



Rajiv Gandhi Cancer Institute and Research Centre

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EDITORIAL

HOW ARE YOU MANAGING YOUR HOSPITAL?

Are you managing your hospital the right way on right principles?

Imagine an organization as a wheel with outer ring consisting of management leading a process of unending change. Spokes of the wheel make up principles that are required to bring about continuous improvements. And at the core lie our systems and processes. Let us see how many principles we follow while managing efficient and effective hospital system.

- 1) **Are you patient centric?** – Understanding patient's needs and expectations is essential to staying in business. Your organization needs to be so close to patients that you can realize their present and future needs even before they recognize them on their own. "Running a company for profit alone is like driving a car by looking in the rear view mirror. It tells you where you have been, not where you are going".
- 2) **Do you have a plan?** – By failing to plan, you plan to fail. Excellence does not happen by accident. It requires a well thought out, well communicated plan that is embraced by everyone. This plan must be based on a shared vision of how the organization will function and how the quality of work will improve. It is most important to communicate to others about your plan.
- 3) **Do you trust your employees?** – Trust is the highest form of human motivation. It brings out the best in people. Management must trust the employees before it can earn the trust of the employees. To excel, both parties have to trust each other.
- 4) **Are you process focused?** – You need to focus your efforts on improving the process, not on who caused the problem. The improvement process must define what went wrong with the process that allowed the problem to occur so that the process can be changed to prevent the problem from ever recurring. Real improvement occurs when everyone is performing an activity in the same way so that results are predictable. Standardization is a key step in the improvement cycle.
- 5) **Do you train your employees?** – Would you consider not putting oil in your car or not maintaining the equipment in your lab. The answer is "No". Your most valuable asset is your people. Training is the maintenance of your human resources. Training is an investment in the future of your organization. Training could be technical or even soft skill training. Training is not costly – it is the ignorance that is costly. Organizations are undergoing rapid change in the way they operate and the way people – think, talk and act. Train and train and train your people.
- 6) **Do you have statistical thinking?** – To run complex industries like hospital, you need hard core data. You need to know your options. You need to know the probability of success. He who has "why" can deal with any what or how. Always

audit your work regularly and make decisions.

- 7) **Do you reward your employees?** – Always recognize employees as ends and don't use them as means to your end. Reward and recognition are an essential part of improvement process. The Reward must be based on the magnitude of contribution. You need both team and individual rewards. At times, a simple thank-you is appropriate; on other occasions, financial reward is more appropriate. An employee who has worked hard for 3 months and completed a project deserves more than a "thank-you". This is the time for a pat on the back as well as a pat on the wallet.
- 8) **Have you got the right people at right place?** – Wrong people at the right place and right people at the wrong place waste organizational funds. Many organizations feel that they cannot afford to put their best people into training, so they assign people who are surplussed or unimportant. This is a sure way to waste organizations resources. You should have the right people at right time and right place.
- 9) **Do you focus on problem solving or on prevention?** – The objective of your improvement system must be to prevent problems. We must be proactive in our approach rather than being reactive. Every problem you have is a sign that you did a poor job earlier. Remember "prevention is better than cure".
- 10) **Does every team member participate?** – You should have ideas and cooperation of all team members if you want to excel. Everyone must be involved and be actively encouraged to participate in the improvement process as the whole is always greater than the sum of the parts.

If you follow these basic principles, you end up at "customer focus". John, a young past president of Hewlett Packard had rightly said "satisfying customers is the only reason we are in business".

We hope you will soon (or have) start your organization on an improvement journey. It is a long journey with no end, a race with no finish line. Some people never start down this long road because they see no end. Others start jogging down the road and stop under a shady tree, never to reenter the race. Others get up every day. Get back on the road and make real progress. These are the people who make a difference. They make difference to themselves, their families, their patients and their organizations. Please join us in our long run for continuous improvement!

