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ENT Consultants:

Dr. Akram Khairy

Dr. Mohammed Abdul Majeed

Dr. Hisham Al Halabi

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What's Inside

- 02 Alert Codes
- 03 Events & Health Promotion
- 06 Specialties
- 08 Doctor in Focus
- 09 Human Resources Corner
- 11 General Administration
- 12 Informatics
- 13 Nursing Notes
- 14 Medical Administration
- 15 Quality & Patient Safety
- 16 Birthday Celebrants - April
- 16 Something to Read About
- 16 Information Technology Facts
- 16 Fun Quiz
- 17 Healthy Hearty Recipe
- 17 Sudoku
- 17 Letterwords

The PULSE is published for the staff of the International Hospital of Bahrain and is produced in-house by the Informatics Department. For your comments, suggestions and contributions, email pulse@ihb.net.

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Our Mission

We are dedicated to clinical excellence, superior patient service and safety, with unparalleled passion. We are committed with reverence to our calling of patient care, its continuous improvement and innovation.



Tim Gardner
Administrator

ALERT CODES

It is important that we are all familiar with the Hospital's emergency alert codes, and how to raise an alert. Dial 555 (this is the priority call through to the 24 Hour Reception Desk) and state the code color, the location, and the basic details of the emergency.

For example: "CODE BLUE. ADULT. EMERGENCY ROOM". The Emergency Alert Codes are as follows:

- CODE RED: FIRE
- CODE BLUE: MEDICAL EMERGENCY
- CODE ORANGE: HAZMAT INCIDENT
- CODE BLACK: EVACUATION
- CODE PINK: CHILD/INFANT ABDUCTION
- CODE GREEN: SECURITY INCIDENT

For the well being of our patients, our staff and yourself please ensure you are fully aware of the alert codes. It could save a life.

NEWS IN BRIEF

- A warm welcome to Dr. Pravin Dangle, Ophthalmologist, who joined duty this month. Once full orientation is completed Dr. Pravins clinic will be activated.
- Mr. Tim Gardner last month was part of a 10 man ACHSI Survey Team that surveyed a major public hospital in Hong Kong.
- The "Old" Physiotherapy clinic and the EMG clinic areas is presently under major renovation as a Facility Improvement Project under the direction of Mr. Julius.

Quote of the Month

"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful." - **Herman Cain**

Our Vision

By 2020, the International Hospital of Bahrain shall be the best teaching Hospital in the Kingdom with its exceptional people, high technology and compassion in service.

HAPPY BIRTHDAY!

The International Hospital of Bahrain celebrated the birthday of Mr. Vital Suvarna (Senior Director) on Thursday 27th of March.

Celebratory birthday cakes were enjoyed by all at the Presidents Office.



Mr. Vital ready to slice the cake



IHB President FSZ (left) with the birthday celebrant



Sharing the cake



Mr. Kumar taking charge



Mr. Chris (right) patiently waiting for his share



FSZ and Mr. Vital



International Hospital of Bahrain W.L.L.

How Medicine Should Be

EXECUTIVE CARDIAC HEALTH CHECK

INCLUSIVE OF ECG TREADMILL STRESS TEST

- Review of Personal & Medical History
- Questionnaire & Complete Physical Examination
- Lung Function Test
- Chest X-ray
- Ultrasound
- ECG Treadmill Stress Test
- Risk Assessment for Coronary Heart Disease

Laboratory Investigations:

- Stool Analysis & Occult Blood
- Urine (Dipstick & Microscopy)
- Complete Blood Count
- HB PCV WBC – Blood Grouping
- G6PD, Sickling Test
- ESR
- Lipid Function Test (Cholesterol, HDL, LDL & Triglycerides)
- Liver Function Test (Bilirubin, SGPT, Alkaline Phosphatase, Gamma GT)
- Fasting Blood Glucose
- Serum Uric Acid
- Renal Function Test (Serum Urea, Electrolytes & Serum Creatinine)
- HIV 1&2
- Venereal Diseases Screen VDRL
- PSA



PACKAGE RATE BD 190

For details: email: healthcheck@ihb.net or Tel. 17598222

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instagram.com/ihbahrain

As part of our Community Service Programme, the Hospital staff are out and about the community.



Khalid Cup "You Can Do It" Seminar 2014



First Aid support for a charity football event at St. Christopher School, Saar Campus.

