

A COMPLETE HEALTH JOURNAL



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A COMPLETE HEALTH JOURNAL

Double Helical

Presents

NATIONAL HEALTH AWARDS 2019



GLITZ AND GLORY

CAHOCON 2020



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ABSTRACTS

Theme : Quality & Patient Safety

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- Clinical Services • Nursing Services • Diagnostic Services • General & Support Services



VIDEO PRESENTATIONS

Short clips / videos on Quality & Patient Safety not exceeding 3 minutes.



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To recognize and encourage outstanding achievements of professionals (<45 yrs) who have contributed/ contributing to the sphere of healthcare quality



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To recognize outstanding individuals (45-60yrs) who have demonstrated significant contribution in the field of healthcare quality (*nominations only*)

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Adding Life To Years



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Let's vow to defeat death and destruction!

Dear Readers,

We are humbled to place on record our infinite gratitude for your uninterrupted, unwavering support to us in bringing out edition after edition on pertinent health issues. With your blessings, Double Helical once again successfully organised 'National Health Conclave and Awards 2019' in the heart of National Capital. A mammoth congregation comprising who's who of the healthcare industry besides distinguished guests and personalities from different walks of life witnessed the brainstorming Conclave and glittering Awards ceremony, organised by the magazine with the support of the Association of Healthcare Providers (AHPI) India and the Consortium of Accredited Hospitals (CAHO).

The magazine organised the Conclave on a highly important issue of geriatric care, which acquires significance in the wake of the fact India has close to 115 million elderly people with multiple physical, social, psychological and economic problems. The Conclave culminated in conferring of awards to champion healers, caregivers and institutions, who have significantly contributed in making a difference in the lives of people.

On a sad note, however, today the outbreak of coronavirus (COVID-19) has overtaken the whole world with unprecedented ferocity, unleashing a naked dance of death and destruction. India has so far done well to combat the highly contagious coronavirus but the country needs to keep up its vigil to defeat the dreaded virus that has turned everything topsy-turvy in the globe.

Till the time of going to the press, the Union Health Ministry has reported 13 deaths while the total COVID-19 cases have touched more than 600. The last serious pandemic, a condition when the disease spreads to most parts of the world, occurred in 1918-19 when an estimated 20 million to 50 million people lost their lives due to Spanish flu that infected 500 million people worldwide. So far, the outbreak of Covid-19 pandemic has claimed more than 19,000 lives around the world.

The Prime Minister has done well to place the entire country under a complete lockdown for 21 days that effectively means a strict three-week curfew. Addressing the nation, he said, "Every state, every Union Territory, every district, every village and every locality is being put under the lockdown." To protect ourselves, we must follow PM's advice to not cross 'Lakshman rekha' of our house in the next 21 days. If we don't do this, we will set the country back by 21 years. Like PM Modi, we also agree that undoubtedly this lockdown will entail an economic cost for the country but saving the life of each and every Indian is the first priority for the government.

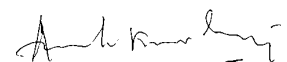
In a recently held high level meeting, the Group of Ministers (GoM) had detailed deliberation on prevention and management of COVID-19. The GoM discussed the actions taken so far, current status of social distancing measures as a preventive strategy and the stringent actions to contain the spread of COVID-19 by the states so far. The GoM also discussed about strengthening capacity of states, which need to devote adequate resources for creating dedicated COVID-19 hospitals, equipping medical institutes with PPEs, ventilators and other essential equipment etc.

States have been asked to ensure that essential services and supplies remain open. These include ration, provision stores, hospitals, medical shops and establishments engaged in manufacturing of medicines, vaccines, sanitizers, masks and medical devices. The GoM was informed that Gujarat, Assam, Jharkhand, Rajasthan, Goa, Karnataka, MP and J&K are setting up hospitals dedicated for the management of COVID-19. A total of 118 laboratories have been included in the ICMR network of COVID19 testing. The GoM was also apprised that Cabinet Secretary has written letters and conducted video conference with Chief Secretaries, Health Secretaries and DGs of police and instructed them to enforce implementation of lockdown measures. As per information, around 64,000 persons have arrived from other countries to India since 21st March, 2020 out of which 8,000 have been put in various quarantine facilities and 56,000 are in home isolation.

In a nutshell, we are still fighting a formidable battle against Covid-19. Let us maintain our calm and composure and vow to eradicate coronavirus by practising utmost hygiene, sanitation and social distancing. If we don't follow the government's advisory, we are destined to perish. So, what is important that we follow? We must follow all protocols, guidelines and directions issued by the government, failing which may lead, among other risks, legal actions against us u/s 188 of IPC.

The current issue of Double Helical is replete with more such interesting and thought-provoking stuff for you to savour, reflect and ponder. So, happy reading!

Thanks and regards



**Amresh K Tiwary,
Editor-in-Chief**

CAHOCON 2020

6th International
Conference of Consortium of Accredited
Healthcare Organizations

THEME

BUILDING CULTURE OF SAFETY IN HEALTHCARE

CONFERENCE:
18th & 19th APRIL, 2020

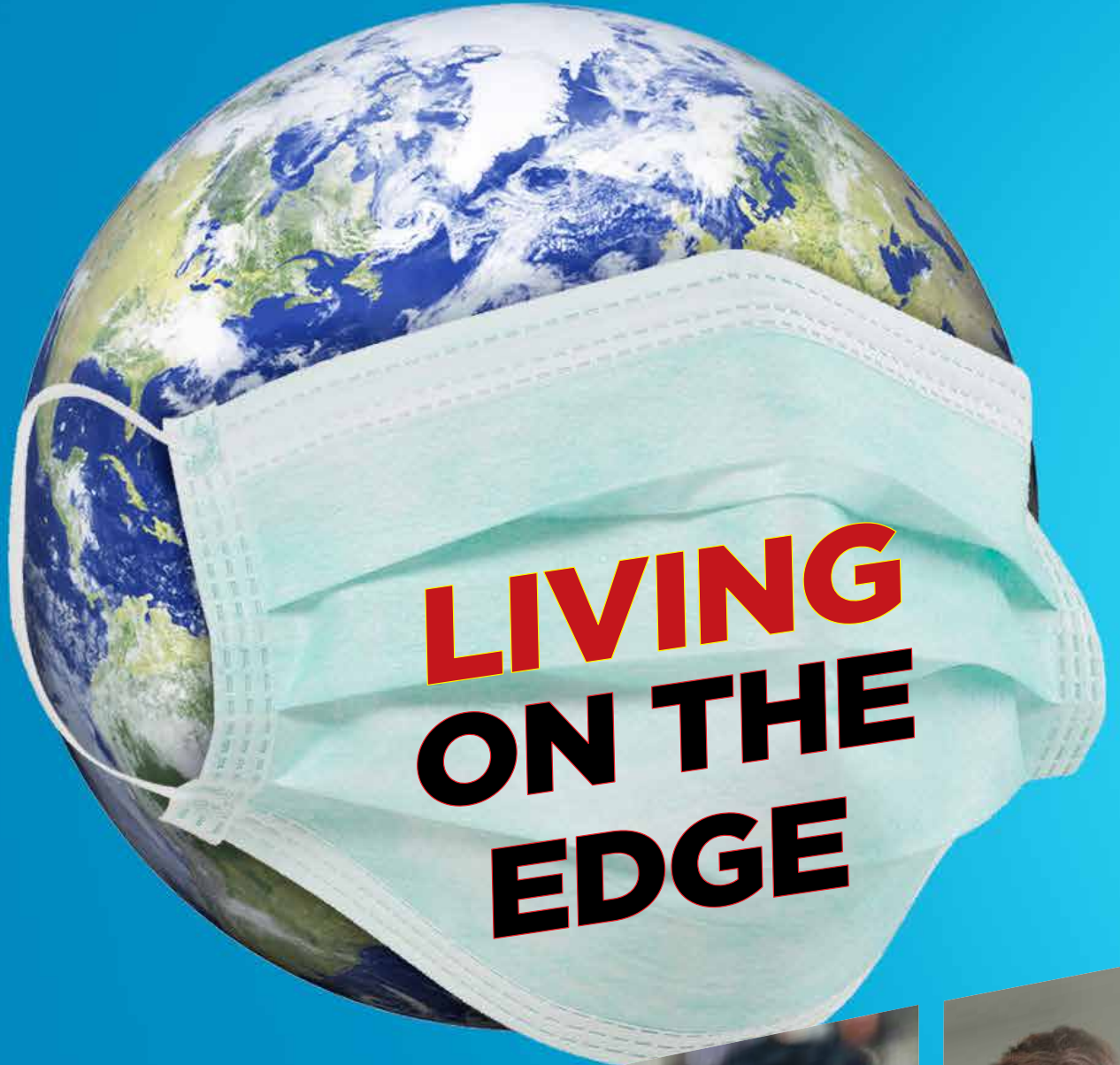
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own country**

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LIVING ON THE EDGE





The outbreak of coronavirus (COVID-19) has shaken the world with unprecedented ferocity, sending shivers down the spine of billions of people. India has so far done well to contain the spread of coronavirus but the country needs to keep up its vigil to defeat the dreaded virus that has emerged as the biggest threat to mankind...

