled with drugs in appropriate dilution are attached to their port or PICC line; patients go home and revisit 2 hrs before estimated time of completion of chemotherapy in our day care center.

Dr. Vineet Talwar, Senior Consultant
Dr. Shubhra Raina, Senior Medical Officer
Deptt of Medical Oncology

MAKING WARD ROUNDS EFFECTIVE

All of us, being healthcare providers; Direct or indirect, want to interact with our patients to get a first hand feedback on their well being, services provided by the team & to know concerns. Ward rounds provide an excellent opportunity for the team to come together to review a patient's condition and develop a coordinated plan of care, while facilitating full engagement of the patient / relations in making shared decisions about care. Additionally, ward rounds offer great opportunities for effective communication, information sharing and joint learning through active participation of all members of the multidisciplinary team. Despite being a key component of daily hospital activity, ward rounds remain a much neglected part of the planning and organization of inpatient care.

A 'medical ward round' is an everyday activity during which the clinical care of hospital inpatients is reviewed. This process includes establishing, refining or changing the clinical diagnosis, reviewing the patient's progress against the anticipated trajectory on the basis of history, examination, and other observations, and results of investigation, making decisions about future investigations and options for treatment, discharge planning, etc.

A typical team that forms during ward rounds comprises of Sr Consultant, Consultants (& other junior doctors), Nursing staff, Housekeeping staff, patient and relations. Other allied members that eventually meet the patient may be dieticians, physiotherapists, Counselors, administrators etc. Patients/ relations wait for the whole day to communicate with the treating team at this important hour.

Everybody has discrete roles during this important activity:

The doctor introduces the team to the patient, Provides an update of recent history, clinical examination and review of patient, Reviews medication charts, Provides update on current problems, response to treatment, test results, medication, information from patient and/or family and nurses.

The Nurse Provides update on vital signs, pain control, nutrition and hydration, elimination (urine and bowels), mobility, confusion or

delirium, urinary catheter, review of IV lines, pressure ulcers, any fresh development etc. In short, how patient has been since the last doctor's round.

The relations provide updates, share current concerns, discussions with other health professionals, precautions to be taken in future, dietary modifications, arrangements for discharge, finances etc.

Barriers to effective ward rounds:

a. Frequent transfers: Continuity of care has been compromised by frequent transfers of patients between wards, departments and specialty teams; frequent changes in lead consultants; and poor handover practice.

b. Nurse at the bedside: Nurses have a crucial role during ward rounds, not only sharing key information between the patient and the healthcare team, but also supporting patients in articulating their views and preferences. Absence of a nurse at the bedside has clear consequences for communications, ward-round efficiency and patient safety.

c. Communication: Ward rounds require strong leadership, with all members of the team aware of their individual roles and responsibilities, and engaged in the ward-round process. Development of good working relationships between healthcare professionals not only strengthens communication channels but also cultivates a team culture. Frequently, outcomes after the ward round involve actions and information that need relaying to professionals not present on the round. Failure to communicate these actions is one of the principal reasons for discontinuity of care as perceived by the patient. It is very important that one person takes responsibility of clearly communicating the actions to concerned professionals.

d. Volumes & heterogeneous allocation of beds: Too many patients / scattered in different locations, often reduces the effectiveness of the rounds and team ends up spending more time in other activities, rather than with patients.

e. General vs private ward: There have been instances, when doctors have ended up counseling single room patients better than General ward patients. This happens because of privacy, confidence during examinations and more attention by the team in single room patients.

Structuring a ward round

i. Preparation: Before the ward round, a period of preparation is required. Nurses & junior/floor doctors should familiarise themselves with patients' cases and be aware of issues that need to be raised on the round. A phase of pre-ward-round activity, including pre-discussion with the patient where appropriate, will help facilitate this.

ii. Pre- and post-round briefings: Finding time to brief the ward-round team is a key leadership task. The value of this in protecting time and resources for rounds should not be underestimated.After a patient encounter, brief discussions to review arising actions can ensure appropriate delegation of necessary tasks. Deciding who is responsible for which action is critical to the effectiveness and value of the round. A more comprehensive debrief should be conducted at the end of the ward round.

iii. Scheduling: Appropriate timing of ward rounds is crucial in ensuring that clashes do not occur with other scheduled activities such as drug rounds, mealtimes or visiting hours. time wasted commuting to wards

iv. Resourcing: Before starting the ward round, the team should identify and introduce themselves, determine how many patients there are to be seen and where the patients are located. The workload should be prioritized, identifying unwell patients who may need to be seen first or other patients awaiting imminent discharge.