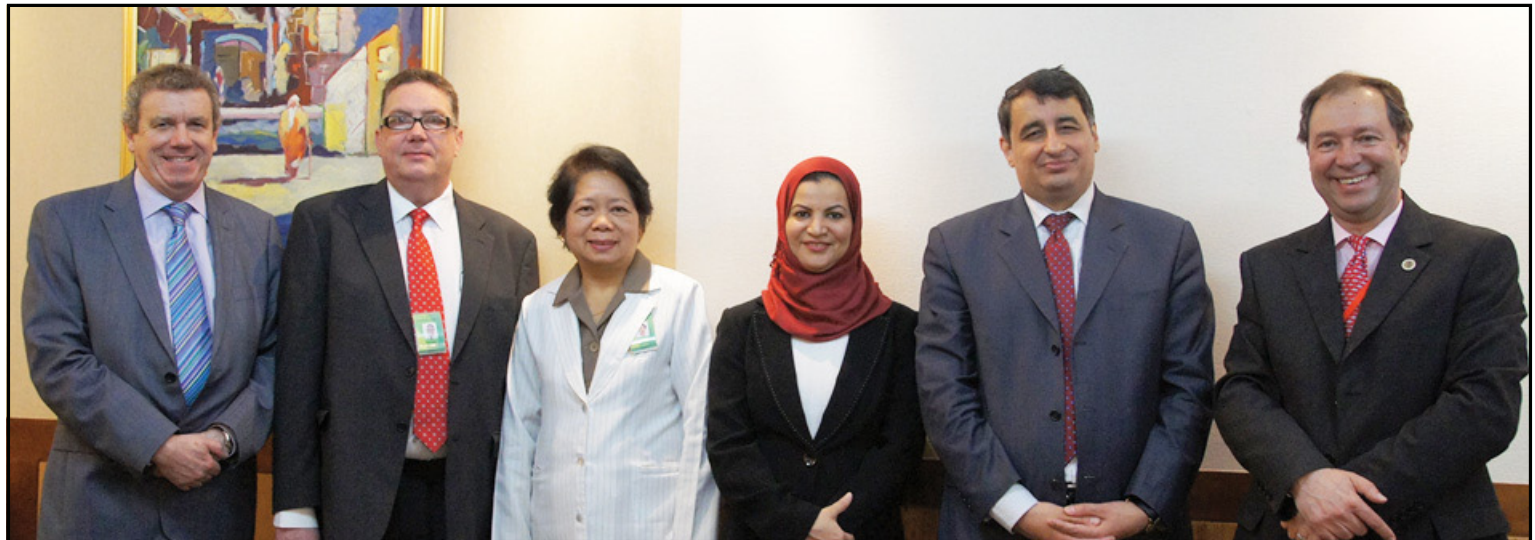


First Aid support for Al Wisam School Fair, Budaiya Road Campus.

As part of our Community Service Programme, the Hospital staff are out and about the community.



IHB Best Health Insurance Company Award for 2013 to SACIO Insurance (for the 4th consecutive year). Mr. Youssef Al Kareh (second from left), General Manager SAICO Bahrain, receives the award on behalf of SAICO.














(RCSI) Royal College of Surgeon in Ireland Visit - (from left to right) Mr. Joe McMenamin, RCSI Head of School of Medicine. Mr. Tim, IHB Administrator. Ms. Vivien, Nursing Director. Ms. Eman Al Tawash, RCIS Director of Undergraduate Nursing, Prof. Sameer Ottom, RCSI President and Mr. Chris, IHB COO.












Hands-on Fire Extinguisher Training

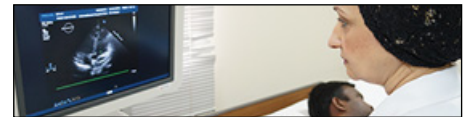
MEDICAL & SURGICAL SPECIALTIES

Chief of Medical Staff: Dr. Praful Vaidya. Medical Director: Dr. Abdul Shaheed

 CARDIOLOGY
Dr. Amany Serag
Dr. Hisham El Swerki
 DENTAL and ORAL SURGERY
Dr. Bijosh Jose
Dr. John Meakkara
Dr. Nabil Mattar
Dr. Saurabh Verma
Dr. Suvil Manjuran
Dr. Vikas Raj Somarajan
 DERMATOLOGY and VENEROLOGY
Dr. Emad Kamil Guirguis
Dr. Ihab Maamoun
 DIABETOLOGY
 EAR, NOSE and THROAT
Dr. Akram Khairy
Dr. Hisham Salah El Halabi
Dr. Mohamed Abdel Maguid
 GASTROENTEROLOGY
Dr. Yasser Abdel El Sawaf
 GENERAL and LAPAROSCOPIC SURGERY
Dr. Abdul Aziz Attia
Dr. Ivo Fernandez
Dr. Magdy Kamal Mohamed
Dr. Mohammed Ahmed El Sakka
Dr. Praful L. Vaidya
 HEALTH SCREENING
Dr. Farooq Ahmed
Dr. Nagarathinam Chamundeeswari
 INTERNAL MEDICINE
Dr. Ashraf Abbasy
Dr. Ghoneimy Abdeel Azeem
 NEPHROLOGY and RENAL DIALYSIS UNIT
Dr. Hatem Abdel Aziz Abed
Dr. Nader Ghobrial
 NEUROSURGERY
Dr. Hassan Moukhtar
Dr. Samy Gouda
 NEUROLOGY

