VOC

Voice of CAHO

Committed to Safer Patient Care

Jan 2020 edition

Help Desk:
+91 98703 18781

Email:
office@caho.in

Website:
www.caho.in

FROM THE PRESIDENT'S DESK

Dr. Vijay Agarwal

Dear Friends,

As we wrap up an eventful 2019 and shift our momentum into the next calendar year, I want to thank each and every one for their contribution and making the past year so memorable. 2019 was a thrill to experience which ushered new energy and growth to our organization.

I'm very proud to be in the privileged position to lead such an organization where the passion and zeal of quality enthusiasts is making the journey of the organization exceed our expectations. More and more organizations and professionals are getting connected.

Our both annual conferences – CAHOCON & CAHOTECH, were a huge success. We promise to continue to bring the best minds in the world to our platform, enhancing the quality of deliberations and takeaway. Kudos to the organizers of these events!

CAHOCON 2019 was endorsed by ISQua&ASQua which was a remarkable recognition of our efforts. I'm pleased to declare that CAHOCON 2020 is again supported by them and ASQua is planning to combine their regional conference with CAHOCON 2021.

CAHOTECH 2019 was also path-breaking event and our association with IIT Madras raised the bar and brought healthcare start-ups, innovators, incubators and investors on one platform.

We conducted 105 training programs and trained 3700+ professionals including launch of 8 new programs – Training program for NABL Entry Level, Healthcare Risk Management, Advance CPHIC, Occupational health in Healthcare, Good Clinical Practices, Lean Management, 3 -day preparatory course for Certified Professional In Healthcare Quality (CPHQ) and also training program for students – Certification Program in Quality & Accreditation (CPQA).

At present we are conducting 20 programs across the country,19 on-site and one online CSSD training program, which are well sought after and many other new programs are in the offing to be launched in the coming year.

This year we conduced 14 webinars on various topics which are also being promoted worldwide through ISQua.

6 news Hospitals joined (taking the total count to 26) the club of being recognised as CAHO Affiliated Centres for Quality Promotion (CQPs) namely Christian Medical College Hospital, Vellore, Meenakshi Mission Hospital, Madurai, Madhuraj Hospital Pvt. Ltd, Kanpur, AnnaiVelankanniMultispeciality Hospital, Tirunelveli, Ganga Medical Centre & Hospital, Coimbatore and Bombay Hospital & Medical Research Centre, Mumbai.

We collaborated with many other organizations like CINS, FSAI, DME -Tamil Nadu, Chola MS Risk Services for CSR Wellness Project. We also signed a MOU with HSSC to conduct interactive sessions in various cities to create synergy between HCOs and HSSC.

We launched "CAHOTALKS" a YouTube channel to highlight the magnitude of patient safety related issues on the occasion of first Global Patient Safety Day. We organized programs all over and were successful in making it a grand success countrywide.

Dr.Lallu Joseph, Secretary General, Dr. Anuradha Pichumani, Joint Secretary -Hospital, Dr.Amitha Marla, Former Karnataka State Representative represented CAHO for the first time at 36th Annual Conference of ISQua at CapeTown.

Indeed, we have so much to share that it is not possible to communicate and do justice in an end-of-the-year letter.

At the beginning of 2020, we resolve that theGoverning Committee will work hard to ensure we remain focused and be known as the main organization to promote patient safety and quality.

A happy new year to all our members and supporters.

Look forward to meet you at CAHOCON 2020 at Kochi ! Block your dates – 17th to 19th April, 2020. For more details visit **www.cahocon.com.**

FROM THE DESK OF SECRETARY GENERAL

Dr.Lallu Joseph

Associate General Superintendent and

Quality Manager,

CMC Vellore

COMMUNICATION AT THE HEART OF HEALTHCARE DELIVERY

"The problem with communication is the illusion that it has occurred" - George Bernard Shah.

Often, we assume that we have communicated what we ought to, but in reality, itsjust an illusion. The biggest learning from several events encountered in healthcare has been the same, with 70% of the errors attributed to poor communication.

Agency for Healthcare Quality and Research (AHRQ)says , in hospitals with poor scores for patient-physician communication there have been 13% more patient safety incidents and with poor patient – nurse communication scores, 27% more patient safety incidents. Communication is, therefore at the heart of healthcare delivery.

Communication in a hospital has three facets, the first is between patients and the hospital environment. Communication between patient and the hospital in-terms of the cleanliness, ambience, comfort, timeliness is very important for the satisfaction of the patient and to enhance the patient experience.

The second is the Communication between the patient and the healthcare provider, this is necessary for understanding the problem, providing the right treatment and for educating the patient about the treatment. If this communication improves, the delight factor of patient is enhanced, and the outcomes are better.

The third facet is the most important one for patient safety and appropriate multidisciplinary care. There cannot be a compromise in this communication, which is the communication between healthcare providers. About 5 years back out of curiosity to understand the complexity of healthcare delivery, I traced a patient with simple fracture for three days and realized that 47 healthcare professionals were involved , including the nurses, ED doctors,radiographers, pre-op anesthetist, surgeon and his team, holding bay nurses, scrub nurses, post-op recovery nurses, ward nurses at each shift, phlebotomists, and many non-clinical care providers. Even a small breach in communication could lead to an event, highly complex and critical.

The art of Communication can be mastered by self - interrogation and self – correction. We need to start somewhere. The best guide for all that is this beautiful book by Dr. Alexander Thomas, "Communicate, Care, Cure" published by Wolter Kluwer.Its a must read for allhealthcare provider.

CAHO has been actively communicating with our partners through our newsletter and we have christened it as "VOICE OF CAHO" from this edition. We hope to communicate with you more effectively through the Voice of CAHO.

Look forward to meeting you at CAHOCON 2020 on 18th and 19th April 2020, Grand Hyatt, Kochi.

HEALTHCARE COMMUNICATION: THE CORNERSTONE OF QUALITY

How an innovation in communication training started a revolutionary healthcare communication movement across the country

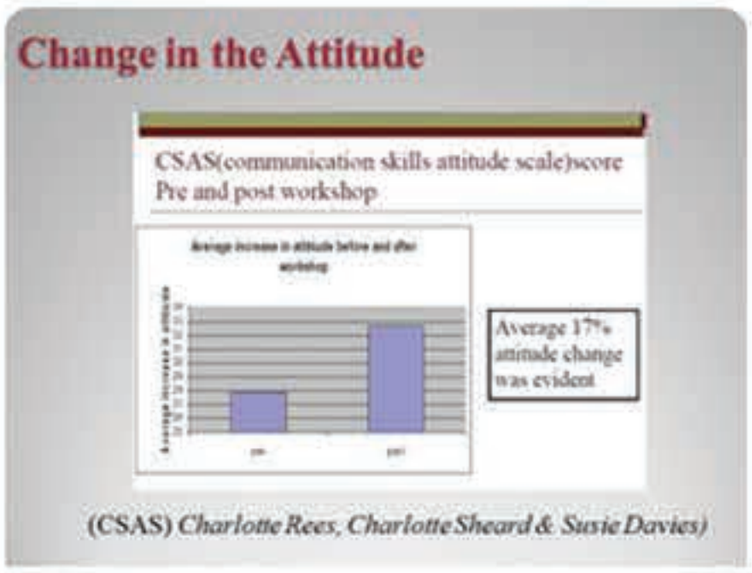
Dr. Alexander Thomas
Founder President & Patron, CAHO President, AHPI