BY AMRESH KUMAR TIWARY

Till the time of going to press, the Union Health Ministry has reported sixteen deaths due to coronavirus (COVID-19) in India while the total confirmed cases have touched more than **720**. The number of novel coronavirus cases globally stood at over 5 lakh with more than 23,000 deaths, across 141 countries.

India third and fourth deaths from coronavirus were reported from Punjab and Maharashtra with previous death cases reported in Karnataka and Delhi. Fresh cases have been reported from Ladakh, Uttar Pradesh, Karnataka, and Haryana. Unwilling to take any chances, malls, educational institutes, gyms, spas, cinema halls have been closed till March 31 across the country.

The number of people infected by coronavirus in Maharashtra climbed to 125, with a 59-year-old woman and a man becoming the latest COVID-19 cases in the state. Eight of the 13 new cases are from Agra, two from Ghaziabad, one from Noida and two from Lucknow. Samples of 66 people

sent to test for suspected exposure to novel coronavirus in Chhattisgarh have returned negative, while reports of six more are awaited. So far, Delhi has seen seven positive cases including a patient who died. Of these, two persons who had earlier tested positive for COVID-19 and were admitted to hospitals have been discharged following treatment.

The recent death of a 68-year-old female from West Delhi (mother of a confirmed case of COVID 19), shook capital city in mortal fear. She had history of contact with a positive case (her son who had a travel history to Switzerland and Italy between 5th and 22nd February, 2020). The son had returned to India on 23rd February, 2020.

He initially was asymptomatic, but developed fever and cough after a day and reported to Ram Manohar Lohia Hospital. As per protocol, the family was screened and since he and his mother had fever and cough, both were admitted. She was a known case of diabetes and hypertension. Her condition worsened with development



PRIME MINISTER'S APPEAL

As the coronavirus has taken the global population down by its effect India is taking steps to ensure regional protectiveness. With more than 100 countries falling under the effect of coronavirus, Prime Minister Narendra Modi took the call.

He said, "I would like to propose that the leadership of SAARC nations chalk out a strong strategy to fight coronavirus. We could discuss, via video conferencing, ways to keep our citizens healthy. Together, we can set an example to the world, and contribute to a healthier planet.

PM Modi called the leadership of SAARC nations (Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka) to come together against coronavirus. Since many of the SAARC countries including India lie close to the center of coronavirus "China", the threat cannot be underestimated.

Corona Virus

Do's

WASH WITH SOAP UP TO HERE →
EVERYONE GETS THEIR OWN TOWEL
SEEK MEDICAL ADVICE IF YOU ARE SICK
BACTERIA GROWS ON THE INSIDES OF YOUR MASK IF YOU WEAR THEM TOO LONG
ALSO, DON'T TOUCH THE OUTSIDE OF THE MASK IF YOU CAN.
IF YOU DID, DON'T WORRY, JUST WASH YOUR HANDS WITH SOAP AFTER
Avoid Touching Your Eye, Ears, Nose

Don't

THEIR HANDS
DOOR KNOBS
PENS
MOUSE
DIGITAL DEVICES
LAPTOPS
TISSUE
LIFT BUTTONS
CUPS
STAIR BANNISTERS
STAIR BANNISTERS
HEALTHY PERSON
& EVEN ON THE OUTSIDE OF YOUR FACE MASK

Dept. of Public Health,
School of Allied Health Sciences, DPSRU, New Delhi



of pneumonia and she was shifted to intensive care unit (ICU). Her sample also tested positive for COVID19.

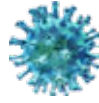
All the precautionary measures as per protocol including screening, quarantine of the contacts are being taken up by the Union Ministry of Health, and the status is being constantly monitored.

According to **Dr Harsh Vardhan, Union Minister of Health and Family Welfare**, the Government of India, along with States/UTs, has taken several pre-emptive, timely and proactive measures for prevention, containment and management of COVID-19. Continuous review and monitoring of the situation at the highest political and administrative levels resulted in decisive, preventive

and pre-emptive actions in public interest such as travel restrictions, suspension of visas and self-quarantine measures. Early establishment of point of entry surveillance and universal screening of passengers at airports and vessels at seaports, evacuation of Indian citizens from COVID-19 affected countries, adequate laboratory and quarantine facilities, have contributed immensely towards containment and management of the virus in the country. All essential facilities like community surveillance, quarantine, isolation wards, adequate PPEs, trained manpower, rapid response teams are being strengthened further in all states and UTs. So far, the Government of India has evacuated



COVID -2019



AHPI & ANBAI – Advisory regarding Isolation and Quarantine

Isolation and quarantine are used to protect the public, by preventing exposure to infected persons or to persons who may be infected.

Isolation is used to separate **ill** persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. Hospitals are using isolation for patients with confirmed CoV infection.

Quarantine (Home Quarantine) is used to separate and restrict the movement of **well** persons who may have been exposed to a patient tested positive for CoV or visit to areas wherein CoV is prevalent, to see if they become ill. These people may have been exposed to the virus and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

People who are being evaluated for CoV infection and do not require hospitalization for medical reasons may be cared for and isolated in a residential setting after a healthcare professional determines that the setting is suitable.

Steps during Home Quarantine

If you are being evaluated for CoV infection you should follow the prevention steps below until a healthcare provider says you can return to your normal activities.

- 1. Stay Home**
You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.
- 2. Separate yourself from other people in your home**
As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.
- 3. Call ahead before visiting your doctor**
Before your medical appointment, call the healthcare provider and tell him or her that you have, or are being evaluated for CoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.
- 4. Wear a facemask**
You should wear a facemask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.
- 5. Cover your coughs and sneezes**
Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues into a lined trash can, and immediately wash your hands with soap and water.
- 6. Wash your hands**
Wash your hands often and thoroughly with soap and water. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.
- 7. Keep the surfaces Clean**
whenever there is a possibility of cough materials being spread as droplet infection or surfaces have been touched post coughing/ sneezing, then surfaces should be ideally disinfected with soap and water or with Alcohol rub.
- 8. Avoid sharing household items**
You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.
- 9. Monitor your symptoms**
Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing)

NOVAL CORONAVIRUS (COVID-19) GENERAL ADVISORY FOR PUBLIC



The 2019 novel coronavirus (COVID-19), Wuhan coronavirus, is a contagious virus that causes respiratory infection, can transfer from human to human.

SYMPTOMS

- FEVER
- DIFFICULTY IN BREATHING
- COUGHING
- TIGHTNESS OF CHEST
- RUNNING NOSE
- HEAD ACHE
- FEELING OF BEING UNWELL
- PNEUMONIA
- KIDNEY FAILURE

MODE OF TRANSMISSION

Human Coronavirus (COVID-19) most commonly spread from an infected person to other through:

- Air by coughing and sneezing
- Close personal contact, such as touching or shaking hand
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands

HOW TO REDUCE RISK OF CORONAVIRUS INFECTION (COVID-19)

- Clean hand with soap and water or alcohol based hand rub
- Cover nose and mouth when coughing & sneezing with tissue or flexed elbow
- Avoid close contact with anyone with cold or flu like symptoms
- Isolation of symptomatic patients for atleast 14 days.

D:\MS\01101012\1920



DO's	DON'Ts
<ul style="list-style-type: none"> • Cover your nose and mouth with disposable tissue or handkerchief while coughing or sneezing • Frequently wash your hands with soap and water • Avoid crowded places • Person suffering from Influenza like illness must be confined at home • Stay more than one arm's length distance from persons sick with flu • Take adequate sleep and rest • Drink plenty of water/liquids and eat nutritious food • Person suspected with Influenza like illness must consult doctor 	<ul style="list-style-type: none"> • Touching eyes, nose or mouth with unwashed hands • Hugging, kissing and shaking hands while greeting • Spitting in public places • Taking medicines without consulting doctor • Disposal of used napkin or tissue paper in open areas • Touching surfaces usually used by public (Railing, door gates, etc)



CORONAVIRUS PREVENTION



AVOID



KEEP CLEAN



DISINFECTANT



SYMPTOMS AWARE

School Of Allied Health Sciences, DPSRU, New Delhi



1031 persons including 48 nationals from countries such as Maldives, Myanmar, Bangladesh, China, US, Madagascar, Sri Lanka, Nepal, South Africa and Peru. Till date, 890 evacuees from COVID-19 affected countries have been discharged after 14-day isolation and having tested negative as per protocol.

o The 654 evacuees from Wuhan, China on 1st February and 3rd February 2020 were discharged on 18th February 2020.

o The 124 evacuees from Japan and 112 evacuees from China, have been discharged after having tested negative for COVID-19 in the second round of tests.