Dr. Dewan A K

(Acknowledgement for the inputs - Dr. (Mrs.) Ruchika Girdhar, Quality Cell, RGCI & RC)

NABH Accreditation and Beyond- Road Ahead

Accreditation is a Mark of Quality. Quality, though, is not just about seeking accreditation. While quality standards must be met for accreditation to be obtained and maintained, the Mark of Quality is just an external symbol and must not be viewed as an end in itself. It serves as a symbol of the rigorous internal processes that guarantee that an institution is fulfilling its mission and achieving its goals. Accreditation is therefore a public demonstration of what quality actually means in the context of the institution.

NABH's accreditation focuses on learning, self-development, improved performance and reducing risks to patients as well as employees. Its assessment relies on establishing technical competence of healthcare organisation in terms of accreditation standards in delivering services with respect to its scope. It goes beyond compliance and calls for excellence on continued basis. It involves Top management commitment, Training and education of each cadre of staff, Interdepartmental coordination and process driven approach. It is this feature, which makes it market driven involving all stakeholders; be it consumers, empanelling agencies, regulators and other third parties.

Until a few years ago, most people in healthcare had a misapprehension that higher quality meant higher costs. Better quality meant new technologies, new medicines, less hospital days and more staff. While all this was evidently being worked upon, paucities in access, affordability, efficiency, quality and effectiveness of health services have remained the same. After building up the Quality Management systems on the lines of NABH, organizations have realized that it means better utilization of resources, greater work efficiencies and reduction in errors.

Accreditation is a formal process by which a recognized body—either governmental or nongovernmental—assesses and recognizes that a health care organization meets pre-established performance standards (NABH in our case). Accreditation standards are usually regarded as optimal yet achievable and are designed to encourage continuous improvement efforts within accredited organizations.

The standards used to assess performance for accreditation are commonly developed by expert committees working with the accrediting body and revised periodically to reflect advances in technology, treatment regimes or policy changes. Standards and criteria for accreditation are generally developed through consensus among stakeholders, such as medical associations, Ministries of Health, and nongovernmental organizations.

Evaluation for accreditation is performed by a group of assessors that carry out a variety of assessment techniques, such as a review of documents and records, interviews, observation, inspections of the facility, and evaluation of achievements. Based on the results of this thorough evaluation, the survey team recommends whether or not the facility should be accredited or should implement further improvements and be re-evaluated in the future. Renewal of accreditation status is usually required every two to three years.

Although, the journey of Quality is endless however, the road towards Quality has five milestones:

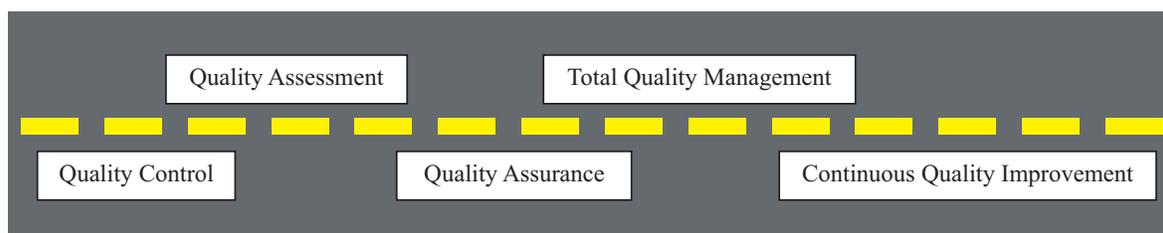
The first milestone is Quality Control which advocates controlling & rigorously scrutinizing process within acceptable limits. It includes early simple initiatives relating quality to compliance with predefined measurable standards.

The 2nd milestone is Quality Assurance which means that a particular hospital or healthcare organization is assessed for compliance with standards and “good practices” set by an independent accreditation agency.