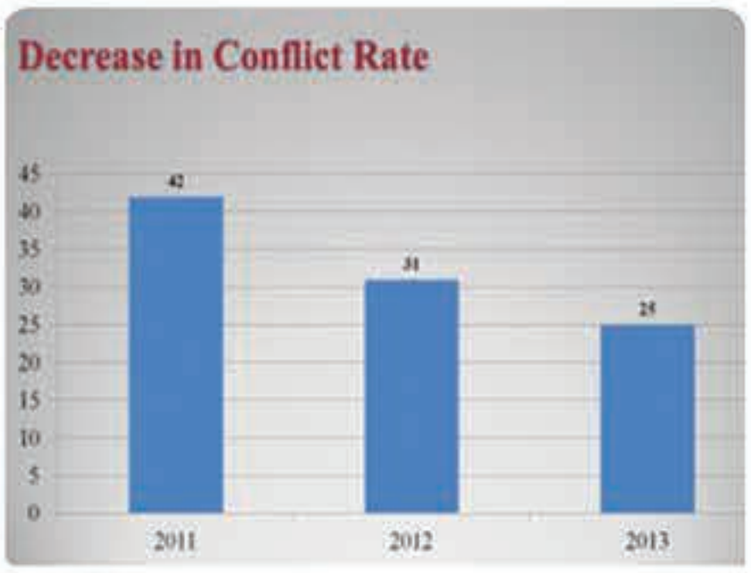
The Bangalore Baptist Hospital is a 300-bedded mission hospital in Bangalore, India. After many years of holding soft-skills training to help its employees communicate better, both with each other and with patients, it became obvious that the skills imparted in these expensive sessions were forgotten in a few weeks. Many inter-departmental and patient-related incidents took place due to the lack of proper communication, greatly impacting the quality of care being delivered by the institution.

Dr. Alexander Thomas, then-Director (CEO) of the institution, realized that the situation beckoned the adoption of a sustainable, cost-effective model based on building expertise and experience in hospital staff. In a healthcare context, no communication training is provided as part of the curriculum in most medical, nursing or allied healthcare education programs. Therefore, Dr. Thomas decided that it was time for an innovation to fill this niche. He deputed a team from the hospital to work with communication experts to develop a training program specifically for the healthcare context.

The Workshop

A team from the Mudra Institute of Communication, Ahmedabad (MICA) with Professor Nagesh Rao, worked with the team from BBH to research the impact that communication could have on the quality of care provided by a hospital. First, a one-day needs assessment was conducted by speaking with BBH doctors, nurses, pharmacists, chaplains, security guards and many other members of staff. Second, a train-the-trainer communications training programme was designed for BBH – an intensive, two-day seminar for 20 participants from BBH – administrators, senior physicians and nurses, pharmacists, chaplains, customer care personnel et al. At the end of the seminar, each participant was given the task to create a specific training programme for their respective groups – doctors training doctors, nurses training nurses and so on. After a few weeks, this training design was reviewed before being implemented. As with any new initiative, implementation was not easy. However, eventually, all the hospital employees were trained, and the impact was eye-opening. The staff felt empowered; there was much less interpersonal conflict; and, most importantly, patient satisfaction had improved (graphs below*).

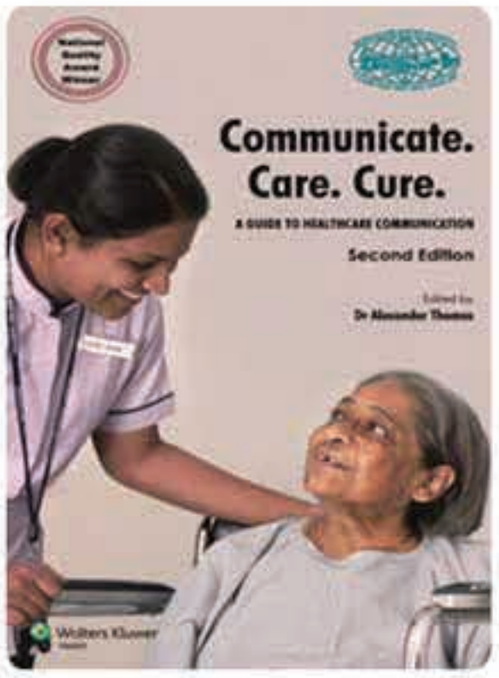




*** "Attitude" refers to the general demeanor of the healthcare professional while interacting with the patient. "Explanation" refers to the way they imparted medical advice regarding the patient's diagnosis and treatment.**

These results were very encouraging. It was apparent that this model could be replicated in other hospitals, so the next step was to disseminate the information for other healthcare institutions to use.

The Book



The modules of the training workshop were collected and synthesized into a volume titled Communicate. Care. Cure. A Guide to Healthcare Communication.

Before 2012, there was no single publication in India on the role of effective communication for patient, healthcare-providers and healthcare administrators. This book aimed to be that publication, capturing the experiences of the different stakeholders involved. It was an immediate success, leading to the publication of a second edition in 2014. The second edition has 14 chapters dealing with all aspects of healthcare communication. Copies have been distributed widely, both in India and internationally.

National Communication Workshops

This has mushroomed into a dynamic healthcare communication movement in the country in the form of national training workshops. Building on the success of the book, BBH partnered with the Consortium of Accredited Healthcare Organisations (CAHO) to train hundreds of master trainers from all over the country, who in turn trained professionals within their institutions in effective healthcare communication. More workshops have been facilitated abroad through CAHO.

E-learning Course

After the success of the national workshops, an e-learning course titled Communication for Better Healing was developed in partnership with CAHO and Wolters Kluwer India, a leading publishing and health information services company.This e-learning course, based on the book, is the next step in meeting the urgent need for increased awareness of healthcare communication. Offering practical solutions to communication issues in healthcare environments, it addresses the challenges faced by the patient, the patient's family, the healthcare providers, healthcare administrators and support staff. Each module or chapter is replete with examples from the healthcare setting, brought to life through videos and animations. There are assessments at the end of each module to test the user's understanding of the course concepts and to demonstrate their application.