 OBSTETRICS and GYNAECOLOGY
Dr. Amaal Kareem Ali
Dr. Mehtab Rizwi
Dr. Sanjeewani K. Gawhale
Dr. Shatha Bin Jamal
Dr. Swati Malap
 OPHTHALMOLOGY
Dr. Pravin Dangle
 ORTHOPAEDIC SURGERY
Dr. Abdul Shaheed Naseeb
Dr. Dilip Malhotra
Dr. Hossam Mohey Eldin
Dr. Mansoor A. Shaikh
 PAEDIATRIC and NEONATOLOGY
Dr. Germine Hanna Soliman
Dr. Hesham Abdel Rahman
Dr. Khaled Mohamed Zaki
Dr. Mary Ann Ibrahim
Dr. Mohammed Al-Biltagi
Dr. Mona Issa Abdelsalam Farrag
 RHEUMATOLOGY, PHYSIOTHERAPY and PHYSICAL MEDICINE
Dr. Emil I. Hanna
Dr. Peter Fahmy Farag
 PLASTIC and RECONSTRUCTIVE SURGERY
Dr. Salil Bharadwaj
 PSYCHIATRY
Dr. Amr Makram Elsherbini
 RESPIRATORY MEDICINE
Dr. Ehsan Youssef Sabry
 UROLOGY and ANDROLOGY
Dr. Imad El Mohtar
Dr. Yousry Hanna
 WELL-WOMEN SCREENING
Dr. Nagarathinam Chamundeeswari
 WEIGHT MANAGEMENT and NUTRITION
Dr. Ashraf Abbasy
Dr. Ghoneimy Abdeel Azeem
Dr. Hady Mohamed Gad

 SMOKING CESSATION CLINIC
Dr. Ehsan Sabry Pulmonologist
 SERVICES
Dr. Farah Amiri Radiology HOD
Mr. Patil Laboratory Manager
Dr. Barihan Youssef Chief Pharmacist
 VISITING PROFESSORS CLINIC
Prof. Holger Schmitt
Dr. Armin Skuginna
Prof. Hans Martin Schardey
Prof. Robert Obermaier
Dr. Robert Dennerlein
Prof. Christian Gilfrich
Prof. Samir Badawy
 ANAESTHESIOLOGY and PAIN CLINIC
Dr. Dayakumar Udayshankar
Dr. Avijit Gaikwad

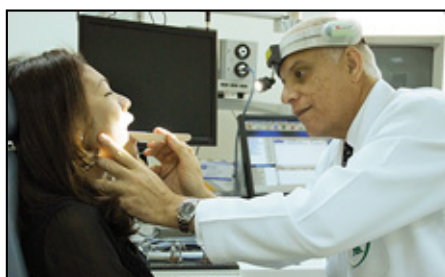


Services Available 24/7

- Accident & Emergency
- Ambulance
- High Dependency Unit (HDU)
- Intensive Care Unit (ICU)
- Laboratory
- Sleep Lab
- Neonatal ICU
- Paediatric Clinic
- Pharmacy

HEALTH INSURANCE DIRECT SETTLEMENT

- AETNA Global Benefits
- ALLIANZ Worldwide Care
- AXA PPP International
- BUPA Arabia
- BUPA International
- MSH International
- CIGNA SAICO Benefits Group
- T'AZUR
- Total Care Saudi (TCS)
- HTH Worldwide/GeoBlue
- TRICARE



Dr. Pravin Dangle

Ophthalmologist

Dr. Pravin Dangle, Ophthalmologist, is Board Certified in Maharashtra Medical Council and an India Certified Ophthalmologist. A member of Delhi Ophthalmology Society, Bombay Ophthalmologist Association, Kuwait Medical Association and International Council of Ophthalmology.

Dr. Pravin is a Post Graduate Training in Ophthalmology Seth G.S Medical College & KEM Hospital. Medical Retina & Diabetic Retinopathy Aravind Eye Hospital Madurai. and Aravind Eye Hospital, ROP Screening & Treatment AIIMS New Delhi.



