

Visit to Ganiyari

The wind of change for Ganiyari and surrounding village started to blow 16 yrs. ago with the foundation of Jan Swasthya Sahyog and year on year, month by month and day by day it is getting stronger. One important landmark to support JSS ganiyari was setting up FOJSS in the UK in the year 2015. My avid involvement with the organization was cemented when I first visited Ganiyari a couple a years ago. This was a complete eye opener for me to see a few bunch of people, very simplistic and common looking, change the landscape of medical health service delivered to swathes of forest infested tribal villages. These were the most deprived part of central Hindustan which had been left behind in the race of infrastructure development. With no electricity, roads and accessible drinking water – a good and responsive health care system was a distant dream. Where being pregnant was more of an insult to human mankind than joy with maternal mortality rates soaring. Being born and brought up in the capital and I was shell shocked to see this face of India, from which I had comfortable cocooned myself.

To see this organization, bring the seeds of change and working tirelessly for most deprived people, I know I dint have to look anywhere else!

Purpose of Visit: At our general body meeting of FOJSS hosted by Ashish and Sonia's home, we had set ourselves two broad target for the year. One to raise awareness and money for our organization and two to conduct a visit to Ganiyari.

The purpose of this visit was manifold –

- a. to be involved and contribute in direct patient care,
- b. for teaching and training and skill improvement of medial and paramedical staff,
- c. to contribute towards quality and process improvement,
- d. to plan for new service development and finally to foster a sense of inclusiveness for individuals who were involved in supporting the organization here in UK and build up a chain reaction of involving more people.

Planning and implementation:

There were various aspects to planning the trip.

First – was to formulate a workforce of talented and resourceful people from different medical specialties who could be motivated enough to spare their time and money for a charitable cause to achieve the above objectives. I started off with like-minded anaesthetics trainee called Musca Phal who had been previously involved with some charity work in Afghanistan. One of the Intensive care nurse called Sandra from Lister Hospital initially agreed to volunteer to join us and I thought would be valuable as nurse educator and trainer. Unfortunately, she had to drop out due to clash of the timing of the visit with her other personal commitments elsewhere. However, I did not feel too dejected as I was hopeful that our awareness campaign for FOJSS all along the year like Centre to coast bike run, Diwali mela and trade stall in annual scientific meeting of BAOIA (British association of Indian anesthetist) will bear some fruits. Well, I was certainly not wrong, when I had an enthusiastic response from Mr. Selvakumar,

Dr. Shravan Tirunagri, Dr. Ashish Narula and Dr. Shiv Kumar Singh, who were all very passionate to help. I was thrilled to have a bunch of very talented people who were experts in their own field and hey we had a team. Mr. Selvakumar is a very senior and versatile lead vascular surgeon at Lister hospital who has had experience of general and transplant surgery. He also has a vast administrative experience behind him, being the associate medical director at Lister hospital and have held important roles of patient safety lead for the trust.

Dr. Shiv Kumar Singh is a leading figure in regional anesthesia and a committed researcher. He works as a consultant anesthetist at Royal Liverpool hospital and runs teaching programme in regional anesthesia all over India and UK.

Dr. Shraven Tirunagri, a very soft spoken pain consultant from Watford hospital who has a wealth of experience in managing chronic pain patients.

Dr. Narula, histopathologist by profession has been a key member and supporter of FOJSS UK. I thought his expertise could be exploited to set up a new FNAC service at Ganiyari.

Not to forget Muska who managed to juggle her complicated on call rota to join in. Muska Kphal is a specialist registrar in anesthesia and an ALS instructor.

Goals achieved.

a. Direct patient benefit.

We had a very clear vision of what we had set out to achieve. We wanted to help in theatre with complex cases to achieve direct patient benefit. Mr. Selvakumar fully utilized the theatre slot for several challenging cases all ages and discipline. The patient ranged from a 2-year-old girl with severe burns contracture to neck, arm,

forearm and hand to 80 years old female with acute abdomen secondary to perforated viscus. In total, we were involved in operating over 40 patients in theatre over a period of a week.

Chronic pain management and procedures involving facet joint injection under X ray guidance and stellate ganglion block were performed expertly by Dr.Tirunagri .

b. Teaching and Training.

We were very keen and wanted to focus on teaching and training of the residents and other doctors and nurses. After having discussed the training needs of the area we came up with a 4-day teaching programme that involved a wide variety of topics from Intensive care, obstetrics, to regional anesthesia to medical emergency moulages and ALS. (flyer attached)

It was very challenging to pitch the teaching to a wide variety of audience with difference skill level. We managed come around this problem by teaching in local language and formulating teams involving nurses and doctors while focusing of problem based learning.

The teaching was well received by the audience as evident from the verbal and written feedback received. (attached).

c. Process and quality improvement

Ganiyari hospital is a district level hospital that has a vast catchment area to cover over 100 villages. Patient flock to the place from far and wide. It deals with wide range of emergency and elective work. With no anesthetist available at site, the medical and paramedical team deal with intubating patients in emergency. Our objective was to introduce LMA and other supraglottic devices to the team, to use in case of emergency. Fortunately, East and North Herts kindly donated some airway devices for us to train and use in Ganiyari. The devices and their training was very well received by both paramedical and medical teams. Other surgical equipment was also handed over to the theatre team.

We visited various areas of the hospital and suggested some quality improvement processes. Some of them are as below

1. Modified WHO check list for theatres.
2. Procuring more resus trolley for theatre, A & E, ICU and wards. Each trolley was redesigned to have all the emergency equipment, drugs and defibrillator available at one place.
3. New observation charts in ICU with monitoring every 15 minutes.
4. Implementation of MEWS charts in wards and linking it to escalation pathways.

A need of setting up a basic histopathology service was identified by the management at Ganiyari. Dr. Narula, a histopathologist from Lister set out to consider the feasibility of setting up a low-cost service there, He identified some areas in tissue diagnosis like fine needle aspiration cytology that could be easily implemented utilizing telepathology technology.

He undertook teaching sessions for the medical and laboratory staff about how to prepare slides for the FNAC and to take photograph via a microscopic camera and

link it to the web portal. Clinical governance issues like data protection etc. were also discussed.

Apart from all the above objectives, it was very heartfelt to see the entire team fully committed to the cause. They felt very inclusive, passionate and a true sense of team working. The entire team was in no double minds that their commitment and focus to the cause will be forthcoming in future as well.

Forward Planning

1. Raise awareness of the amazing work done by Jan Swasthya Sahyog to our colleagues, friends and family. Events like cycle ride for charity and Social events like Diwali mela to be made a regular event and spread out to other venues.
2. Streamline a training programme for anesthetic trainees in UK to do 6 months of OOPSE in Ganiyari.
3. Set up funds for procurement of ABG machine at Ganiyari hospital
4. Aim to get at least 30% of aanganwadi (crèche) adopted by volunteers for a year.