The next milestone is Quality Assurance which means to assure quality in a service such that a customer (patient) can buy it with confidence and use it with satisfaction. To cross this milestone the hospital needs to be more patient friendly by providing value added services to create a delight/ wow experience.

Total Quality Management, the 4th milestone is based on participation of all members of an organization and aimed at long-term success through patient satisfaction and benefits to all members of the organization. It implies a comprehensive system, linking all processes in departments at all levels and also a concerted effort of management and technical staff.

The last milestone is Continuous Quality Improvement. It is a preventive strategy that uses constant innovation to improve work processes and systems by reducing time-consuming, low-value activities. It is done by constant benchmarking and review. The emphasis in this approach has moved from assurance of the status quo towards active efforts to identify weaknesses as opportunities for improvement. CQI is proactive, dynamic and continuous, reaching for ever higher levels. In this way, it converts the closed quality cycle to the open quality spiral. Hence, time that was once spent on rework and crisis management is now spent on planning, coordination and control.



Achieving certifications, accreditations & accolades are just the beginning of quality journey for RGC & RC. There are miles to go!!! Therefore, to move ahead on the road of Quality, relentless, persistence, seamless, sustained & continuous quality improvement efforts are needed in all fronts. Quality is not an accident but habit. It is Easier to climb up than to just hang on!!

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Dr. Sippy Batra
Quality Cell

THE PINK RIBBON MEET

Breast cancer no longer rings a death bell. The paradise lost has been regained. October marks the birth of the pink ribbon and both October and the pink ribbon has ever since become synonymous with breast cancer. In an endeavour to care beyond cure and celebrate life beyond survival, Rajiv Gandhi Cancer Institute and Research Centre (RGCI&RC) organized “The Pink Ribbon Meet”, the annual symposium for breast cancer survivors as a tribute to all those pink fairies born out of labour of breast cancer on 22nd of October 2012 at India International Centre, New Delhi.

Dr. Kapil kumar, Senior Consultant & Chief, Breast, Thoracic & Soft Tissue Services, RGCI&RC, who had taken the initiative to organize the event welcomed the gathering. He said “Survivorship is a lifelong process. In its endeavour to care beyond cure, the Rajiv Gandhi Cancer Institute & Research Centre considers it a prime responsibility to create awareness about issues that challenge the survivors and to educate about methods to tackle them. Survivor symposiums lay the platform for interaction with cancer specialists, strengthen their bonds & enlighten them with knowledge applicable after treatment. Dietary measures to avoid weight gain, methods to combat lymphedema, Information on wigs and prostheses were dealt in a comprehensive manner.”

The event was inaugurated when the lamp was lit by Shri. Rakesh Chopra (Chairman – RGCI&RC), Dr. AK Dewan (Medical Director – RGCI&RC) and Dr. Kapil Kumar. Dr AK Dewan delivered the inaugural address and congratulated the survivors as “fighters”. Shri Rakesh Chopra launched a helpline (+91-11-4702 2007) in the hospital for breast cancer survivors on the occasion and hoped that the event would educate, entertain and empower survivors through the new jet of life.

Ms. Anita Kumari, Clinical Psychologist & Incharge of Breast Comprehensive Care Centre at RGCI&RC delivered a speech on issues pertaining to life beyond breast cancer. Then a presentation on exercise and posture to avoid lymphedema was given by Dr. Tarwinder Kaur, Physiotherapist, RGCI&RC. To Balance your energies Dietician Ms.Preeti Jain gave dietary tips to avoid obesity which is very much pertinent to breast cancer survivors.



Lamp Lighting Ceremony by (L to R) Dr. A K Dewan, Shri R K Chopra and Dr. Kapil Kumar



L to R: Dr. Kapil Kumar, Dr. S A Rao, Dr. D C Doval, Dr. S K Sharma and Dr. Jatin Gandhi

Ms. Indubala a cancer survivor who battled not once or twice but five times with breast cancer came up with her inspiring version of “when I met with breast cancer” which moved many of the audience to tears. Mrs. Sumana Basu & Mrs. Parmita both of them who had recent surgery for breast cancer volunteered to share their experience.