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- ★ Medical Retina & Diabetic retinopathy Management
- ★ Glaucoma Screening & Management
- ★ ROP Screening & Management

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Components of Work-Life Balance

Source: Jeff Davidson



Sanjai Kumar
Director Human Resources

Self-Management: Sufficiently managing yourself can be challenging, particularly getting proper sleep, exercise, and nutrition. Self-management is the recognition that effectively uses the spaces in our lives as vital, and that available resources, time, and life are finite. It means becoming captain of your own ship.

Time Management: Effective time management involves making optimal use of your day and the supporting resources that can be summoned – you keep pace when your resources match your challenges. Time management is enhanced through appropriate goals and discerning what is both important and urgent, versus important or urgent. It entails knowing what you do best and when, and assembling the appropriate tools to accomplish specific tasks.

Stress Management: By nature, societies tend to become more complex over time. In the face of increasing complexity, stress on the individual is inevitable. More people, distractions, and noise require each of us to become adept at maintaining tranquility and working ourselves out of pressure-filled situations.

Change Management: In our fast-paced world, change is one of the only constants. Continually adopting new methods and re-adapting others is vital to a successful career and a happy home life. Effective change management involves making periodic and concerted efforts to ensure that the volume and rate of change at work and at home does not overwhelm or defeat you.

Technology Management: Effectively managing technology means ensuring that technology serves you, rather than abuses you. Technology has always been with us, since the first walking stick, flint, spear, and wheel. Now, the rate of change is accelerating, brought on by vendors seeking expanding market share. Often there is no choice but to keep up with the technological Joneses. Nevertheless you must rule technology, not vice versa.



Being Fair in Performance Review



Hina Rauf
Trainer

I am extremely disappointed... no increment... no promotion... agr... rhhh...

Wow!! I am really happy... Promoted... ha ha

There are two schools of thought when it comes to performance reviews. People tend to either view them as an opportunity for feedback and growth or spend all year dreading the awkward discussion chocked full of criticism. How you, and even your employees, view performance reviews is really up to you.

Although performance reviews can be a golden opportunity, they often turn out to be counter-productive wastes of time because of small mistakes managers make that quickly add up.

To make the most of your performance review, take a look at some common mistakes managers make and take note of what not to do.

- Give your employee the respect they deserve by taking time beforehand to think about their performance or even taking a look at past work so you can give a fair and informed review.
- While vague reviews may protect employees' feelings and be easier to write, they are not productive. Be specific in your criticism and in your praise. After all, if an employee doesn't know what you are, and are not happy with, they won't know to repeat or cease those actions. A vague performance review is about as useful as no review at all.
- While performance reviews are certainly the time to discuss weaknesses and potential areas of growth, an effective performance review gives comprehensive feedback on both the good and the bad. Performance reviews that only focus on the negative are exactly the reason employees dread these reviews.
- On the other hand, some managers either don't want to or don't know how to give negative feedback, so they only talk about what the employee is doing right. It goes without saying that even the most talented employee can grow, meaning the discussion about what they can improve on should be happening in every performance review. It's great to praise the successes but learning from failures is also an opportunity to improve.
- Many managers see performance reviews as only benefiting the employee receiving the review but in all actuality, the manager is also benefiting. Performance reviews essentially help you get what you want or need from the employee. Not only can they help to improve employee performance but also they can be a time for you to reevaluate processes and duties. In the same way you're helping your employee perform better through feedback, give you and your department a boost as well by evaluating your successes and failures, especially in relation to your employee receiving the review.
- With busy schedules, performance reviews often fall to the bottom of many managers' to-do lists. However, performance reviews must become a priority because without regular reviews, you have no benchmarks and no opportunity to measure improvement.
- All too often managers base their reviews on their own relationship with the person or opinions they have formed about them. Bias has no place in performance reviews and instincts have very little to do with them as well. If you have a bias or relationship with the person you're reviewing, find a way to check it at the door.
- It's an easy thing to only remember the recent happening with your work but when it comes time to review, think beyond your employees' latest successes or failures. Since they don't work on a freelance basis, you have no reason to only judge their work based on one incident.
- While you are probably obligated to provide constructive feedback, you don't have to talk the whole time. Find out about their opinion of their work, their career goals and what they believe both they and the department could improve on.

The HR Department enters general 'notes' into your HR file, so please ensure that HR is kept up dated with any and all 'positives' e.g. if you have participated in a community event, or presented a talk or a poster, attended a conference, presented at a conference etc. These notes are then readily available for the supervisor to refer to when conducting your annual appraisal.