Endorsements

Endorsed by the National Accreditation Board for Hospitals and Healthcare Organisations (NABH) and the National Board of Examinations, the book and training workshops are also recommended by the Nursing Council of India, the Association of Healthcare Providers of India, and the Government of Karnataka, among others. This communication movement has been recognized nationally and has received the prestigious Quality Council of India-DL Shah Awards for Excellence in Healthcare for two consecutive years (2013 and 2014).

EMPATHY-KEY TO GOOD COMMUNICATION

Dr.Badari Datta,
Dean, IHE-BBH,
Head of Quality and Outpatient services,
ENT consultant
Bangalore Baptist Hospital

One fine day, as I reached the hospital, I got a report from my Guest relations manager that there are 6 complaints from the deluxe ward. It is very strange to get 6 complaints together from a 12 bedded ward. I was told that the reason for the patients' unhappiness was that the "AC is not working". I asked 'what about the other 6 rooms?' "It's not working there either, but they have not complained". I wanted to find out why they hadn't complained. When I investigated, I found the reason. Sr. Anita was taking care of patients where the patients had complained and Sr. Roopa was in charge of patients where they had not complained. Sr. Roopa, as soon as she realised that the AC was not working, went to each patient and explained, "Sir/Ma'am, the AC is not working, I have informed the maintenance department and they are working on it. We are really sorry for the inconvenience. Shall I open the windows and arrange for a fan? We hope to resolve the problem very soon. If it cannot be resolved, I will talk to the manager to reduce the bed charges as per policy. Again, I am sorry for the inconvenience". However, Sr. Anita did not proactively inform the patients. Sometime later, the relatives had approached her and asked her why the AC wasn't working. She had replied "I don't know. I have already informed maintenance. Usually they take a long time to repair. I really don't know whether I have to concentrate on nursing care or on solving these technical issues all the time. Anyway, it is not too hot now. You should adjust".

We all agree that the single major cause of patient complaints in the hospital are related to communication. But it is important to notice that the minority of complaints where the root cause seems to be an issue of accuracy, safety, technology or infrastructure, is also indirectly related to the lack of good and effective communication. If we analyse it further as to why healthcare workers do not effectively communicate often, we arrive at the root cause which is 'Lack of empathy'. Empathy is understanding another person's perspective and behaving in a way that we would expect a person to, if we were in their position. So, Sr. Anita should have put herself in the patient's position when the AC wasn't working and acted rightly. Quite often, due to busy and hectic schedules or because of exhaustion, we become numb and do not make an effort to show empathy. Sr. Anita may have been ending her long shift or may have been worried about some family problem or might have been having a health or emotional issue herself. All these issues, called as "NOISE" would have prevented her from showing empathy. The effect of "NOISE" can be lowered to some extent by consciously realising that "this problem is affecting my professional work. I must not get disturbed by this. Let me consciously avoid worrying about this problem". However, showing empathy is a choice in most of the situations. Consider this scenario.

Imagine a busy Outpatient department of a hospital during peak hours. Many patients are waiting in the corridors and it is quite crowded. Dr. Ramesh is walking across that area, when he sees a patient who is visibly sick and shivering with fever sitting in a corner amongst the crowd and is appearing quite helpless. Consider the actions

A. Dr. Ramesh just walks away. He thinks "It is not my department. Staff of that area should have responsibility"

B. Dr. Ramesh really feels sad that the patient is so sick and lost among the big crowd and prays to God to give him strength to go through the illness and the pain of waiting and walks away.

C. Dr. Ramesh goes to the patient and tells "Hello sir, why are you sitting here. Don't you know that you have to go to emergency when you are so sick? If you are sitting here like this, you will be sitting here forever. You should have some common sense"

D. Dr. Ramesh informs the sister in charge of the OPD that a very sick patient is waiting outside and needs urgent attention and prioritisation. He is assured of immediate action by the nurse and he walks away.

If you were to be in that patient's position, which behaviour of Dr. Ramesh would you have liked? Option "D", isn't it? Empathy is different from sympathy, which is seen in option "B". In sympathy, you feel emotionally upset and feel sorry about the problem but the action to alleviate is not seen, hence sympathy is not going to help the patient. Option "A" is "apathy", here, Dr.Ramesh is not even bothered about the patient . "Antipathy", which can be noticed in action "C" is seen when the doctor shouts at the patient without understanding the patient's perspective, rather than helping, supporting and solving the issue.

It is not just enough to have empathy in our heart, but it is also important to demonstrate empathy. Patients give us enough opportunities to show empathy. A study by Bylund et al (2005) shows that most of the doctors miss 70% of the empathic opportunities given by patients during a consultation. When a patient expresses concern, do we acknowledge it with an emotional response? For example, a patient tells that he has throat pain and is worried about cancer. As a patient which statement would you like to hear from the doctor: "I understand your concern, it is quite natural to worry like this. But you do not have cancer", OR "take these medicines, you will be alright". Most of us prefer the first statement where we feel the doctor was kind and reassuring. In the second statement, the doctor's behaviour may not be wrong medically, but the doctor failed to use the empathic opportunity given by the patient.

Conclusion:

We communicate non-verbally and verbally. Our style of communication is chosen at a deeper level and gets modified depending upon our emotions. When we have empathy, our behaviour and communication will be rightly chosen automatically. Empathy is also a learned behaviour, which develops from constant introspection and awareness of our own actions. When we start to develop the power of empathy, the whole world opens up to us.

References:

Bylund, Carma &Makoul, Gregory. (2005). Examining Empathy in Medical Encounters: An Observational Study Using the Empathic Communication Coding System. Health communication. 18. 123-40. 10.1207/s15327027hc1802_2.

IMPROVE OUR COMMUNICATION FOR IMPROVED PATIENT SATISFACTION & EXCELLENCE IN HEALTH CARE DELIVERY

Prof.Dr. Thomas V Chacko
Dean Medical Education,
Believers Church Medical College, Thiruvalla, Kerala

The meaning of the word "doctor" is teacher (Latin origin "docere") and so we expect doctors to be good communicators. This, in modern times, appears to be far from the truth – the doctor is knowledgeable but less communicative. Among the various reasons that can be attributed to this state of affairs, not much emphasis being given to it in our medical education and student assessment until very recently comes on top. This leads to patient dissatisfaction and high level of anxiety among the relatives who are waiting outside the critical care units. Oh how much a couple of minutes of communication by the treating doctor hiding behind masks and closed doors would be appreciated by the anxious relatives!

Progressive institutions that are striving for excellence invest a lot in CPD (Continuing Professional Development) where the enabling environment encourages the knowledgeable doctor to strive to improve service delivery through self-reflection on action (patient encounter) to identify what went well and what could have been done to make the service even better. This "gap analysis" is followed by conscious effort at self-improvement or by seeking help from a "mentor". Through various rounds of reflection on action and deliberate practice to improve at the next patient encounter makes a good doctor into a better and proficient doctor whose patients are always satisfied after encounter with their doctor.