Dr. Vinay Aggarwal, Formar National President, IMA, the Government of India has relentlessly worked towards the evacuation of Indian nationals from any major

HOW TO COPE WITH CORONAVIRUS

There is no specific treatment available as of now; symptoms may go away on their own. One must take care of self, rest and avoid over exertion, drink enough water, avoid smoking and smoky areas. Take acetaminophen, ibuprofen or naproxen to reduce pain and fever. And use a clean humidifier or cool mist vaporizer.

How you can prevent it?

If you have recently travelled to a coronavirus-affected country (within last 14 days) or had possible contact with an nCoV-infected person, it is advised to:

Stay in home isolation for 14 days after your return

- Sleep in a separate room
- Limit contact with other family members and avoid visitors
- Cover nose and mouth when coughing and sneezing
- Avoid close contact with anyone with cold or flu like symptoms (maintain a distance of at least 1 meter from any individual)

Avoid going near to sick person, wash your hands frequently for 20 seconds, cover your mouth and nose when you sneeze, eat cooked food especially meat, eggs etc, eat healthy and stay healthy.

Spreading Awareness

In the recent outbreak of Corona Virus globally and to secure India from its attack, an awareness programme on the prevention and spread of noval coronavirus was organized by the Delhi Pharmaceutical Sciences and Research University (DPSRU) on 6th March 2020.

Programme objective: To create awareness and educate the university students, faculty, staff and local community regarding preventive intervention techniques that would help in reducing the transmission of the disease.

Faculty Coordinators: Dr Jaseela Majeed, Dr Puneeta Ajmera, Dr Sheetal Yadav, Dr. J. Swaminathan, Ms. Rakhi Ahuja

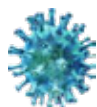
Highlights of the program:

- Six awareness sessions were conducted for the diploma and undergraduate students of Pharmacy, Physiotherapy and Sports Sciences in different lecture theatres in DPSRU and DIPSAR. A separate session was also organized for the administrative and housekeeping staff of the university.
- The students were demonstrated and educated about the following aspects of the disease:

- * Origin and prevalence of the disease
- * Signs and symptoms of the disease
- * Prevention and control measures
 - Hand hygiene and handwashing technique
 - Correct way of wearing mask
 - Travelling advice



COVID -2019



AHPI & ANBAI - FAQs for Professionals

Is there any specific drug for COVID 2019?

Currently, there is no specific drug for COVID 2019. However, *Remdesivir* an antiviral has shown promising results in the testing phase.

Calvin J Gordon, et al The antiviral compound remdesivir potently inhibits RNA-dependent RNA polymerase from Middle East respiratory syndrome coronavirus J. Biol. Chem. jbc.AC120.013056. doi:10.1074/jbc.AC120.013056

Are there any alternate antiviral drugs for COVID 2019?

Anecdotal reports and small trials have shown few drugs used in other conditions to be supportive- *Lopinavir/Ritonavir* (HIV), *Hydroxyquinine* (Malaria) and *Oseltamivir* (Flu).

Wang, M., Cao, R., Zhang, L. et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. Cell Res 30, 269-271 (2020).

Are there any current vaccines effective against COVID 2019?

No, none of the current vaccines can accord protection in COVID 2019. However, several candidate vaccines are on trial and few of them may be approved very soon.

Candidate Vaccines WHO (<https://www.who.int/blueprint/priority-diseases/key-action/list-of-candidate-vaccines-developed-against-ncov.pdf>)

How long can the virus survive in environmental surfaces and inanimate objects?

Coronavirus in biological fluids (of cough/sneeze/spit) can survive from 2 hours to 9 days, depending on (quantum of fluid, temperature, humidity, viral load etc).

Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents Kampf, G. et al. Journal of Hospital Infection, Volume 104, Issue 3, 246 - 251

What are the effective disinfectants against COVID 2019?

The following biocides are effective, but adequate contact time is required for hand as well as environmental disinfection. Ethanol (78-95%), 2-propanol (70-100%), povidone iodine (0.23- 7.5%) and NaOH 0.21% can inactivate the virus.

Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents Kampf, G. et al. Journal of Hospital Infection, Volume 104, Issue 3, 246 - 251

Can high environmental temperatures/ humidity reduce the transmission of COVID 2019?

Yes, humidity (80 % \geq) impedes transmission by reducing the distance of droplet dissemination and temperature (30°C \geq) is unfavorable for prolonged environmental survival. However, population density and recirculating air (AC Spaces) can still amplify transmission.

Effects of Air Temperature and Relative Humidity on Coronavirus Survival on Surfaces Lisa M. Casanova, Soyoun Jeon, William A. Rutala, David J. Weber, Mark D. Sobsey Applied and Environmental Microbiology Apr 2010, 76 (9) 2712-2717; DOI: 10.1128/AEM.02291-09

What types of masks are effective against aerosols/droplets containing Coronavirus?

3M N95 and N100 masks if worn properly can protect 95-99 % against the passage of coronavirus. The duration of wear has to be decided based on the risk and level of exposure. Regular surgical masks and hankies afford no protection.

Advice on the use of masks in the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak: interim guidance. <https://apps.who.int/iris/handle/10665/330987>

Can someone contract COVID 2019 again, after completely recovering from it?

Yes, they can contract it again. Natural infection does not afford long lasting immunity. Only an immunogenic vaccine (many in development) can protect against future infections.

Lan L, Xu D, Ye G, et al. Positive RT-PCR Test Results in Patients Recovered From COVID-19. JAMA. Published online February 27, 2020. doi:10.1001/jama.2020.2783




COVID-19 affected country. India has sent scientists, equipment for labs, reagents and brought back samples for testing to the country. So far, 1199 samples have been collected in Iran and brought to India for testing.

A special flight operated by Indian Air Force brought back 58 passengers from Iran on 10th March 2020. India also facilitated Mahan Air flight to bring back people from Iran. These passengers are being kept in quarantine at the Navy facility in Mumbai. As per the need, more such special flights will be operated to bring back Indians who have tested negative. India is also coordinating treatment of positive people in Iran as per protocol.


The government has also sent a team of four doctors from the Ministry of Health to Rome. They reached Rome with sufficient material and reagents to collect samples of Indians there for onward testing in India.

In addition, a total of 11, 71,061 passengers have been screened from 10,876 flights at 30 designated airports. 3,062 passengers and 583 contacts were identified and referred to IDSP/designated hospitals; 42,296 passengers have been brought under community surveillance, out of which 2,559 were symptomatic and 522 hospitalized; 25,504 passengers have been additionally screened at major and minor seaports, and more than 14





COVID -2019




AHPI and ANBAI – Advisory for General Public

Hands Protection

- Wash hands frequently with soap and water
- Apply hand sanitizer between washes

Nose/Mouth Protection

#Mask to be worn – if you cough/sneeze or care for some with cough/sneeze







- Cover mouth and nose without gap between mask and face
- Change mask when damp, remove mask holding ear loops


Travel related Protection

- Restrict travel unless necessary
- Avoid places of mass gathering

Public Protection

- Use elbow or tissue/hanky while coughing
- Visit doctor –if you have fever, cough & breathing difficulty





COVID 2019 Hospital Visitor Protocols

Entrance of the Facility- Trained Workers- Hospital Signage & Instructions

Visitor Screening/ Surveillance- Fever Watch

Rapid Temperature Checks –Using Infrared Thermometers, Thermal Scanners

Self-Reported Symptoms Appraisal- Donning PPE (mask etc) if Respiratory Symptoms

Personal Disinfection/ Sanitation

Hand Gel Dispensers at Entrance- Liquid Soap Dispensers at all Water Faucets/Taps.

Visitor Access

Restrict Visitor Traffic- Single Patient Attendant System Only

Children and Elderly Limited Access, Medical Representatives/Vendors –Use Videos/Pamphlets

Patient Transfer Vehicles/Ambulances

Inbound Vehicles with Patients/Attendant to be Screened at the Entrance

On scene precautions and PPE for patients/attendants with suspected symptoms

Environmental Decontamination

Surface Decontamination can be periodically done with Bleach (2 % NaOH).

Body fluid spills to be disinfected with bleach/alcohol before physical cleaning.

Aerosol Generating Procedures

Minimize or Avoid Aerosol Generating Procedures. (Drilling, Intubation, Suction, Lavage etc).

Protect Front Line Workers with appropriate PPE during Aerosolization of Body Fluids.

Hospital Waste Management

Contaminated PPE is a biohazard to be safely disposed.

Cohorting of Patients

Patients with respiratory symptoms like cough/sneeze can be cohorted in the same wards.

Nosocomial Transmission Prevention with Universal Protocols

Teleconsultation

Hotlines, Text and Internet Based Consultation for Home Quarantine/Isolation Patients

References

European Centre for Disease Prevention and Control. Checklist for hospitals preparing for the reception and care of coronavirus 2019 (COVID-19) patients. ECDC: Stockholm; 2020.