Alert Code: **CODE PINK**



Tim Gardner
Administrator

As you are aware we have a number of 'Alert Codes'. This article focuses on 'CODE PINK' (infant/child abduction) and how all staff members at IHB have a role in preventing such a situation occurring.

Most Abductions Occur in the Mother's Room. Current abduction location statistics from the United States show that 58 percent occur from the mother's room; 13 percent from the nursery; 13 percent from paediatrics; and 16 percent from on-premises. Thus, it is obvious that the mother's room is where increased security efforts are needed.

Education of the mother and the family is key to infant security. While the infant is in the hospital, at any given time, either the mother (family) or hospital staff are responsible for care of the infant. Thus, when an attempted or actual abduction takes place, it is not difficult to pinpoint responsibility. Abductors have posed as Women, Infants and Children workers dressed in jeans and tee shirts; marketers offering "free" infant products; and even as visitors who developed a quick trusting relationship with mom.

Identification Badges. Training is Critical The basic element of protection is the staff identification badge, which is only issued to and worn by caregivers authorized to care for infants. In this regard, the mother must fully understand that she cannot release her baby to anyone who is not openly displaying the required ID badge. Hospital staff must also be trained, preferably on the first day he or she works in the hospital. This training must be followed by a minimum of annual training and participation in periodic security procedure audits.

It Doesn't End There. A hospital-wide infant abduction exercise drill is required at least annually. The recommended code to activate the hospital emergency response to an infant abduction (or suspected abduction) is code pink. When this code is announced over the PA system (e.g. "ATTENTION. ATTENTION. CODE PINK. NURSERY"), there are specific actions of specific staff to control various access points and perform searches. This code, announced overhead, alerts all staff to watch for an infant being openly carried or signs of possible concealment (in back packs, bags, etc.). This code can be used to include paediatric patients, as well as a newborn, but always carries an abduction location (e.g. code pink Ward 2).

Be ready for a drill which will take place sometime soon. If you are not sure what actions to take in the event of a CODE PINK discuss this with your supervisor so you will always be ready in case such an event occurs.



2014:

The Year of the Empowered Patient ... and Physician?

Source: <http://goo.gl/l1WYqI>

Salian Shrinivas
Director Informatics

The latest estimates suggest that new physicians only have about eight minutes to spend with each patient. Today, much of their time is devoted to “punching below their weight.” In other words, while time focused on patient care wanes, resources and efforts devoted to things like paperwork (albeit digital paperwork) are on the rise as physicians are forced to shoulder growing regulatory demands while also driving toward the creation of a “learning” healthcare system.

As a result, physicians and patients must find ways to derive the most value out of the time they spend together. Intelligent systems, built on cloud-based voice recognition, language understanding and artificial intelligence, have a critical role to play in maximizing time in this next-generation of patient care. Intelligent systems have the ability to not only interact on a human level, but also understand and reason to deliver a desired outcome – such as finding and instantly playing a movie or, from a more clinical perspective, giving physicians easy access to data locked within the electronic health record.

Helping Physicians Make the Most of their Time with the Patient

For physicians, intelligent systems come in the form of natural, conversational and intuitive technologies that break down IT barriers that sit between the physician and the patient – getting technology to work for doctors, rather than against them. Intelligent systems help doctors address ever-changing technological shifts to get them back to the bedside, practicing the art of medicine, despite increased demands on their time and resources.

This type of technology puts the focus back on the patient by allowing physicians to interact naturally with the EHR and other clinical systems to quickly retrieve patient information, delegate and fulfill patient care orders, easily navigate EHRs and more fluidly issue care directives. Ultimately, intelligent systems simplify the day-to-day duties of the doctor and other members of the care team, which has critical implications on us – the patients.

Giving Patients the Tools to more Actively Engage in Proactive Care

In addition to streamlining administrative duties and easing the burden of the shift to digital care for physicians, we need patients to become more engaged in order to truly increase the value of care and drive down costs. A critical component to empowering patients is arming them with intelligent systems of their own that allow them to access information on-the-go in order to gain initial insights on symptoms and care treatments so that they can make the most of the eight minutes with their physician.

Most recently, Sharecare, the online health and wellness engagement platform founded by Mehmet Oz and Jeff Arnold (WebMD founder), launched AskMD to help empower patients. AskMD is an iPhone app that helps identify what might be causing your symptoms, as well as identifying doctors and specialists qualified to treat them. This free app helps get patients organized around their health and wellness, enabling them to have a more fruitful doctor's visit and ultimately get better faster. One of the key focal points of consideration when designing AskMD was that it had to be easy to use and intuitive from the start. That's why AskMD allows you to simply use your voice to initiate a series of questions relevant to your healthcare issue, taking into account all your symptoms and other factors, like medications and known conditions.