In the literature several frameworks/protocols are available 1 for guiding practice of improvement of communication skills:

1.The C-L-A-S-S protocol for clinical interviews

2.The S-P-I-K-E-S protocol for breaking bad news

3.The C-O-N-E-S protocol after a medical error or after sudden deterioration of patient'scondition

4.The E-V-E protocol for use when strong emotions are prevailing

These help in the initial stages as they are mnemonic to help us remember the steps and content that are based on behavioural science theories and later on, through practice, it will become a habit.

One must remember that for the patient, a communicative doctor achieves more "cure" than what any medicine given by him/her.

Reference:

Baile W.F. The Complete Guide to Communication Skills in Clinical Practice. University of Texas Houston, TX 77230-1407.Accessed from: www.mdanderson.org/icare

NON-VERBAL COMMUNICATION AN ESSENTIAL ELEMENT IN HEALTHCARE FACILITY

Dr J.Jayalakshmi
Editor, Voice of CAHO
Professor , PSGIMSR,
Coimbatore

"ACTION SPEAKS LOUDER THAN WORDS"

Patient's clinical outcomes are largely associated with their feelings after communicating with health care professionals the first time and every-time. Once a patient develops rapport and alliance with the treating health care professional/ team , they show satisfaction to care and their adherence improves. Ray L Birdwhistell , an American anthropologist , founder of Kinesics as a field of inquiry and research estimates that "no more than 30 to 35 percent of the social meaning of a conversation or an interaction is carried by words." Kinesics means "facial expression, gestures, posture and gait, and visible arm and body movements"- Non verbal communication .Various research stress the importance non verbal communication plays in human interactions. This powerful tool,if practiced consciously by healthcare professionals , recognizing potentially problematic body language and change them , can help them to connect with their patients better , understand and gain their trust and respect .This would be mutually benefitting in a patient centered health care facility. Nonverbal accommodation analysis system (NAAS) is a measure for examining patient centered non verbal communication.

Few non verbal communication strategies-

1. Maintaining eye contact and smile genuinely when required
2. Nodding the head as you listen to understand
3. Showing interest in what the patient or the attendant is saying-Do not text messages
4. Leaning a little forward while sitting to ensure engaging conversation
5. Uncrossed legs and arms and direct body orientation
6. Avoid fidgeting and shaking of legs.
7. Avoid disinterested facial expression /attitude
8. Being Non judgemental

What we are ,communicates far more eloquently than anything we say or do

– Stephen .R. Covey.

INFORMED CONSENT

Dr. Pratheesh Ravindran

Professor and Head, Department of Neurosurgery
Deputy Medical Superintendent (Super-specialtyServices)
Mahatma Gandhi Medical College and Research Institute,
Pondicherry

Poor communication in a doctor-patient relationship is one of the root causes of patient dissatisfaction and subsequent litigations. And a significant portion of these litigations are related to "informed consent", an aspect of healthcare communication which sadly, is often neglected. Patient autonomy is supreme, and patients have the right to information about their condition and the treatment options available to them. An interesting study published in BMC Family Practice in 2008, looked at medical malpractice litigation cases and found that acknowledged physician liability by court decision was significantly lower in cases in which the doctor's explanation had occurred before treatment or surgery. The ICMR guidelines recognize the patient's consent as a necessary prerequisite to the medical process. Under the Consumer Protection Act, lack of consent constitutes deficiency in service and may warrant a compensation. Thus, the importance of ''informed consent" can't be stressed more.

Consent in the background of a doctor-patient relationship, means the approval granted by the patient for any treatment by the doctor, be it diagnostic, surgical or therapeutic. Consent may be implied or express. For example, when a patient visits a doctor for an outpatient visit, it is implied that he is willing for examination. Express consent may be oral or written. Express oral consent is obtained for minor examinations or therapeutic procedures, e.g. insertion of a peripheral intravenous line. All major diagnostic procedures, surgical operations, general anaesthesia, intimate examinations etc, need express written consent. Any medical procedure on a patients in the absence of consent constitutes assault, a criminal offense. This is true except in cases of emergency where the patient is unconscious and needs urgent treatment before consent can be obtained.

All express consent needs to be "informed". The process of 'informed consent' incorporates all principles of effective communication. There should be a good rapport between the doctor and the patient, and the patient should be explained in simple layman terms in the language they understand. The doctor should avoid all guarantees and ensure that appropriate documentation has been done. The principles of consent as summarized by the Supreme Court of India are detailed below. The doctor should request and get the consent of the patient before starting any treatment (please note that 'treatment' includes surgery). For the consent to be legal and valid, the patient should be competent; of legal age; the consent should be voluntary; and based on adequate information (ii) The 'adequate information' should allow the patient to make a decision on the treatment. The doctor should reveal (a) the details of the procedure, the necessity, the benefits and effect; alternative treatments if available; (c) the risks involved; and (d) the consequences of not undergoing the treatment. A simple rule of the thumb could be to explain all the common risks, and also the uncommon risks which may be significant. The explanation should be done is a balanced way, without scaring the patient from the treatment or forcing him/her for the same. The information exchanged should be acceptable as normal by the specialists in that skilled profession. Equal attention should also be given to the physical and mental condition of the patient to decide on the extent of information delivered during the process of informed consent.

The Indian medical fraternity is steeped in the "paternalistic" style of medicine, where the doctor decides what's best for the patient. In this environment, doctors take consent for granted or are casual about it. This is the reason for the present state of affairs with increase in litigations and doctors feeling victimised. Doctors should execute their treatment using acceptable practice and evidence-based medicine. They should always explain all the necessary information that the patient needs to know about his treatment and get prior informed consent. This shall bring in more accountability and help in reduction of litigations. The time has come for 'informed consent' to be taken seriously by all doctors so that it maintains the sanctity of the doctor- patient relationship. This will go a long way in improving the trust that patients have on doctors and also help in better care.