Swerdlow DL, Finelli L. Preparation for possible sustained transmission of 2019 novel coronavirus: lessons from previous epidemics. JAMA. 2020.



DISSECTING COVID-19

Coronaviruses cause illness ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS)-CoV and Severe Acute Respiratory Syndrome (SARS-CoV). Corona virus is a virus that causes infection in the upper throat, nose, and sinuses. This virus belongs to the family of common cold and viruses (SARS and MERS).

According to **Dr R V Ashokan, Secretary General, Indian Medical Association**, one positive case of novel coronavirus patient, of a student studying in Wuhan University, had been reported in Kerala. The patient had tested positive and was in isolation in the hospital.

Corona viruses were first identified in the 1960s, but we don't know where they come from. They get their name from their crown-like shape. Sometimes, but not often, a coronavirus can infect both animals and humans. Most corona viruses spread the same way other cold-causing viruses do: through infected people coughing and sneezing, by touching an infected person's hands or face, or by touching things such as doorknobs that infected people have touched.

In early 2020, following a recent outbreak in China, the World Health Organization (WHO) identified a new type, 2019 novel coronavirus (2019-nCoV).



Often a coronavirus causes upper respiratory infection symptoms like a stuffy nose, cough, and sore throat. You can treat them with rest and over-the-counter medication. The coronavirus can also cause middle ear infections in children.

Almost everyone gets an infection exhibiting pneumonia, upper respiratory tract illness, runny nose, cough, sore throat, possibly a headache and maybe a fever, at least once in their life, most likely as a young child. In the United States, coronaviruses are more common in the fall and winter, but anyone can come down with a corona virus infection at any time.

The symptoms of most corona viruses are similar to any other upper respiratory infection, including runny nose, coughing, sore throat, and sometimes a fever. In most cases, you won't know whether you have a corona virus or a different cold-causing virus, such as rhinovirus.


lakh people have been screened at land ports.

Three confirmed cases of COVID-19 were from Kerala treated and discharged. So far, this has led to identification of more than 4000 contacts who have been put under surveillance.

The confirmed cases also include the

first casualty of COVID-19 in the country. Death of a 76-year-old man from Karnataka is confirmed to be caused due to co-morbidities i.e. asthma and hypertension and he also tested positive for COVID-19. All the precautionary measures as per protocol, such as screening and home quarantine of the contacts, have been

initiated by the State Health Department, Karnataka and are being monitored closely.

The Union government has strongly advised Indian nationals to avoid all non-essential travel abroad and to refrain from travelling to countries reporting high cases and deaths as mentioned in the travel advisory. 

Caring with Dignity

There is an urgent need to address the medical and socio-economic problems confronting the frail and fragile elderly population and promote their social security, inclusive care and healthy ageing...

**BY DR HARVINDER
POPLI**



Due to demographic transition, the elderly population in India is projected to rise to 12% of the total population by 2025. The elderly in India are a heterogeneous population with variations in morbidity across several variables like gender, location and socioeconomic status and diversity in culture-religion.

At least 70% of India's old live in rural areas and are illiterate and economically dependent. The elderly suffer from dual burden of communicable and non-communicable diseases besides impairment of special sensory functions like vision, hearing and other degenerative diseases. Additionally, geriatric population is also often on multiple therapies to treat several diseases, sometimes under the supervision of different specialists. This can lead to drug-drug interactions getting overlooked. Adherence to therapy is also a significant concern in this population, both due to several drugs being prescribed for various indications and due to failing memory or general neglect of health issues among the elderly by themselves and by their families.

The ever-increasing elderly population poses social and financial challenges and puts immense strain on the health system due to marked shift toward chronic non-communicable diseases. Besides, social factors like fewer children in each family, increased employment of women, who were traditionally taking care of the old in India, rapid urbanization and rise of nuclear families call for more focus on geriatric issues. With such significant proportion of population, that is frail & fragile, thus, there is a need to address the medical and socio-economic problems and promote social security, inclusive care and healthy ageing.

Surprisingly, geriatric care is conspicuously missing from the medical education curriculum. Moreover, the nursing and other



Dr Harvinder Popli

paramedical staff members are not formally trained in providing care for elderly patients. Only selected facilities have a dedicated geriatric unit but concentrated in urban areas and relatively expensive. Very few hospitals provide inpatient geriatric care, and the concept of long-term care homes is also missing. A recent study conducted for United Nations revealed that a large majority of the elderly in India do not get long-term and palliative care. Although, there are NGO managed old-age homes, day-care centres and mobile medicare units that provide care to the elderly

population, these are urban-based, expensive or focused on tertiary as opposed to primary care. This setting is totally missing in rural part of India. Further, economic support is also a concern in this age group as they are mostly dependent on family with no continuous source of income. Although health insurance sector is on a rise in India, the insurance policies tend to exclude those who need the most, especially the elderly.

Recently, the Government of India has taken significant strides towards securing the rights of the elderly. In 2007, Indian parliament passed a bill




known as Maintenance and Welfare of Parents and Senior Citizens Act, which made maintenance of parents or senior citizens by children or relatives obligatory and provided penal provision for their abandonment. Government of India formulated the National Program for the Health Care of Elderly in 2011 to provide easy access to preventive, promotive, curative and rehabilitative services to the elderly at all levels of health care delivery system along with specialized long-term and short-term training of health professionals to address the growing health needs of the elderly. However, like other health schemes, implementation has not been at the desirable level.

It is the duty of all medical professionals and family member to provide due care, support and financial stability to the group of people that raised them and empowered them to fulfil their lives. They must not forget, aging is natural and this will be bestowed to one and all. Dignity and right to healthy life are the least the society owes to its elderly. We should



look for cost-effective feasible models of geriatric care that is acceptable and based on our cultural practices and traditions. A comprehensive preventive package should be delivered, including knowledge and awareness regarding common geriatric problems and their

prevention, healthy nutrition, physical exercise, yoga and meditation, and promotion of mental well-being. 

(The author is Registrar and Principal, Delhi Institute of Pharmaceutical Sciences and University, New Delhi)

NATIONAL HEALTH AWARDS

Preceded by Double Helical Conclave
February 17th 2020



GLITZ AND GLORY

National Health Conclave and Awards 2019 organised by Double Helical witnessed a galaxy of eminent persons, who gathered to celebrate the medical excellence as well as care, compassion and empathy for patients epitomised by deserving doctors, healthcare institutions, and diverse organisations.....

BY VISHAL DUGGAL



Double Helical

Presents

HEALTH AWARDS 2019

Health Conclave on "Geriatric Care"

20 at Hotel The Lalit, New Delhi

POWERED BY



Double Helical, India's leading health magazine, successfully organised 'National Health Conclave and Awards 2019' at Hotel Lalit in the national Capital on 17th of February, 2020. An impressive gathering comprising who's who of the healthcare industry besides distinguished guests and people from different walks of life witnessed the brainstorming Conclave and glittering Awards ceremony, organised by the magazine with the support of the Association of Healthcare Providers (AHPI) India and the Consortium of Accredited Hospitals (CAHO).

The magazine organised the Conclave on the pertinent issue of geriatric care, which acquires significance in the wake of the fact that India has close to 115 million elderly people with multiple physical, social, psychological and economic problems. The Conclave culminated in conferring of awards to caregivers and institutions, who have significantly contributed to making a difference in the lives of people.

More than 400 doctors and prominent persons from various fields witnessed the mega awards ceremony organised to encourage the quality work being done in the healthcare sector. The ceremony was graced by Shri Ashwini Kumar Choubey, Minister of State for Health and Family Welfare as Chief Guest; Tariq Anwar, senior political leader and Ex-Minister of State for Agriculture and Food Processing, and R K Sinha, Member of Parliament, Rajya Sabha as Guests of Honour. Other eminent persons present on the occasion included Dr A K Agarwal, Professor of Excellence, Medical Advisor, Apollo Hospital, New Delhi, & Ex-Dean, Maulana Azad Medical College; Dr Giridhar J Gyani, Director General, Association of Healthcare Providers-AHPI, India; Dr Suneela Garg, Dir. Professor & Head, Community Medicine, Maulana Azad Medical College & Associated

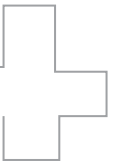




Hospitals New Delhi; Dr Neelam Mohan, Director, Dept of Paediatric Gastroenterology, Hepatology and Liver Transplant, Medanta Hospital, Gurugram; Dr Vijay Agarwal, President, CAHO; Dr Ramesh K Goyal, Vice Chancellor, Delhi Pharmaceutical Sciences and Research University (DPSRU); Dr Nimesh G. Desai, Director, Institute of Human Behaviour and Allied Sciences (IHBAS); Dr R K Tuli, Chief Consultant, Holistic Medicine, SOHAM, New Delhi, and Amresh Kumar Tiwary, Editor-in-Chief, Double Helical.