Another application, Sense.ly, also uses intelligent systems to fuel patient engagement in personal care but in much different way. Sense.ly leverages voice recognition and gesture technology to automate patient engagement outside of hospital walls. It also promotes long-term wellness by leveraging an avatar, “Molly,” to spur reminders and checkpoints related to ongoing management of health conditions – and all directly from one's own home.

As we close the door to 2013 and look ahead to 2014, I think it's safe to say that the concept of the empowered patient – armed with mHealth apps and able to engage with a doctor from the comfort of their couch – will take center stage in the coming year. Still, as we balance a new world full of patient-generated health data and self-diagnosis tools, we must not lose sight of the need to simplify healthcare with intelligent, intuitive technology for patients, but also for the physicians who serve the best interests of those patients.



Nursing Role in Medication Errors



Librada Del Rosario
Nursing Staff

The administration of medication is recognized as a fundamental aspect of the nursing role because it can be associated with considerable risks. Continuous vigilance must be maintained in order to avoid potential for medication errors. Nursing staff are generally responsible for administering medications to patients and given this unique role, they are able to report medication errors once these have been identified.

A medication error is defined as the "failure of planned action to be completed as intended or the use of a wrong plan to achieve an aim" and in most cases, preventable events that may cause or lead to inappropriate use can be controlled by healthcare professionals, including nursing staff. Some of the most identifiable events can be related to errors in the professional practice, prescribing, dispensing, distribution, education or monitoring. When medication errors are not reported, corrective actions are not taken!

Given these negative healthcare outcomes, the reporting of medication errors should be encouraged among all Healthcare professionals to allow for immediate identification and resolution. It is only through routine monitoring that safety measures can be put into place to diminish future occurrence, but this can only be accomplished through the active involvement of various healthcare professionals.

With the increasing emphasis being placed on quality outcomes, it is becoming vital for medication errors to be immediately identified by the healthcare professionals, but the nurse is viewed as a key clinician in the process since they typically care for patients in hospitals around the clock. This makes nurses responsible for the medications that are administered to patients and thus they have the opportunity to monitor for medication errors on a continuous basis.

Since medication errors can occur at any stage of the administration process, it is important to the staff to be aware of the most commonly encountered errors, for the most part, the majority of the identifiable factors associated with medication errors are due to minimal awareness about hospital policies, inappropriate implementation or latent conditions (inadequate staffing, time pressure and fatigue).

Always think of the '6 R's of medication Safety': Right Medication; Right Dose; Right Patient; Right Route; Right Time, and Right Documentation.

With increased knowledge about any one of the errors, nursing staff are able to quickly identify and intercept medication errors regardless of the source and before the error has the opportunity to reach the patient. In order to reduce the incidence of medication errors and improve healthcare standards, nurses can become promoters of continuous monitoring of potential medication errors and educate others about the importance of medication awareness. The ongoing monitoring of medications from start to finish and the involvement of nursing may have impact on reducing the incidence of medication errors that can found within any healthcare setting.

The IHB's policies, systems and processes address medication errors. Routine 'medication safety rounds' and the implementation of 'unit dose' medication administration for all in patients reinforces our commitment to medication safety.

Gain The Patient's Trust



Dr. Abdul Shaheed
Medical Director

Patients must be able to trust their doctors with their lives and well-being. Trust is a central element in the doctor-patient relationship and the trust that patients have in their doctor to act in their best interest contributes to the effectiveness of medical care.

Trust is a relationship between the patient and the doctor where the patient expects the doctor to provide advice and treatment in the best interest of the patient. Moreover, a trusting relationship allows patients to share sensitive information and bring forth their 'true agenda' and 'share their story with the doctor. Trust is also a central element in the doctor-patient relationship and the trust that patients have in their doctor to act in their best interest contributes to the effectiveness of medical care. Strategies like being professional, being unhurried and being willing to listen helps to build trust.

The medical practitioner can gain or obtain the trust of the patient and family in good time, and on how the caregiver performs their duties.

It is crucial that all doctors be trained in a clinical method that includes both evidence-based technical skills and communication skills if they are to develop trusting patient-doctor relationships and provide quality care.

We all know that it's hard to trust someone, if you don't know them well, but time will tell, and time will let trust flow voluntarily.