ASSESSING COMPETENCY IN COMMUNICATION

Dr. Shah Nutan Sunil
Medical Director,
Dr. Nutan Shah Eye Hospital & Adv Phaco Centre, Vadodara

Quality control & Quality work starts & needs to be assessed from implementation to audits

Communication is crucial at each step of the same

While frankly, not a priority on our minds, assessing communication is one of the most important exercises

Things to discuss about:

1. Why to Assess
2. Whom to Assess
3. How to Assess
4. Audit & RCA
5. CAPA

1. Why to Assess:

- There is a potential risk of gross errors, both medical and surgical, when not properly communicated at a doctor-to-doctor level, or at an inter-department level to name a few examples
- By maintaining an adequate quality of Communication, especially in the communication of the diagnosis, method of treatment, guarded prognosis, billing, etc, the chances that a patient is dissatisfied become negligible
- In turn, there will be a vast reduction in the occurences of Violence against doctors, medico-legal issues, etc

2. Whom to Assess:

All members of the organisation must be assessed

Better communication can lead to:

	Medical	**Paramedical**	**Housekeeping**	**Administrative**	**Others**
Medical	Better treatment				
Paramedical	Less Errors	Better Management			
Housekeeping	Improved cleanliness	Better Compliance to Protocol	Round the clock services		
Administrative	Transparent billing	Faster Billing	Saves time	Transparent, and efficient operation	
Others (Code Red Team, Ambulance, Security, Outsourced personnel)	Efficient disaster management	Better teamwork	Better Co-ordination	Better Documentation	Best Results

3. How to Assess:

1. Patient, Employee, Out-sourced service feedback forms
2. Complaint Register & Suggestion Box
3. Quality Manager/ Co-ordinator Inspections; Routine, as well as Surprise
4. Interviews of various members of the organisation, both moving in & out
5. CCTV Footage

4. AUDIT & RCA:

We need to specifically watch for the following:

1. Any Surgical Check list error: Most important is to pinpoint where communication has failed, and how offten
2. Medication errors
3. Sentinel events, Near miss, etc
4. Failure in Sterilisation cycles of medical instruments
5. Positive OT cultures
6. Excessive time lost in Billing/ Discharge process
7. Irregular patient follow-up, improper medication by patients after discharge
8. Cases of Medical Negligence
9. Violence against Doctor/ Organisation

5.CAPA:

1. Immediate meeting by the two parties, facilitated by the Quality Manager/ Co-ordinator.

It is vital to address the communication gap, and provide corrective action to both parties (in Vernaclar, if necessary), with proper documentation of the same Finally, ensure both parties implement measures at the earliest Also, time to time inspection rounds & audit is essential, at frequent intervals

2. Recurrence of Gross errors can be avoided, if each concerned department is communicated well about RCA and Audit results, as well as planned CAPA

3. Make better brochures, patient medications should be made easier to understand, improve patient compliance

4.Guide patients for discharge process or better deliberate job to some employees, for a faster and smoother process

BETTER THE COMMUNICATION,HAPPIER THE PATIENT,
EMPLOYEE & ENTIRE ORGANISATION.
LET US CREATE A HEALTHIER
DOCTOR -STAFF-PATIENT RELATIONSHIP

CAHO ACTIVITIES – A GLIMPSE (APRIL 2019 - DECEMBER 2019)

CAHO AFFILIATED CENTRES FOR QUALITY PROMOTION (CQP) INAUGURAL

AnnaiVelankanni Hospital, Tirunelveli (26th May)

Bombay Hospital & Medical Research Centre, Mumbai (20th Sep)

Ganga Medical Center & Hospitals Pvt. Ltd, Coimbatore (3rd Aug)

LAUNCH OF NEW TRAINING PROGRAMS

CPQIH Basic Training Program for Government Hospitals (CPQIH Basic -GH)

Kiplauk Medical College, Chennai (15th -17th March)

Government Medical College Omandurar , Chennai (10th -12th July)

Chengalpattu Government Medical College, Chengalpattu (25th -27th July)

LAUNCH OF NEW TRAINING PROGRAMS

Internal Auditor Training Program

Vijaya Hospitals, Chennai (25th May)

Workshop on Clinical Audit

NIMHANS, Bangalore (25th July)

Training Program on NABL Entry Level (TPNEL)

Dr. Mehta's Multispeciality Hospital, Chennai (25th Aug)

LAUNCH OF NEW TRAINING PROGRAMS

Healthcare Risk Management Course

Ramaiah Medical College & Hospital, Bangalore (30th Aug)

Certification Program in Quality & Accreditation (CPQA) – For Students

Ramaiah Medical College & Hospital, Bangalore (6th Sep)

Advance CPHIC Training Program

HISICON, Kolkata (15th Sep)

LAUNCH OF NEW TRAINING PROGRAMS

Ethics & Clinical Research – Good Clinical Practices (GCP) Workshop

Dr. Jeyasekharan Hospital, Nagercoil (20th Oct)

Certified Professional for Healthcare Quality (CPHQ) – A Preparatory Course

Vijaya Hospitals, Chennai (1st Nov)

Workshop on Occupational Health in Healthcare

AnnaiVelankanni Hospital, Tirunelveli (7th Dec)

LAUNCH OF NEW TRAINING PROGRAMS

Certification & Training Program on Lean Management

Apollo Speciality Hospitals, Chennai

CAHO - HEALTHCARE SECTOR SKILL COUNCIL (HSSC) INTERACTIVE SESSION

New Delhi (21st Sep)

Guwahati, Assam (7th Dec)

GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

On first Global Patient Safety Day, we took few initiatives to highlight the magnitude of patient safety related issues and steps that healthcare providers and community must take urgently to reduce such incidents with the help of our member organizations and we were successful in making this event a grand success countrywide.

Our 5 Zonal coordinators and 21 State representatives led this initiative in their respective zones and states.

The following partnering organizations were actively involved in this mega event and organized various activities in their respective organizations like -campaigns, small road shows, seminars etc. by engaging nearby hospitals.

	Karnataka
1	Narayana HealthCity, Bangalore
2	Father Muller Medical College Hospital, Mangalore
3	AJ Hospital & Research Centre, Mangalore
4	Ramaiah Medical College & Hospital, Bangalore
5	MS Ramaiah Memorial Hospital, Bangalore
6	Motherhood Hospital, Bangalore
	Kerala
7	Baby Memorial Hospital, Calicut
8	Rivershore Hospital, Kerala
9	Rajagiri Hospital, Aluva
10	Amrita Institute of Medical Sciences and Research Centre, Kochi
	Telangana
11	SVS Institute of Neurosciences, Hyderabad
12	Aditya Hospital, Hyderabad
13	Sathya Kidney care Hospital, Hyderabad
14	Sai Sanjeevani Hospital, Hyderabad
15	Medicover Hospital, Hyderabad
16	Indo US Superspeciality Hospital, Telangana