The evening began with the Conclave on Geriatric Care anchored by Dr Vijay Agarwal who said, “By 2050, the country is estimated to have 20% of inhabitants as geriatric population that needs promotional, preventive,





curative and rehabilitative services to take care of their overall well-being.” He stressed on making healthcare services accessible and affordable for the older people.

The immensely thought-provoking Conclave discussed in detail the ways to bring about a sea change in the current status of elderly care in the country. The Conclave was followed by lighting of the lamp by the esteemed Chief Guest, Guests of Honour and other dignitaries, and an engaging Kavi Sammelan which was made unforgettable by the presence of eminent poets Dr Kunwar Bechain, Ex-Head, Hindi Department at MMH College, Ghaziabad, and Laxmi Shankar Bajpai, former Deputy Director General at AIR Akashwani.

The Kavi Sammelan was followed by an immaculate award ceremony that honoured and felicitated NGOs, doctors, hospitals and institutions for their dedicated services in social field and health sector. The winners on the award night were extremely happy and joyous at the recognition of their efforts and hard work at such a prestigious level.

Chief Guest Shri Ashwini Kumar Choubey delivered an inspiring speech



in which he praised the commitment and hard work of the medical community in the care of aging population saying, “Dedicated doctors and healthcare institutions like today’s winners are responsible for the enhancement of the glory of medical profession. I would like to extend special thanks to Team Double Helical for joining me in publicly celebrating the sheer hard work and perseverance of the members of India’s healthcare community.” Addressing the gathering, Guest of Honour Tariq Anwar said, “Awards are a way to encourage excellence. This is the reason why Double Helical organizes awards ceremony every year to acknowledge the achievements of deserving doctors and other members of the medical community who have devoted their lives to the service of humanity. The winners of National Health Awards 2019 have not only made their profession proud, but brought accolades to the nation too.”

Double Helical Health Awards is a





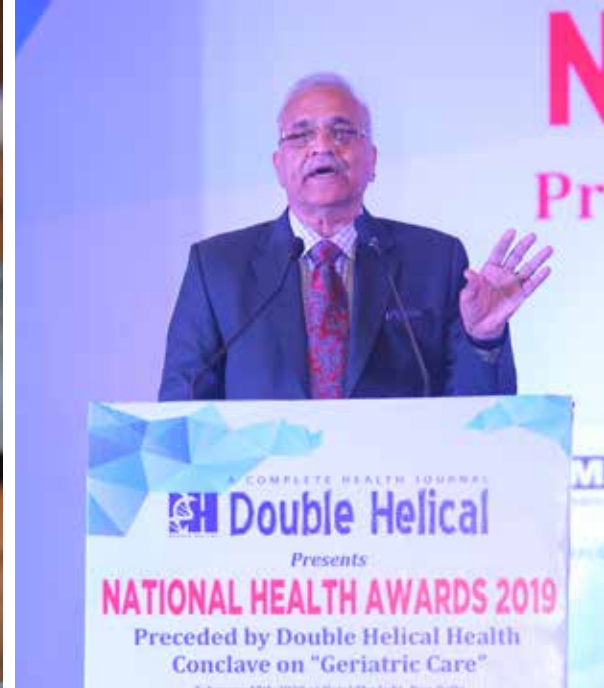
platform that recognises innovation, people, products and services that are helping to transform healthcare sector in the country and ushering in affordable, high quality and inclusive healthcare for patients. It is a mega annual event, keenly-awaited in the country. Amresh Tiwary, Editor-in-Chief of Double Helical expressed his gratitude to all the people who contributed to making the event a huge success. "Today's gala awards ceremony recognizes the immense contribution and outstanding achievements of doctors and healthcare institutions in the service of the nation. I thank you all for coming together and making it the definitive event of the healthcare sector," he added.

Double Helical Healthcare Awards 2019 served as a testimony to the hard work of medical fraternity in developing the best healthcare and promoting state-of-the-art diagnostic and treatment facilities. The event aimed to take a look at the macro and



Awardees of Double Helical National Health Awards 2020 For Distinguished Contribution In Geriatric Care

1	Dr. Dominic Benjamin, Senior Consultant & HOD General Medicine, Baptist Hospital, Bangalore
2	Dr. Anoop Amarnath, Chairman- Geriatric Medicine, Chief of Clinical Services, MH, Bangalore
3	Dr R K Singhal, Chairman-Internal Medicine Department, BLK Hospital, New Delhi
4	Dr Alexander Thomas, President AHPI
5	Dr Pereira Pratibha: Head of Department of Geriatric, JSS Medical College JSSAHER, Mysore.
6	Dr. H.S. Chhabra, Chief of Spine Services & Medical Director, Indian Spinal Injuries Centre, New Delhi
7	Dr Tanuja Manoj Nesari, Director, All India Institute of Ayurveda, New Delhi
8	Dr Rajiv Sood, Dean, RML Hospital, New Delhi
9	Dr Vikas Swarnkar, Chairperson, MGUMST
10	Dr Kapil Zirpe, Director, Neuro Trauma, Ruby Clinic
11	Dr Steve Paul Manjaly, HOD, Geriatric Medicine, Jubilee Mission Medical College, Trissur
12	Dr. Surekha V MD, Department of Geriatrics Christian Medical College Vellore
13	Lt Col Dr Vivek Aggarwal, Associate Professor, Department of Internal Medicine (Geriatrics Division), Armed Forces Medical College, Pune
14	Dr. Baljeet Singh Johal, CMD Johal Hospital
15	Dr. Anand P. Ambali, Professor of Medicine, Dean Student Affairs, BLDE, Master trainer, National Program of Health Care of Elderly (NPHCE), Karnataka and Maharashtra states.
16	Dr Prachee Sathe, Director ICU Ruby Clinic
17	Dr Abha Chaudhary, Founder Chairperson, Anugaraha, An NGO works all social field especially Geriatric Care
18	Dr Shishir Narayan, MD Eye Trust and Associate with Shroff Hospital New Delhi: Excellence in Eye Treatment
19	Dr Neelam Mohan: Department of Pediatric Gastroenterology, Hepatology & Liver Transplantation
20	Dr P D Rath, Director, Max Superspeciality Hospital, Saket, New Delhi
21	Dr Inder Parkash, DG, NPHCE & Public Health, Ministry of Health and Family Welfare
22	Dr R K Goyal, Vice Chancellor, DIPSRU, New Delhi
23	Dr Harvinder Popli, Principal and Registrar, DIPSRU
24	Ms Upasana Arora, Director, Yashoda Super Specialty Hospital, Kaushambi
25	Dr Gowri N. Sengupta ADG, NPHCE & Public Health, Ministry of Health and Family Welfare
26	Dr G S Grewal, Chairman of Wellness Health & You, Mentor, Age-Friendly India Initiative
27	Dr Veerendra Mishra, Director, NISD, Ministry of Social Justice and Empowerment, Govt of India
28	Dr Anupam Sachdeva, Head of Pediatric Hematology Oncology and BMT Unit, Sir Ganga Ram Hospital, New Delhi, India
29	Dr R K Tuli, Founder, Society for Holistic Advancement of Medicine (SOHAM).
30	Dr S P Yadav, CMD, Pushpanjali Hospital, Gurgaon
31	Dr Sachin Bhargav, Society For Promoting Awareness Regarding School And Health
32	Dr Manisha Yadav, Associated with Indian Spine Injury Centre & Sir Ganga Ram Hospital, New Delhi
33	Pankaj Shandilya: CEO, Rankers Group of Hospitals
34	Kumar Anand; Senior Journalist for Excellence in Journalism
35	Brahm Singh Yadav/Meeta Rai: DPS Siddharth Vihar for Excellence in Quality Education
36	Action Cancer Hospital, New Delhi for Best Hospital for Quality Care
37	Dr Pranay Mahajan, Hospital Administrator PGIMER, Chandigarh for Most Promising Healthcare Administrator
38	Dr Uttam Thakur, Surgeon PGIMER, Chandigarh for Most Promising Surgeon



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- Antriksh India: Excellence in Quality Housing
- MRG Group: Best Affordable Housing Developer of Year
- Branding and Marketing