To optimise the ward-round process, all patient notes, results, request cards and continuation sheets should be made available to the team at a central point, eg. a bedside trolley.

v. Training, education and audit: Being a ubiquitous feature of daily inpatient care, ward rounds present a vital opportunity for all healthcare professionals to participate in education, training and audit. Responsibility lies with consultants and senior nursing staff to ensure that ward rounds are appropriately introduced, structured and led to provide educational opportunities for all trainees.

Discharge planning

Discharge planning is an integral part of ward rounds and patient involvement should be encouraged. This includes setting an estimated date for discharge, with appropriate input from allied healthcare professionals, such as physiotherapy, occupational therapy and social services supportTaking a planned approach to discharge helps prevent readmission and anxiety in patients /relations. One must make sure to clarify outstanding issues that require resolution; taking a checklist approach to ensure that key safety aspects of the discharge process are not overlooked. Before discharge, the patient should be provided with a thorough, detailed plan on how to manage his or her care at home. Relatives and carers should be notified of the discharge date and time at least a day in advance, so that they can make sufficient arrangements at their end. Post-discharge follow-up arrangements should be clearly communicated to the patient.

Grand rounds

Grand rounds are conducted in many hospitals and are considered valuable for educational and professional reasons. The senior consultant takes the lead and along with him his junior consultants, residents, nursing, physiotherapist, counselor etc take the rounds to discuss each

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patient's case in detail. One topic of interest is selected for instance, Venous thrombosis, Multiple Myeloma etc and all patients of that particular case are studied in length. It serves a great opportunity for juniors to learn and brainstorm the treatment options.

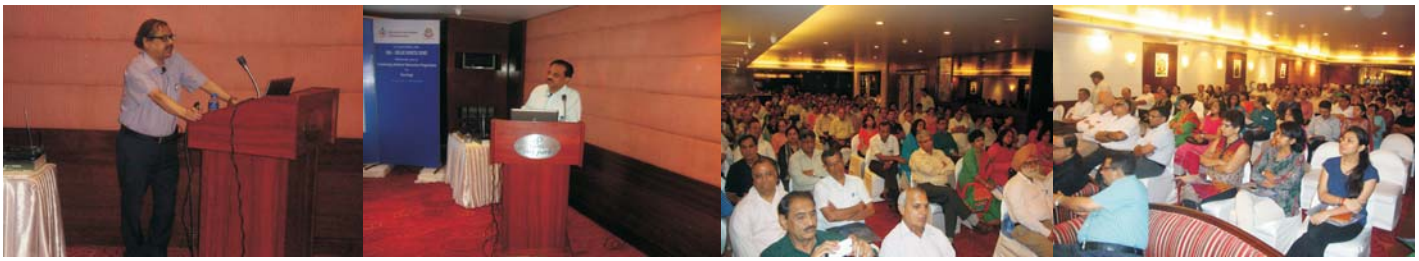
Conclusion

Ward rounds are an excellent opportunity to interact with patients/ relations and review patient's condition. The doctor must assume leadership responsibility during the rounds and nurses should act as facilitators.

Every hospital will have different challenges but one must make efforts to identify those challenges and make rounds effective. It is extremely important to set aside some time for pre and post round briefings. It is our moral duty to ensure that we create an open atmosphere to encourage information sharing and patients go home with a pleasant experience in their minds.

Ms. Sippy Malhotra
AGM – Quality Department

CME – IMA, DELHI NORTH ZONE



RGCIRC organized a CME Programme on Oncology in association with IMA, Delhi North Zone on Saturday, 4th July 2015. Dr. D. C. Doval, Director – Medical Oncology & Research delivered a talk on "Advances in Breast Cancer" & Dr. Rajeev Kumar, Sr. Consultant & Chief of Breast Surgical Oncology spoke on "Breast Cancer Surgery: Beyond Mastectomy". The talks were attended by more than 160 doctors, and were much appreciated.

CONGRATULATIONS DR. RAJEEV KUMAR

Dr. Rajeev Kumar, has been appointed as Sr. Consultant & Chief of Breast Surgical Oncology. He has earned his Masters in Surgery and his M.Ch. in Surgical Oncology from the well regarded King George Medical College, Lucknow. He has wide experience in the management of Breast Cancer.

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Editor : Dr. A. K. DEWAN