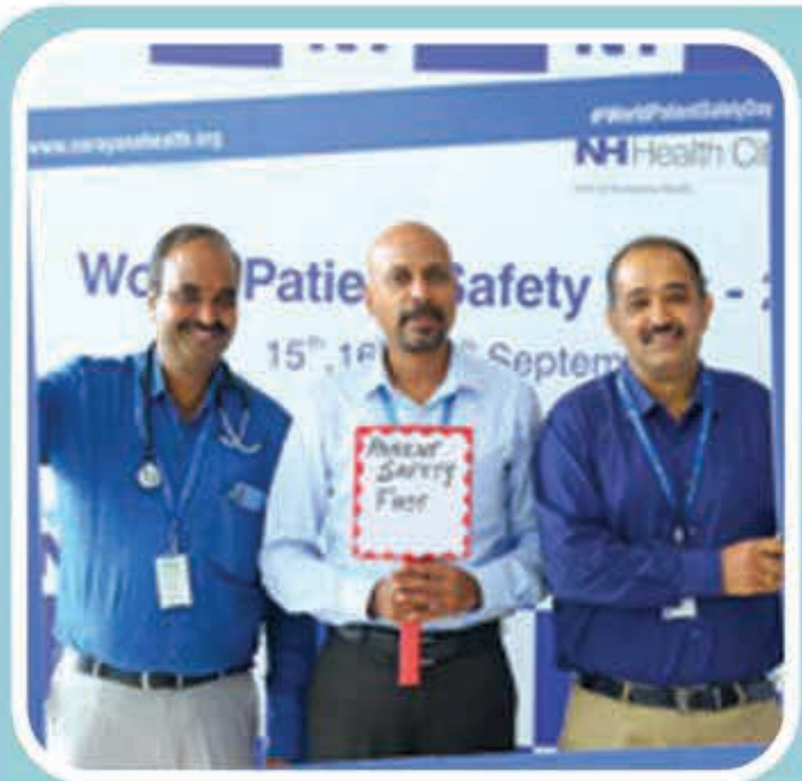
GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

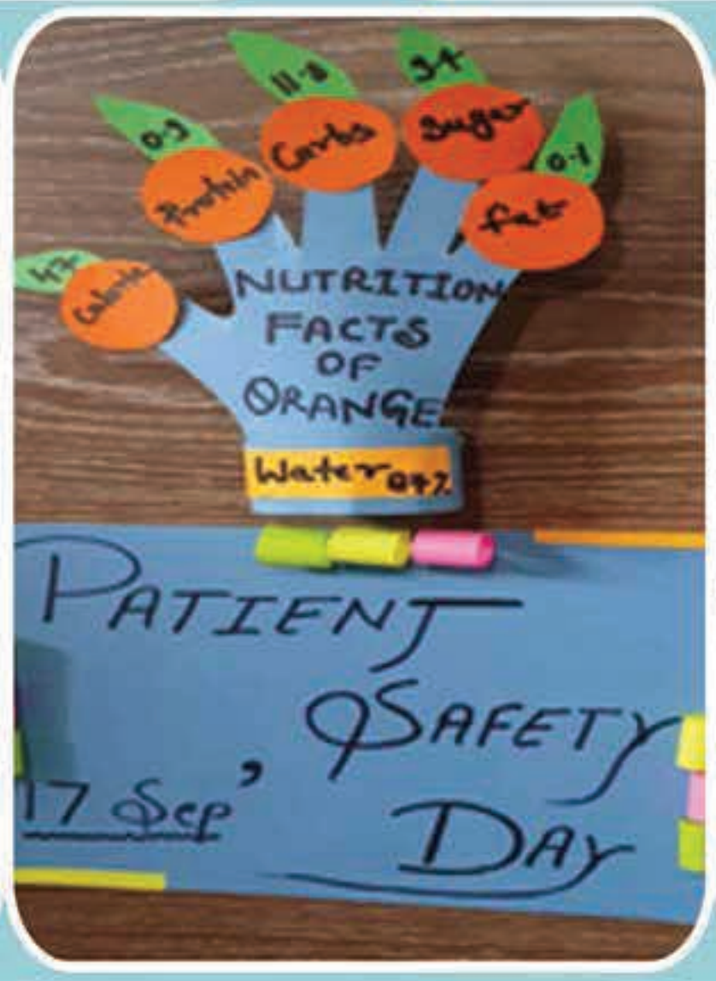
	Tamil Nadu
17	Christian Medical College, Vellore
18	SreeRenga Hospital, Chengalpattu
19	Chengalpattu Government Medical College & Hospital, Chengalpattu
20	The TamilnaduDr.MGR Medical University, Chennai
21	Nanmayam Clinic, Chengalpattu
22	JSP Hospitals, Chengalpattu
23	Muthu Ganapathy Hospital, S.P.Kovil
24	NarbhaviMultispeciality Hospitals Pvt Ltd, Kancheepuram
25	V2 Fitness Clinic, Kancheepuram
26	V3 Fitness Clinic, Kancheepuram
27	AnnaiVelankanni Multispecialty Hospital, Tirunelveli
28	Sundaram Medical Sciences, Chennai
29	Ganga Hospital, Coimbatore
30	Vijaya Hospital, Chennai
31	SRM Medical College & Hospital, Trichy
32	Dr.Mehta's Hospitals, Chennai
33	Motherhood Hospital, Chennai
	Maharashtra
34	Dr.HedgewarRugnalaya Hospital, Aurangabad
35	Aster Aadhar Hospital, Kolhapur
36	Nanavati Super Speciality Hospital, Mumbai
37	H.J. Doshi Ghatkopar Hindu Sabha Hospital, Mumbai
38	Bombay Hospital & Medical Research Centre, Mumbai
39	P.D. Hinduja Hospital & Medical Research Centre, Mumbai
40	Welingkar Institute of Management Development & Research, Mumbai
41	Institute of Clinical Research of India (ICRI), Mumbai
42	Seva Mandal Education Society's College of Nursing, Mumbai
43	Elite Healthcare Mumbai
44	KokilabenDhirubhai Ambani Hospital and Medical Research Institute, Mumbai
45	Jaslok Hospital and Research Centre, Mumbai
46	Kohinoor Hospital, Mumbai
47	Bharati Vidyapeeth (Deemed to be University)'s Medical College, Pune
48	KEM Hospital, Pune
49	Bharati Vidyapeeth (Deemed to be University)'s Medical College, Sangli
50	Jupiter Hospital, Thane
	New Delhi
51	Maharaja Agrasen Hospital. New Delhi

GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

	Uttar Pradesh
52	Felix Hospital, Noida
53	Nayati Healthcare, Mathura
54	Regency Hospital, Kanpur
55	Royal Cancer Hospital & Research Centre, Kanpur
56	Yashoda Hospital, Ghaziabad
	Meghalaya
57	Nazareth Hospital, Shillong
	West Bengal
58	Healthworld Hospital, Kolkata
59	Medica Superspeciality Hospital, Kolkata
60	Anandaloke Multispecialty Hospital, Siliguri
	Manipur
61	Shija Hospital & Research Centre, Imphal
	Andhra Pradesh
62	PES Institute of Medical Sciences & Research Centre, Kuppam
	Jharkhand
63	Medanta Hospital, Ranchi
	Odisha
64	Kalinga Institute of Medical Sciences, Bhubaneshwar
	Punjab
65	Chitkara University, Punjab
66	Fortis Hospital, Mohali
	Haryana
67	Civil Hospital, Panchkula
	Pondicherry
68	MGMCRI, Pondicherry
	Rajasthan
69	BMCHRC, Jaipur
	Gujarat
70	Shree Giriraj Multispecialty, Gujarat
	Madhya Pradesh
71	Bombay Hospital, Indore
	Assam
72	GNRC, Dispur
	International
73	La Clinique Mauricienne, Mauritius

GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)





GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

GALLERY : GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

GLOBAL PATIENT SAFETY DAY CELEBRATION (17TH SEP, 2019)

LAUNCH OF YOUTUBE CHANNEL - CAHOTalks

A Press meet on Patient Safety at IMA Hall, New Delhi was organized on 16th Sep and you tube channel "CAHOTalks" was launched which will focus on spreading messages regarding patient safety.