Social Welfare

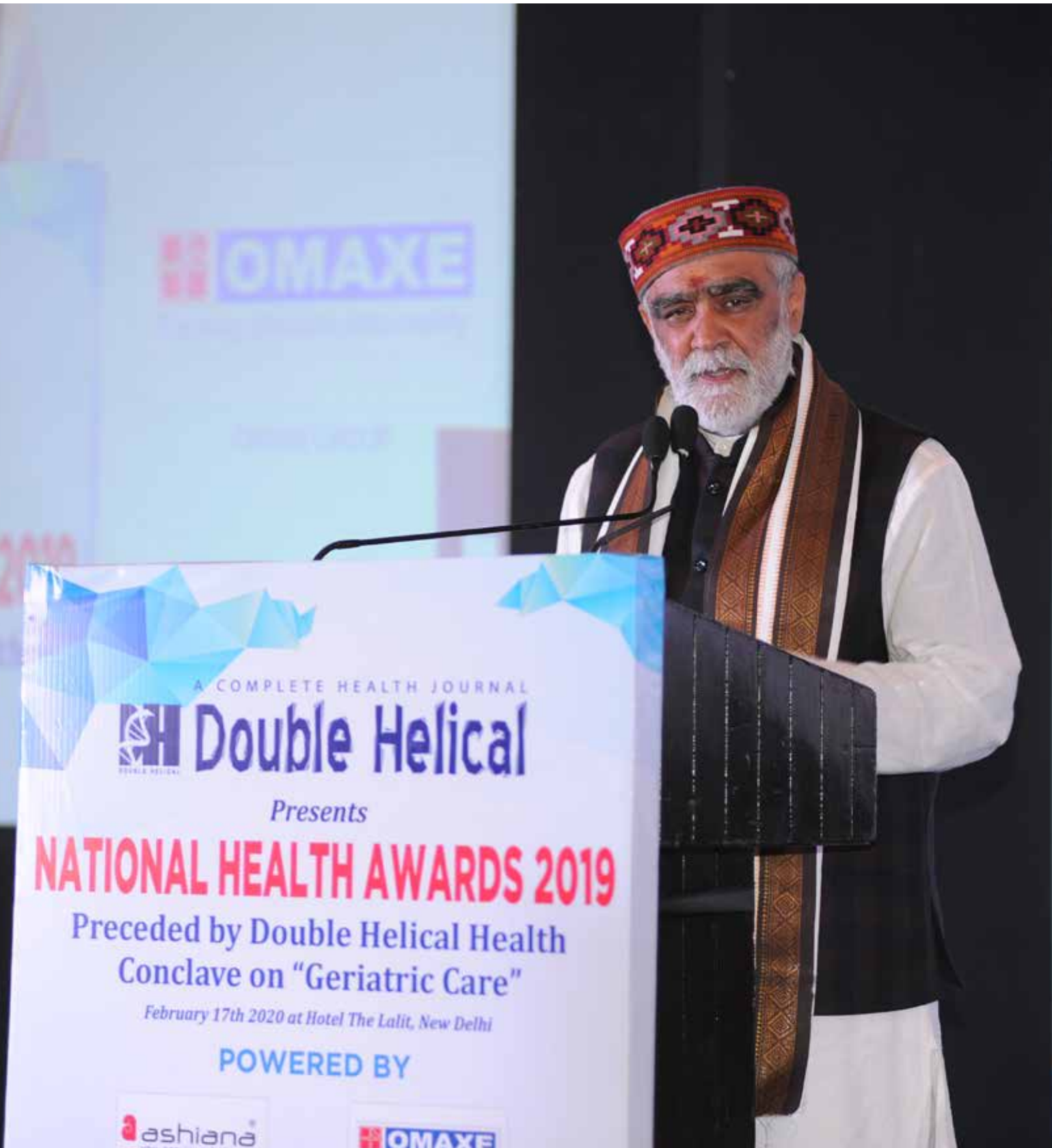
- 1. Neeraj Ojha, Director, Zenith Orthocare, New Delhi, Best in Respective Field
- 2. JVS Healthcare, Best in Respective Field
- 3. Paful Singh, Best in Respective Field
- ICCP: Best in Public Relations

Jury Members of Double Helical National Health Awards 2019

- 1. Dr A K Aggarwal
- 2. Dr Girdhar J Gyani
- 3. Dr Vijay Agarwal
- 4. Dr Vinay Aggarwal
- 5. Dr Suneela Garg



micro factors, the current scenario and the way forward for the healthcare sector. Focused on the pertinent issue of geriatric care, the ceremony saw a galaxy of eminent doctors, politicians, bureaucrats, social activists, industry officials, experts, top notch realty players and other stakeholders converge under a prestigious banner provided by Double Helical. 





ADDRESS OF SHRI ASHWINI KUMAR CHOUBEY

Distinguished representatives of India's healthcare community, diligent contributors to social, cultural and political spheres, other eminent guests, brothers and sisters!

I feel happy to address you all on the occasion of National Health Conclave and Awards organized by Double Helical, a prestigious health magazine, with the support of Association of Healthcare Providers (India) and Consortium of Accredited Hospitals.

Congratulations to you all for holding a brainstorming conclave on the pertinent issue of geriatric care. India has close to 115 million elderly people with multiple physical, social, psychological and economic problems. And by 2050, the country is estimated to have 20% of inhabitants as geriatric population that needs promotional, preventive, curative and rehabilitative services to take care of their overall wellbeing.

The Government of India is supporting elderly care through National Programme for Healthcare of Elderly (NPHCE). Under this, the Centre bears 75% and respective state spends the balance 25% of money on geriatric care. We are fully aware of the need to train manpower to take care of elderly patients. We have two specialized elderly care centres at AIIMS and Madras Medical College, Chennai, apart from 18 regional geriatric centres. We plan to set more centres to take care of the aged people in the times to come. In fact, we are working to have a full-fledged council for allied healthcare workforce.


As you are aware, the Union government has launched AYUSHMAN BHARAT, which is meeting the healthcare needs of a majority of underprivileged population. In addition there are state-run schemes which cover the BPL population. All in all, more than 65% of India population has received the cover of free health services. Obviously, the elderly care has also got a boost. The Government is committed to work on wellbeing of population through 1.5 lakh health and wellness centres. These centres will improve the quality of life in general and geriatric care in particular.

It is heartening to see the culmination of the conclave in conferring of awards to caregivers and institutions, who have significantly contributed to

making a difference in the lives of older people. This gala awards ceremony recognizes the immense contribution and outstanding achievements of doctors and healthcare institutions in the service of the nation. Today, we have gathered here not just to celebrate the merit of our medical heroes, but also to give due regard to the values and morals which these distinguished awardees exemplify, such as care, compassion and empathy for their patients.

Awards are a way to encourage excellence. This is the reason why Double Helical organizes awards ceremony every year to acknowledge the achievements of deserving doctors and other members of the medical community who have devoted their lives to the service of humanity. The winners of today's event have not only made their profession proud, but brought accolades to the nation too. Dedicated doctors and healthcare institutions like today's winners are responsible for the continuous growth and development of India. Huge congratulations to all the award recipients; you have definitely set a very admiring benchmark for excellence in the medical profession. I hope you will continue to achieve further brilliance in your respective spheres.

In the end, I would like to use this opportunity to compliment Shri Amresh Tiwari, Editor-in-Chief of this complete health magazine, for organizing the National Health Conclave and Awards 2019. I would also like to extend special thanks to all those present here for joining me in publically celebrating the sheer hard work and perseverance of the members of India's medical community in geriatric care and all other aspects. I thank you all for having come together and making this day special for all those who have made Health for All as the mission of their lives.

Thank you all! 

(Shri Choubey is Minister of State for Health and Family Welfare)





CHAMPION HEALERS



Dr Dominic Benjamin



A well-known Geriatrician, Dr Dominic Benjamin practices at Bangalore Baptist Hospital in Hebbal, Bangalore.

He is a Consultant Geriatrician and Diabetic Specialist for older adults. He was trained in the United Kingdom and worked as Consultant there for two years, before he relocated to India. He set up a Geriatric department at Bangalore Baptist Hospital. It offers comprehensive Geriatric and holistic care for older people.

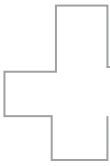
When he started his career in the UK, he had the opportunity to experience the challenges involved in treating the older people and the utmost joy and delight in seeing older people recover and return to their homes. He soon realized that older people need a holistic approach to address the physical, mental, psychological and social challenges that they face. It also involves maintaining their functional independence and promoting happily independent living, all of which

reinforced and solidified his intense interest in Geriatrics. He also had the opportunity to specialize in the field of diabetics for older adults.

He is a keen teacher, presently an MRCP (UK), and a DNB examiner. He believes that his vast and varied experience, not only in different sub-specialties of Geriatric Medicine, but also in different countries has considerably enhanced his knowledge and skill as a Clinician.

He is currently involved in promoting "Successful Green Ageing" and "Age Well Clinic" through his lectures and public speaking across Bangalore. He is actively involved in various committees in formulating policies and programmes for the welfare of older people.

Age Well clinic has been awarded "Vayoshrestha Samman", national award for promoting wellness, by Vice President of India in October 2018. In September 2018, Alzheimer's Related Disorders India (ARDSI) awarded "Dementia Friendly Hospital" to Bangalore Baptist Hospital.