A doctor's professional reputation develops naturally from the patient's personal recommendations to their friends and family.



Source: National Patient Safety Foundation (2014).

Reducing Diagnostic Errors: **The Next Frontier for Patient Safety**



Dr. Orville Gundran
Director QPS

Diagnosis is the foundation of medicine. Effective treatment cannot begin until an accurate diagnosis has been made. The term diagnostic error refers to “any mistake or failure in the diagnostic process leading to a diagnosis that is wrong, missed, or unintentionally delayed.” This definition includes any failures in the process of care, such as lack of timely access, not having appropriate resources available, or lack of timely follow-up, specialty referral, and evaluation. It also includes shortcomings in the clinical skills or reasoning of frontline providers, such as eliciting a complete history from the patient, identifying the key findings on examination, and formulating and weighing an appropriate differential diagnosis.

Diagnostic errors can be categorized into three major groupings: (1) no-fault, (2) systemic, and (3) cognitive. No-fault diagnostic errors occur when the disease is silent, appears in an atypical fashion, or mimics another, more common disease. Systemic errors are those that could be attributed to system failures—and are the most prevalent. Cognitive error includes both errors of ignorance and implementation. Errors of ignorance are due to inadequate knowledge, whereas errors of implementation occur during application of knowledge.

Experts estimate that up to one in every 10 diagnoses is wrong, delayed, or missed completely and that, collectively, diagnostic errors may account for 40,000-80,000 deaths per year in the US. The National Patient Safety Foundation (NPSF), a central voice for the advancement of patient safety in the US and worldwide has recommended the following specific strategies for clinicians to reduce diagnostic errors:

Specific Strategies for Reducing Diagnostic Errors

1. Emphasize the importance of the clinical exam.
2. Promote a systematic approach to common problems i.e. use of clinical pathway, algorithm or protocol
3. Continuously expand one’s clinical knowledge base using evidence based medicine.
4. Promote the use of time-outs or pauses. Ask the care team to step back and rethink the diagnosis or ask a colleague for a second opinion.
5. Where appropriate, use a “worst case scenario” strategy to generate a differential diagnosis. But take care to avoid ordering unnecessary laboratory or radiographic studies, as this too might lead to an error.
6. Continue asking questions. Why does this lab value not make sense? Why does the family seem skeptical of the diagnosis? What can’t I explain or doesn’t fit?
7. Acknowledge your feelings about a patient or family. Positive or negative feelings may bias your approach.
8. Slow down. When individuals are rushed, more mistakes may occur.
9. Learn, understand, and recognize the features and common biases of the cognitive process that can lead to a diagnostic error.
10. Admit and non-defensively learn from mistakes. This can lead to reflection and change in behavior.

The hospital’s use of international clinical guidelines, performance measures, and instant electronic access to ‘UpToDate’ software programme on clinical guidelines and patient education assists both clinicians and patients.

Birthday Celebrants

April

1st - Srijith Sudhakaran

Operations Theatre

2nd - Muhammad Islam

Construction

4th - Maria Aleth Mercado

Patient Care & Administration

4th - Remedios Loresca

Rheumatology

5th - Mohan Pradeesh

General Administration & Support

5th - Divya Mohandas

Ward 2

8th - Keloth Basheer

Informatics

8th - Sawsan Jaffar Faraj

Finance

10th - Ameena Abdulla Al Asfoor

General Administration & Support

10th - April Joy Orbe

Rheumatology

11th - Blangatt Shinoj

Patient Care & Administration

12th - Wilmar Cerbas

Ward 1

13th - Martyn James Hayden

Patient Care & Administration

14th - Legi Mathew

Operations Theatre

14th - Leena Bansode

Intensive Care Medicine

16th - Dhanapathi Rajamanickam

Pharmacy

16th - Jasim Mohamed Isa

Patient Care & Administration

18th - Dr. Yasser El Sawaf

Gastroenterology

19th - Ratheesh Ravindran

Nephrology

19th - Sujith Subramanian

Human Resources

21st - Mirvat Abdel Moaty

Internal Medicine

21st - Mohamed Sakeel

Human Resources

21st - Sivaprasad Sivadasan

Operations Theatre

23rd - Dr. Mohamed Abdel Maguid

ENT

23rd - Asha Rajan

Emergency

24th - Dr. John Meakkara

Dental

26th - Dr. Emad Guirguis

Dermatology

27th - Dr. Nabil Mattar

Dental

28th - Vineetha Louis

Internal Care Medicine

30th - Precious Aila Tinamisan

Internal Care Medicine

FUN QUIZ

Congratulations to Ms. Heldegrace Colarina, Staff Nurse, for being the lucky winner for the raffle of all those who submitted the correct answers to last month's Fun Quiz.