COMPETITIONS

FLASH POSTER COMPETITION
(Theme : Patient Safety -17th Sep, 2019)

Winner

Sehgal Neo Hospital, New Delhi,

Contributors - Mr. Dharmveer Bhalla, Ms. Abha Saxena, Dr. Himshikha Singh

First Runner-Up

Nanavati Super Speciality Hospital, Mumbai,

Contributors - Ms. Shraddha Patil, Mr. Nishant Jaiswal, Ms. Gouri Patel

Second Runner -Up

Aster Medcity Kochi,

Contributors - Dr. Anup R Warrier, Dr. Arun Wilson, Dr. Rachna Babu, Dr. Shilpa Prakash

COMPETITIONS

E-QUIZ COMPETITION

(Theme : Patient Safety - 17th Sep, 2019)

Winner

Dr. Aditya Senan,
Asian Institute of Medical Sciences,
Faridabad

First Runner -Up

Sr. Karunacharige Dhammika Priyadarshani De Silva,
Durdans Hospital, Colombo

Sr. Thakshila Sajeewani Paranagama,
Durdans Hospital, Colombo

Second Runner -Up

Ms. Bobby Varghese,
Rajagiri Hospital Aluva

Mrs. Remya S Nair,
KIMS Trivandrum

Ms. Devi Krishna,
SUT Hospital, Trivandrum

COMPETITIONS

E-QUIZ COMPETITION

(Theme : World Quality Day - 14th Nov, 2019)

Winner

Ms. Parul V Garg,
Satyawadi Raja Harish Chandra Hospital,
New Delhi

First Runner-Up

Ms. Rashmi Yadav,
Apollo Institute of Medical
Sciences & Research, Hyderabad

Dr. Pramod Paharia,
Nazareth Hospital, Shillong

Second Runner -Up

Ms. S Pichammal,
Pankajam Memorial Hospital, Chennai

Ms. Sindhu Lalwani,
Wockhardt Hospital, Thane

Dr. Yashvanth Shivanna,
Ashoka Medicover Hospital, Nashik

COMPETITIONS

NEWSLETTER NAMING CONTEST

WINNERS - VOC

Dr. T Devanthi,
VIMS Hospital, Salem

Ms. M Mahalakshmi,
Sree Balaji Medical College & Hospital, Chennai

REPRESENTATION AT ISQUA CONVENTION, CAPE TOWN, SOUTH AFRICA (20TH -23RD OCT'19)

LAB COMMITTEE MEETING AT CAHO SECRETARIAT (17TH DECEMBER, 2019)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

Basic Nursing Communication Workshop – SPMM Hospital, Salem (4th May)

Basic CPHIC Training Program – Meenakshi Hospital, Tanjore (25th May)

Fire Safety & Emergency Preparedness Training Program - KIMS Trivandrum (25th May)

Internal Auditor Training Program – Vijaya Hospital, Chennai (25th-26th May)

Basic Nursing Communication Workshop – Sree Renga Hospital, Chengalpattu (28th May)

Basic CPQIH Training Program - Bombay Hospital, Indore (1st-3rd June)

Basic CPQIH Training Program – Zamindar Microsurgical Eye Centre, Bangalore (8th-10th June)

Basic Nursing Communication Workshop - Kauvery Hospital, Chennai (13th June)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

Advance CPQIH Training Program – Fortune Resort Sullivan Court, Ooty (8th-11th June)

Basic CPQIH Training Program – Peerless Hospital & BK Roy Research Institute, Kolkata (14th-16th June)

Basic CPHIC Training Program- Daya General Hospital, Thrissur (16th June)

Basic CPHIC Training Program – Dr. Jeyasekharan Hospital Nagercoil (22nd June)

Fire Safety & Emergency Preparedness Training Program – BVP Pune (25th June)

Basic Nursing Communication Training Program – PES Institute of Medical Sciences & Research Centre, Kuppam (26th June)

Basic Nursing Communication Training Program- Sahyadri Super Speciality Hospital, Pune(28th June)

CPHIC Basic Training Program – Siddaganga Hospital & Research Centre, Tumkur (28th June)

Enhanced Clinical Communication Workshop – KIMS Trivandrum (29th June)

CPHIC Basic Training Program – TACT Academy for Clinical Training, Chennai (29th June)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

CPQIH Basic – GH – Govt. Medical College Omandurar, Chennai (10th-12th July)

CPHIC Basic Training Program – Shanti Mukand Hospital, New Delhi (21st July)

Basic Nursing Communication Training Program – Velammal Medical College Hospital & Research Institute, Madurai (24th July)

Clinical Audit Workshop – NIMHANS, Bangalore (25th July)

CPQIH Basic – GH – Chengalpattu Govt. Medical College, Chengalpattu (25th-27th July)

CPQIH Basic – Velammal Medical College Hospital & Research Institute, Madurai (26th-28th July)

Basic Nursing Communication Training Program - KIMS Trivandrum (31st July)

CPHIC Basic Training Program – VIMHANS Nayati Super Speciality Hospital, New Delhi (31st July)

CPQIH Basic Training Program- SDM Medical College, Dharwad (2nd-4th Aug)

NDLS Basic Training Program- KIMS Trivandrum (3rd Aug)

CPQIH Basic Training Program- Ganga Medical Center, Coimbatore (3rd-5th Aug)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

CPQIH Basic Training Program-
SVIMS Tirupati
(9th-11th Aug)

Clinical Audit Workshop -
KIMS Trivandrum
(10th Aug)

NDLS Basic Training Program –
MMHRC Madurai
(17th Aug)

Basic CPQIH Training Program –
Mahatma Gandhi Medical
College & Research Institute Pondicherry
(23rd-25th Aug)

Training Program on NABL Entry Level
(TPNEL)- Dr. Mehta's Multi speciality
Hospital, Chennai (25th Aug)

Healthcare Risk Management Course -
Ramaiah Medical College Hospital,
Bangalore (30th-31stAug)

Basic Nursing Communication Workshop-
Sarvodaya Hospital& Research Centre,
Faridabad (4th Sep)

Basic CPQIH Training Program –
Dr. Mehta's Multispeciality Hospital,
Chennai (6th -8thSep)

Certification Program in Quality &
Accreditation (CPQA) – Ramaiah Medical
College Hospital, Bangalore (6th -8th Sep)

Basic Nursing Communication Workshop –
Peerless Hospital & BK Roy Research Centre,
Kolkata (7thSep)