Dr Alexander Thomas

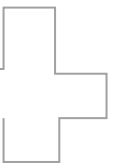
Founder-Member and President of the Association of Healthcare Providers of India (AHPI), Association of National Board Accredited Institutions (ANBAI), and Patron of the Consortium of Accredited Healthcare Organizations (CAHO) and Consultant to the World Bank, Dr Alexander Thomas has served the healthcare sector for over 30 years. His vision is to strengthen quality healthcare service delivery at all levels. He has great vision for geriatric care. Dr Thomas has played a key role in effecting several far-reaching changes within the healthcare landscape.



Lt Col (Dr) Vivek Aggarwal

Associate Professor, Department of Medicine (Geriatrics Division), Armed Forces Medical College, Pune, Dr Vivek Aggarwal was commissioned in Army Medical Corps of Indian Armed Forces on 22nd July 1998 and is presently serving as Associate Professor at Department of Internal Medicine (Geriatrics Division), Armed Forces Medical College, Pune. He has done his super specialization with one year training in Geriatrics from Christian Medical College, Vellore. He is a first physician of Armed Forces Medical Services to be trained in Geriatrics. He has taken a keen interest to promote research and training in Geriatrics and has initiated various research projects in Geriatrics.





Dr Anupam Sachdeva



Head of Pediatric Hematology Oncology and BMT unit at Sir Ganga Ram Hospital, New Delhi, India, Dr Anupam Sachdeva has been practising this specialty for the last 28 years. He has served as the President of Paediatric Hematology Oncology Chapter of India in the year 2007-2008.

He is the man behind starting formal training programme in this field in India. So far 40 fellows have been trained under his mentorship in the last 13 years. Presently, he is the Chairman of Department of Paediatrics at Sir Ganga Ram Hospital, New Delhi.



Pankaj Sandyal,
CEO Rankers Group of Hospita



**Dr Kapil
Zirpe**

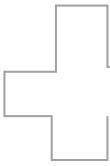
Director of the Neuro-Trauma Unit (NTU) & Head, Cadaver Donor Transplant Program at Ruby Hall Clinic, Pune, Dr Zirpe is an active member of the steering committee responsible for National Accreditation Policy and is entrusted with the maintaining quality indicators in his ICU. He had a vital role in the development of academic curriculum in critical care medicine at his hospital. He is an established teacher and examiner for various critical care training courses. He has shown keen interest in research. In view of increasing number of geriatric patients and considering their complexity, prolonged stay and vulnerability, he established a High Dependency Unit (HDU) in 2003.



Professor of Medicine, Dean Student Affairs, BLDE, Master Trainer, National Programme of Health Care of Elderly (NPHCE), Karnataka and Maharashtra states, Dr Anand P. Ambali has pioneered in starting Geriatric Clinic (2007), Dementia Clinic (2014) & Immunization Clinic (2019) at Shri B M

Patil Medical College Hospital and Research Centre, Vijayapura. He is Adjunct Faculty, Department of Medical Education; Fellow, Geriatric Society of India, and Indian College of Physicians. He holds specialization in Geriatric Medicine, Certificate Course in Palliative Care, and Short Course in Gerontology,

United Nations. Scholar, Commonwealth for MSc in Dementia at the University of Stirling, Scotland, he is a recipient of state award from Government of Karnataka in 2016. He has submitted research papers and held deliberations at national and international conferences.



Dr Pratibha Pereira

At present, working as Professor, JSS Medical College Mysore, Dr. Pratibha Pereira has been instrumental in the development of standards for accreditations at, NABH. Dr. Pereira chairs the Technical Committee of NABH for the accreditations of ethics committee. She is the Principal Assessor of NABH for the accreditations of ethics committee. She has several publications in reputed national & international journals to her credit. She holds specialization and experience in quality areas of geriatrics, clinical research and standards of quality for the hospital. She also actively participated in the running of a clinical Pharmacology unit, Endocrinology unit and a diabetic clinic in K.M.C. Hospital, Attavar, Mangalore.

She had registered 400 diabetic patients and 180 cases of thyroid diseases and during a period of one year had completed three clinical trials. From August 2010 onwards, she headed the Clinical Research Centre at Manipal Hospital, Bangalore



Dr Surekha V

Head, Department of Geriatrics, Christian Medical College Vellore, Dr Surekha V is working as part of Core Group, Medical Education –Nodal Centre, CMC Vellore. Presently, she is involved in distance education and giving training. She specialises in Ortho Geriatric Liaison and Vascular Surgery Liaison.



Dr Neelam Mohan

Best in Department of Pediatric Gastroenterology, Hepatology & Liver Transplantation. She sits in Medanta Super Specialty Hospital, Gurgaon



Dr Aabha Chaudhary

Founder Chairperson of Anugraha, a National NGO in India, she is an alumna of United Nations International Institute on Ageing, Malta & PhD on rural elderly women. An international expert in gerontology & gender issues, she has worked as an expert with UN agencies. She has been invited as resource person in International forums in USA, Europe, Canada, Mauritius, Indonesia, and Asia Pacific. In 1997, she was awarded fellowship by Rotary International Foundation to visit California, USA. She is also a member of the State Council for Older Persons, Govt. of Delhi, visiting faculty in Tokyo University, expert member in National Human Rights Commission & various ministries in states & national government

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MOMENTS IMMORTALISED

It was a lensman's delight to capture the Conclave that brought forth fresh perspectives through engaging dialogues with the healthcare visionaries, experts, and other key stakeholders. And, the Awards Ceremony that honoured the deserving professionals and institutions working to alleviate the sufferings of humanity provided moments of everlasting beauty...



A COMPLETE HEALTH JOURNAL
Double Helical
Presents

NATIONAL HEALTH AWARDS 2019

Double Helical Health Conclave on "Geriatric Care"
February 17th 2020 at Hotel The Lalit, New Delhi

POWERED BY





PHOTO FEATURE - GLIMPSES OF NATIONAL HEALTH CONCLAVE & AWARDS





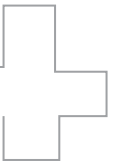
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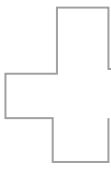












BUILDING BONDS

Organisations can achieve a healthy growth by adhering to the time-tested policy of employee-engagement because a satisfied and happy employee is an enduring asset

BY RITU KALRA

Employees represent the mainstay and the backbone of an organisation. Lack of engaged employees is one of the key reasons behind the failure of an organisation. Most of the times, this happens when the leadership pays more attention on the context of strategy rather than making people involved to produce the desired outcomes.

The involvement of employees becomes more important in planning, service delivery and decision-making for ensuring the responsiveness, quality and effectiveness of the programmes, techniques and service. This not only builds a bond of trust between the employee and the employer but also initiates a process of strengthening the trajectory of revenue growth which can be directly affected by the employee's contribution.

Employees, in general, do not come to work for the money only despite their financial commitments in life. At the top of it there is an unwritten, hidden, unspoken, undeclared longing which they may manifest as "recognition" and "acknowledgement" or "the feeling I've done well".

Let us discuss some of the things that an organisation can do to improve the levels of employee engagement and enhance their productivity and efficacy:

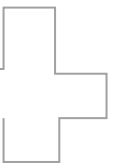


- Arrange for employees to meet one-on-one every fortnight with their manager or supervisors so they get an opportunity to say what they have.
- Set a separate budget for employee training and development to improve employee learning activities.
- Create a comprehensive employee on-boarding process to improve employee engagement levels for new employees.
- Having the leadership of the organization to give clarity on the vision, mission, and goals of the organization, so the employees know what are the organization's expectations



from them.

The need to increase engagement is paramount. Recent surveys show that it is on the rise, but the overall picture is still pretty bleak. Leaders must act consciously and thoughtfully to have the employee engagement plan in place. Here are few tips to create an effective employee engagement plan:



- Make it short, simple and clear
- Communicate through a dialogue rather than a monologue
- Frame it in a strategic context to align with the organisational strategic plan
- Create a “hook” that catches the attention of the employees and persuade them to buy it with their own interest
- Be candid, honest and forthcoming so that people believe it is real and genuine and not just following
- Be Strategic. Organizations are generally good at communicating to the employees about other long-term strategies that align with their growth, but when it comes to employee engagement, leadership tends to go mute on it.
- Integrate. Make sure to integrate employee engagement action plan with your organization’s other plans and strategies and effectively communicate it to your employees. Do update your employees if there are any changes proposed in the plan,



fill in the gap.

- Send out surveys at fixed time intervals. Keep your employee engagement survey short and precise.
- Don't stop, no matter what. Don't feel disappointed if you don't achieve the desired results in the first go. Remember Rome was not built in a day. There is always something new affecting your culture. There is always a scope to fine-tune what you are doing to achieve better results.

Benefits of Employee Engagement Action Plan

Here are some of the crucial benefits of a well-crafted action plan:

1. Better productivity

Studies have shown that engaged employees are more diligent than their counterparts. In fact, a study shows they are 43% more productive than employees who



just show up to work without any motivation at all. It's true for most businesses: employees who are more invested or engaged in their workplace feel it's their personal responsibility to get the dice rolling.