1. What are the '6 R's of medication safety, and what processes are in place to avoid such errors?
2. What is our 'Mission' and 'Vision'?
3. What should you ensure if you participate in a community event, present a talk or a poster?
4. What is the name of our new Ophthalmologist?
5. 'Code Pink' refers to what type of incident, and which location, according to US statistics, has the highest rate of code pinks?



Email your answers to priscilla@ihb.net before 4th April 2014.

SOMETHING TO READ ABOUT



source: <http://www.wtfdiary.com/>

INFORMATION TECHNOLOGY FACTS

- About 1.8 billion people connect to the Internet, only 450 million of them speak English.
- Did you know how was Bill Gates's house was designed? Using a Macintosh computer.
- 70% of virus writers actually work under a contract for an organization.
- Symbolics.com is the first and oldest registered domain name. It completed 29 years on 15th March, 2014
- The world's first computer which was named the Z1, was invented by Konrad Zuse in 1936. His next invention, the Z2 was finished in 1939 and was the first fully functioning electro-mechanical computer.



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Braised Beef Steaks with Zesty Sauce

INGREDIENTS

- 4 boneless eye-of-round steaks (4 ounces each), all visible fat discarded
- 1 teaspoon salt-free garlic and herb seasoning blend
- Vegetable oil spray
- 1 cup fat-free, no-salt-added beef broth
- 1/4 cup whole almonds
- 1 tablespoon sliced almonds
- 1/4 cup whole-berry cranberry sauce or 1/3 cup fat-free sour cream
- 1 tablespoon prepared white horseradish
- 1/2 teaspoon salt-free garlic and herb seasoning blend

COOKING INSTRUCTIONS

Season both sides of the steaks evenly with 1 teaspoon garlic and herb seasoning blend.

Heat a large nonstick skillet over medium-high heat. Cook the steaks for 2 minutes on each side, or until browned. Add the broth and bring to a simmer. Reduce the heat and simmer, covered, for 30 to 40 minutes, or until tender. If needed, add water 1/4 cup at a time to keep the steaks from sticking. If desired, reserve 1/2 to 2/3 cup cooking liquid to spoon over the steaks before serving.

Meanwhile, in a medium skillet, dry-roast the whole almonds over medium heat for 6 to 8 minutes, or until golden brown, stirring occasionally. Transfer to the work bowl of a food processor and let cool for 5 minutes. In the same skillet, dry-roast the sliced almonds for 3 to 4 minutes, or until golden brown, stirring occasionally. Transfer to a small plate and set aside.

Process the whole almonds for 1 to 2 minutes, or until finely ground. Transfer to a medium bowl. Stir in the cranberry sauce or sour cream, horseradish, and 1/2 teaspoon garlic and herb seasoning blend until well combined.

To serve, spoon the reserved pan liquid over each steak. Top each with about 2 tablespoons sauce. Garnish with the almond slices.

NUTRITION

Nutritional Analysis	Per serving
Calories Per Serving	223 or 228
Total Fat	9.0 g
Saturated Fat	1.5 g
Trans Fat	0.0 g
Polyunsaturated Fat	1.5 g
Monounsaturated Fat	5.0 g
Cholesterol	47 mg
Sodium	65 mg
Carbohydrates	9 g
Fiber	2 g
Sugar	5 g
Protein	28 g



Dietary Exchanges

1/2 carbohydrate, 3 1/2 lean

SUDOKU

		6	8				7	1
	7	1		2				
			7				9	
				4	8	7	3	
5								8
	3	4	9	5				
	2				9			
				6		8	2	
4	8				3	1		

6	9	1	8	7	2	5	8	4
8	2	8	5	9	4	6	1	7
5	7	4	6	8	1	3	2	9
1	2	9	7	5	6	4	3	8
8	4	6	2	1	3	7	9	5
5	3	7	8	4	6	2	6	1
6	6	5	1	3	7	8	4	2
4	8	3	6	2	5	1	7	9
1	7	2	4	9	8	6	5	3

LETTERWORDS

N	M	A
D	E	U
T	N	F

fundament admn nuted deaf feat mend
 unmade eanruar amnt feta nute
 unamed unruar amnt tamed dent feud name
 unamed anted tuned duet fume neat
 dneana famed unfed dune made nude
 fanned fated unnet etna mane taed
 manred puned amen fade mate tame
 fander maned arte fame mead team
 fanned tamed dame fane mean tend
 unmade meant date fate meat tune