In a lighter vein the staff of RGCI & RC played a skit enacting the role of a young unwed newly diagnosed breast cancer patient in an educative manner. This was followed by an interactive “Ask the Expert’s Session”, where survivors clarified their queries with cancer specialists from the institute.

The breast cancer survivors signed off the event with their hands imprinted pink on the wall of appreciation.

Global Hand Washing Day

To mark the “Global Hand Washing Day” on 15th October this year, Dept. of Pediatric Hematology & Oncology at Rajiv Gandhi Cancer Institute & Research Centre had organized a campaign to motivate and mobilize millions around the world to wash their hands with soap. This year’s theme was - “Help more children reach their 5th birthday”. The main objective of the campaign was to raise awareness & highlight the importance of hand washing with soap as a key approach to disease prevention.

The Purpose of Global Hand Washing Day is to raise awareness & to promote the importance of hand washing amongst school children and their parents.

Everyone must be aware of the following five fundamental facts about hand washing with soap.

- Washing hands only with water is not sufficient.
- Hand washing with soap can prevent children from diseases who are dying in millions every year.
- The important time for hand washing with soap for children are and after usage of the toilet and before having food.
- Hand washing with soap is the single and most productive health intervention.
- Primary prevention in community is more effective than usual disease-focused approaches.



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New Technology for Breast Cancer detection at RGCI&RC



Mammography has been so far the gold standard in breast imaging. Now a technology called Digital Breast Tomosynthesis (DBT) has arrived on the scene. For the first time in India this technology is now installed and is available at our Institute. The problem with mammography has been that it can not detect all cancers in dense breasts. However with Tomosynthesis this issue is resolved as the breast is virtually sliced into multiple images. This easily separates out the overlapping densities which cause confusion on a conventional mammogram.

The new machine acquires data from the breast from multiple angles, moving in an arc like fashion. The data is then processed by a computer to give 30 to 40 images for each breast. All this makes detection of cancer simple and easy. It has been called the next generation of breast imaging and is a game changer. The sensitivity and specificity for cancer detection goes much beyond that of mammography, particularly for dense breasts.

In simple words Tomosynthesis is a three dimensional image of the breast comparable to a CT-Scan. It is the next generation breast imaging system to detect breast cancer easily and is now available at RGCI&RC.

Dr. Arvind K. Chaturvedi, MD
Director Radiology

FELLOWSHIP PROGRAMME

RGCI & RC invites applications for Fellowship in the following disciplines of Oncology for a period of 12 months beginning from 01.01.2013 (Recognised by IMA Medical Specialities).

- Paediatric Haematology Oncology
- Bone Marrow Transplantation
- Oncology Pathology
- Oncology Radiology
- Medical Oncology
- Hematology Oncology
- Urology Oncology Surgery
- Oncology Anesthesiology

Eligible candidates may send their application in the prescribed format along with following documents to **Dr. Anil Kr. Gupta, Dy. Medical Superintendent, Rajiv Gandhi Cancer Institute and Research Centre, Sector- V, Rohini, Delhi- 110085** or
Email – gupta.anil@rgcirc.org

- Copies of all Certificates - Qualifications, Experience
- 4 Recent passport size photograph
- ID Proof (Copies of Driving License / Passport/ PAN Card)
- Resident Proof (Copies of Passport/ Driving License / voter Card)

Please note that only two seats are available in each speciality.

Please refer to our website www.rgcirc.org regarding Application Form and Terms & Conditions of fellowship.

Last date of Submission of Application - 15th December, 2012

Mr. D. S. Negi (C.E.O.)
Dr. A. K. Chaturvedi
Dr. D. C. Doval
Dr. Gauri Kapoor
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Dr. S. A. Rao
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To:

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