2. Increased employee satisfaction

Better levels of employee satisfaction lead to internal marketing advantages for an organization/business. Doesn't matter what business you are running, it is always good to have employees who can vouch for the organization and be the brand advocate, thus increasing employee Net Promoter Score. With social media platforms being more powerful than ever one negative word of mouth from them can ruin the brand's reputation. Look at the upside, what can a positive talk from an employee who is satisfied and happy at work do for your brand then!

3. Lower attrition rate

Naturally, employees who are satisfied in their workplaces tend to stay longer in the organization, as a result, companies with higher levels of employee engagement experience lower attrition rates. Better levels of engagement and lower attrition rates will surely take your organization places and also help you perform better in the ever-growing competitive business market. Companies in the 21st century have realized they don't only have to fight the local business but the fight to stay ahead is global.


4. Better work-life balance

Employees who are interested in their work are more likely to strike a good work-life balance. It is a mutually beneficial relationship. While employees feel the need to work hard and spend their time wisely at work, employers feel happy about their employees being diligent at work. Employee engagement helps employees

achieve their goals and targets while the efforts of employers to recognize this increases engagement.

5. Revenue growth

Last but not the least, you cannot undermine the financial benefits of keeping your employees engaged. A workforce that is personally invested in the organization will help your business register better revenue growth. In fact, according to Watson Wyatt, companies with higher levels of engagement generate 26% more revenue growth than their counterparts.

Finally, the more you engage your employees, the more you trust them, the more you appreciate and recognise them, the more they'll give you in return. 

(The author is Head, HR at Indian Spine Injury Centre, New Delhi)

ADDING LIFE TO YEARS

The Decade of Healthy Ageing 2020-2030 aims at developing national policies for healthy ageing, improving engagement with older people, strengthening health and long-term care system and evolving a multisectoral approach

BY DR INDER PRAKASH

Old age consists of ages nearing or surpassing the average life span of human beings. The boundary of old age cannot be defined exactly, because it does not have the same meaning in all societies. The Government of India adopted 'National Policy on Older Persons' in January, 1999. The policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above. Further, older persons are classified as (a) Young old - Aged 60-69 years, (b) Older old - Aged 70-79 and (c) Oldest old - Ages 80 years and above.

Transition & Projections

The number of older persons in India has increased from 2.01 (5.5%) crores in 1950 to 10.38 crores (8.6%) in 2011 and it is projected to increase to 32.43 crores (20.6%) by 2050. The changing dynamics in demographic structure are reflected in decline in sex ratio, fertility, potential support ratio, labour force participation, as juxtaposed with enhanced longevity, and increase in old-age dependency ratio. The difference is that in developed countries, it took 100 years for the share of elderly population to rise from 7% to 14%, and most developed



**DR INDER PRAKASH**

countries have already expanded and diversified their system of social security and health care. But in developing regions there remain major shortcomings and unmet needs of the older population. Thus, the profound, pervasive and enduring consequences of population ageing present enormous opportunities as well as challenges for all societies. No time left to think, the work is to be done on a war footing.

Issues and concerns

With increasing age, the older people suffer more morbidity i.e. 75.68% have one or other disease, 53.63% have one chronic disease, 20.83 have two chronic diseases and 3.01 % have three chronic diseases. Above all, 8% of older people are confined to bed. Thus, the older people have different needs, which are (a) promotive and preventive care for the healthy elderly, (b) preventive and curative care for all those having one disease, (c) curative and rehabilitation care for those having two diseases and (d) long-term care for those

having three disease and confined to bed other issues of the older people are ageism, feminization, physiological, socio-economic issues, myths associated with older people and unprepared system.

Thus, it is observed that health in the aged is not random, there is no typical older person. Biologically, ageing results from molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity. But these changes are neither linear nor consistent, and are only loosely associated with a person's age in years. One 70-year-old person may enjoy extremely good health and functioning, other 70 year-olds may be frail. Beyond biological changes, ageing is also associated with other life transitions such as retirement, relocation to more appropriate housing, and the death of friends and partners. Evolving a public-health response to ageing requires concerted and sustained efforts that may reinforce recovery, adaptation and psychosocial growth, so that no one is left behind.

Milestones

The WHO adopted Vienna International Plan of Action on Ageing (VIPAA) in 1982, wherein governments were urged to devote more attention to the ageing population. In 1990, October 1 was declared as the International Day of Older Persons. The day is celebrated by raising awareness about issues affecting the elderly. Celebrated in recognition of humanity's demographic coming of age and promise, it calls for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century. Subsequently, in 1991, principles for older persons were adopted that are divided into five different clusters of relevant issues of independence, participation, care, self-fulfillment and dignity. Finally, in 2002 Madrid International Plan of Action on Ageing (MIPAA)



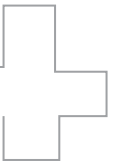
conceptualized a framework for national strategies for implementation by member states.

Welfare Schemes for Older People in India

Based on recommendations of the National Policy for Older Persons 1999 and provisions contained in MIPPA, the Ministry of Health & FW launched national programme for health care of the elderly with the objectives to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to ageing population. The programme has three components (a) NHM Component supporting SCs, PHCs, CHCs and district hospitals (b) Tertiary component consisting of 19 Regional Geriatric Centres and two National Centres for Ageing, and (c) the central component consisting of monitoring and evaluation of programme, information education and communication and research in geriatric care. Recently, the

government of India has launched Ayushman Bharat programme that has two components of Comprehensive Health Care Services through H&WC and National Health Protection Scheme. Health care of the elderly is among the twelve services identified under this programme.

Today, we have a number of schemes supporting welfare of the older people such as National Policy for Older Persons (NPOP 1999), Integrated Programme for Older Persons (IPOP), International Day for Older Persons (IDOP), Maintenance of Welfare of Parents and Senior Citizens (MWPSA) Act 2007, National Council for Older Persons (NCOP), and Vayoshreshtha Samman. Besides various Non-Government Organizations (NGOs) and Old Age Institutions, various schemes for older population are run by M/o Rural Development, M/o Finance, M/o Home Affairs, M/o Railways, M/o Civil Aviation, M/o Road Transport, D/o Telecommunication, M/o Consumer



Affairs, M/o Legal affairs and Municipal Corporation of Delhi.

Other pro-elderly initiatives include Pradhan Mantri Suraksha Bima Yojana, Atal Pension Yojana, Health Insurance for Senior Citizens, Varishtha Pension Bima Yojana 2017, Scheme for providing aids and Assistive appliances, Sr. Citizen's Welfare Fund, and South Asia Partnership on Ageing.

The WHO constituted a working group in 2015 to assess the progress made in the implementation of MIPPA. The world report on ageing 2015 was published in 2016. It pointed out many gaps in the implementation of MIPPA strategies. The report suggested the concept of healthy ageing and proposed decade of healthy ageing 2020-2030.

Healthy ageing is a process of developing and maintaining the functional ability that enable wellbeing in older age. Three dimensions of healthy ageing are: Functional ability, intrinsic capacity and environment.

Proposed global and regional strategies for healthy ageing include:

- Developing a country driven, outcome-oriented plan & policy for healthy ageing
- Adaptation of the health system to the challenges of population ageing and health needs of older population
- Developing system for long-term care of the elderly people
- Adaptation of a life course approach to promote healthy ageing
- Multisectoral approach and partnership
- Improving measurement, monitoring and understanding.

The Decade of Healthy Ageing (2020-2030) is an opportunity to bring together the governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the


communities in which they live. The need for concerted & sustained action for healthy ageing was felt because of longer life spans. Adding life to years depends on healthy status and leaving no one behind and health care equalities. It needs building a solid foundation, and aligning with agenda 2030.

Vision & goals of the Decade of Healthy Ageing are: a world where everyone can live a long and healthy life; evidence based action to maximize functional ability that reaches every person and establish partnership necessary to support the goal of healthy ageing.

The issues to focus during the decade include improving engagement with older people; understanding older people's needs and unmet needs; developing long-term care and improving multisectoral action. The stress is on achieving healthy life expectancy, age-friendly cities and communities and reducing number of older people who are care dependent.

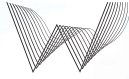
Areas for action identified are: change how we think, feel and act towards age and ageism; ensure that communities foster the abilities of older people; ensure person-centered integrated care for older people; provide access to long-term care within community and support; partnering for change; hear and respond to diverse voices and enable potential; nurture leadership, governance and capacities at all levels; connect stakeholders at all levels and foster research, knowledge exchange and innovation.

Conclusion

It is hoped that the above approach will support activities for the welfare of the older people, who, in turn, will have healthy lives having maximum functional ability and intrinsic capacity to lead a dignified, independent life. 

(The author is Deputy Director General (PH) Dte. GHS, Ministry of Health and Family Welfare, New Delhi)

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