CPHIC Basic Training Program -
Vijaya Hospitals,
Chennai (8th Sep)

Basic CPHIC Training Program –
Trichy SRM Medical College Hospital &
Research Centre, Trichy (11thSep)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

Fire Safety & Emergency Preparedness Training Program – Velammal Medical College Hospital & Research Institute, Madurai (15th Sep)

CPQIH Basic Training Program – Ramaiah Advance Learning Centre, Bangalore (13th -15th Sep)

Basic CPHIC Training Program – Nanavati Super Speciality Hospital, Mumbai (14th Sep)

NDLS Basic Training Program – Bombay Hospital & Research Institute, Mumbai (20th Sep)

Internal Auditor Training Program- GNRC Hospital, Dispur (20th -22ndSep)

Basic CPHIC Training Program – Mata Chanan Devi Hospital, Delhi (21st Sep)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

Training Program on NABL Entry Level (TPNEL)- MedGenome Labs Ltd, Cochin

Fire Safety & Emergency Preparedness Training Program – Yashoda Hospital, Kaushambi (22nd Sep)

CPHIC Basic Training Program – Nirmals' Eye Hospital, Chennai (29th Sep)

Basic Nursing Communication Training Program – SukhdaMultispeciality Hospital, Hisar (29thSep)

Enhanced Clinical Communication Workshop - Jaslok Hospital & Research Centre, Mumbai (5th Sep)

NDLS Basic Training Program – Nanavati Super Speciality Hospital, Mumbai (5th Oct)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

CPHIC Basic Training Program – Prathima Hospitals, Hyderabad (12th Oct)

Training Program on NABL Entry Level (TPNEL)-DR LH Hirananadani Hospital, Mumbai (12th Oct)

CPHIC Basic Training Program – Dr. Mehta's Multispeciality Hospital, Chennai (17th Oct)

NDLS Basic Training Program – Bangalore Baptist Hospital, Bangalore (17th Oct)

Good Clinical Practices (GCP) Workshop – Dr. Jeyasekharan Hospital, Nagercoil (29th Oct)

Certified Professional for Healthcare Quality (CPHQ)- Preparatory Course – Vijaya Hospitals, Chennai (1st -3rd Nov)

CPQIH Advance Training Program – Shenbaga Hotel & Convention Centre, Pondicherry (2nd -5th Nov)

NDLS Basic Training Program- Shanti Mukand Hospital, Delhi (6th Nov)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

Fire Safety & Emergency Training Program-Alexis Hospital, Nagpur (9th Nov)

CPHIC Basic Training Program – Aster MIMS, Calicut (9th Nov)

CPQIH Basic Training Program – Fortis Hospital, Mohali (22nd-24th Nov)

CPQIH Advance Training Program – Velammal Medical College Hospital, Madurai (29th Nov -1st Dec)

Certified Professional for Healthcare Quality (CPHQ)- A Preparatory Course- Ramaiah Advance Learning Centre, Bangalore (6th-8th Dec)

Workshop on Occupational Health in Healthcare – Annai Velankanni Hospital, Tirunelveli (7th Dec)

Certification Program on Emergency Department Quality Standards – Aster Aadhar Hospital, Kolhapur (7th Dec)

CPHIC Basic Training Program – Aditya Hospital, Hyderabad (7th Dec)

Advance CPHIC Training Program – Narayana Hrudayalaya Hospital, Bangalore (7th-8th Dec)

TRAINING PROGRAMS
(APRIL 2019 – DECEMBER 2019)

CPQIH Basic Training Program – Daya General Hospital, Thrissur (7th-9th Dec)

Fire Safety & Emergency Preparedness Training Program – Fortis Hospital, Mohali (8th Dec)

CPQIH Basic Training Program – Sri Venkateshwaraa Medical College & Research Centre, Pondicherry (13th -15thDec)

Fire Safety & Emergency Preparedness Training Program – United CIIGMA Hospital, Aurangabad (14th Dec)

Clinical Audit Workshop- Bombay Hospital & Medical Research Centre, Mumbai -17th Dec

Basic CPHIC Training Program – Global Hospitals, Mumbai (19th Dec)

Basic CPHIC Training Program – SDM College of Medical Sciences, Dharwad (21st Dec)

Certification & Training Program on Lean Management -Apollo Speciality Hospitals, Chennai (21st Dec)

UPCOMING TRAINING PROGRAMS

29th Feb – 1st March'20 : Basic Composite Medical Lab (Entry Level) - Hotel Abad Plaza, Kochi

5th March'20 : Workshop on Clinical Audit - Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati

12th -14th March'20 : Certification Program in Quality & Accreditation (CPQA) – For Students – Chitkara University, Punjab

13th – 15th March'20 : Basic Certified Professional for Quality Implementation in Hospitals (Basic CPQIH)- Medica Superspeciality Hospital, Kolkata

15th March'20 : Basic Certified Professional for Hospital Infection Control (Basic CPHIC)– Gleneagles Global Hospitals, Chennai

15th March'20 : Ethics & Clinical Research – Good Clinical Practices (GCP) Workshop - Sankara Eye Hospital, Chennai

20th -21st March'20 : Healthcare Risk Management Couse – PD Hinduja National Hospital & Research Centre, Mumbai

28th -29th March'20 : AdvanceCertified Professional for Hospital Infection Control (Advance- CPHIC) – MSRamaiah Memorial Hospital, Bangalore

30th March -1st April'20 : Basic Certified Professional for Quality Implementation in Hospitals (Basic CPQIH) - Kerala Institute of Medical Sciences, Trivandrum

UPCOMING

EVENTS

CAHO
CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS
Committed to Safer Patient Care

ISQua
International Society for Quality in Health Care

ASQua
ASIAN SOCIETY FOR QUALITY IN HEALTH CARE

CAHOCON 2020

6th International CONFERENCE OF CONSORTIUM OF ACCREDITED HEALTHCARE ORGANIZATIONS (CAHO)

PRE CONFERENCE WORKSHOP
17th April, 2020

CONFERENCE
18th & 19th April, 2020

VENUE
Grand Hyatt, Bolgatty, Kochi, India

THEME

BUILDING
CULTURE OF SAFETY
IN
HEALTHCARE

Register Now

www.cahocon.com

BLOCK YOUR DATES !

EDITORIAL TEAM

DR. J JAYALAKSHMI

Prof. Department of Mircobiology,
PSG Institute of Medical Sciences
& Research Centre, Coimbatore

DR. ANNA GEORGE

Chief Operating Officer,
La Clinique Mauricienne,
Mauritius

MR. J ADEL

General Manager – Operations,
Meenakshi Mission Hospital &
Research Centre, Madurai

THANK YOU

DESIGN PARTNER:

THE CIRCUS
SOLUTIONS

/indiathecircus - www.thecircus.biz