

Newsletter of
NEUROTRAUMA SOCIETY OF INDIA
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April 2010



From the Secretary's Desk

Trauma Quality Improvement globally: Quality Improvement programmes are generally regarded as a major foundation of trauma systems in high-income countries. Quality Improvement is based on structured and continuous evaluations of processes of care and outcomes. The hard work and motivation of clinicians, although important, are not enough, and especially not enough to understand and address systems issues. The goal is to minimize the gap between theory and the realities of implementation. For example, in the United Kingdom, the British Trauma Society mandated that all hospitals caring for major trauma patients should have an audit programme to maintain quality standards in trauma care. In the United States, the American College of Surgeons (ACS) has established criteria that hospitals caring for the injured must meet in order to be designated as various levels of trauma centers. The presence and adequate functioning of a Quality Improvement programme is a criterion of major importance in trauma centre verification visits by the ACS. Moreover, it is the criterion that is most often found deficient in such visits. A review of verification visits to 179 hospitals showed that the leading factor associated with unsuccessful review was the absence or deficiencies in Quality Improvement programmes. Examples of the Quality Improvement deficiencies included failure to correct problems that had been identified, lack of documentation (especially of doctor response times), lack of adherence to protocols, lack of

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TRAUMA RECEPTION AND RESUSCITATION TRAINING IN PUNJAB

No continent bears a greater burden from road trauma than Asia. India ranks number one in the world in terms of the absolute number of persons killed in road collisions, and more than one million are injured every year. Similarly, in Sri Lanka, injury is the leading cause of hospitalisation, and road trauma accounts for the greatest cause of injuries.



Since 2004, there has been a well-established relationship between Christian Medical College (CMC) in Ludhiana, Punjab, India & The Alfred Hospital, Melbourne, Australia. Such exchanges have ranged from short visits by key stakeholders to the near completion of Australasian College for Emergency Medicine (ACEM) fellowship training by several CMC alumni.

The Emergency and Trauma Centre (E&TC) at CMC Ludhiana has shown considerable initiative in the domain of trauma reception through the training and equipping of motorcycle paramedics, particularly suited to the congested streets of this large industrial city, in a country where prehospital care remains rudimentary. Dr Yashbir Dewan, formerly the Director of Neurosurgery and head Department of Emergency and trauma care, Dr. Rajeev Kapoor, head of Surgery and Dr. Rajesh Paul, Professor of Orthopaedics, at CMC, played a lead role in these developments of the local prehospital system. Similarly, the E&TC itself has been blessed with an experienced and enthusiastic group of medical and nursing staff.

In Galle, Sri Lanka, AusAID (Australian Agency for International Development), have supported programs conducted by the Alfred Emergency and Trauma Centre (E&TC) since 2006 to provide capacity-building in trauma reception and resuscitation in advance of the 2010 completion of the Emergency Trauma Centre, funded by the Victorian Government. This assistance arose following the devastating impact of the Indian Ocean tsunami upon southern Sri Lanka.

The South Asia Trauma Reception and Resuscitation (SATRR) Training Program was founded on these well-established linkages. It is an AusAID-funded program allowing emergency physicians and trauma nurses from The Alfred to provide training in acute trauma care for staff from Punjab, India, and from Kandy and Galle in Sri Lanka.

The aim of the SATRR Training Program was to enhance Indian and Sri Lankan emergency clinicians' understanding and skill in the reception and resuscitation of critically injured patients. The ultimate goal of focusing upon acute trauma care was to reduce the mortality and long term disability from injury.

For the first phase of this program, conducted over 3 weeks in July 2009, 12 staff (medical

and nursing) from the Alfred E&TC provided informal and formal trauma care training in Punjab, India. This occurred principally at CMC Ludhiana, but also included visits of support to Government Hospitals in the cities of Ludhiana, Jalandhar, Amritsar, Bhatinda and Hoshiapur. For the Formal Training Program of the second week, there were 26 participants (12 doctors and 14 nurses): 10 from CMC Ludhiana; 10 from Government Hospitals across Punjab; 2 from Delhi; 2 from Kandy, Sri Lanka; and 2 from Galle, Sri Lanka. The Formal Training Program used a mixture of short lectures, small group tutorials and skill stations, and team-based scenarios. From the experience gleaned in the delivery of an extended program in Sri Lanka, there was an emphasis upon integrated team-based trauma resuscitation scenarios. Pre- and post course evaluations were completed and the participant feedback was very positive.

Of the participants, 8 “Trainers” were selected (4 from Punjab, and 4 from Sri Lanka). These staff were provided an extra half day focusing on educational principles and skills, so that the sustainability and propagation of the new learning might be better facilitated.

The second phase of the program occurred in Sri Lanka in December 2009, where the Alfred E&TC team provided further on-the-ground support to the 4 Trauma Trainers in Kandy and Galle, Sri Lanka.

The SATRR Training Program participants attained an increase in knowledge and skills in the initial assessment and resuscitation of trauma patients. This was demonstrated through various modes of evaluation including: post-course surveys; multiple choice and short answer questions; and the observation of team-based initial assessment scenarios. In particular, the Program participants showed improvement in the rapid and coordinated assessment of patients with severe head injury, chest injury and shock. To assess for the achievement of the ultimate goal – a reduction in trauma-related mortality and morbidity – hospital-based trauma-patient data needs to be accessible. Till date, very few centers are equipped with such a trauma registry.

Challenges posed during the delivery of the SATRR Training Program were consistent with the characteristics of providing emergency trauma care in India in general. Within Punjab, alone, the Program participants worked in a diverse set of contexts. The Government-funded Civil Hospitals are under-resourced, whilst the relatively well-resourced CMC (private not-for-profit) would be unable to sustain its level of trauma care provision without charging patients a fee. To provide immediate and effective trauma care to all injured patients in a sustainable fashion, there needs to be a state-based, if not national, compulsory insurance, perhaps linked to vehicle registration, as a funding source for those hospitals providing emergency trauma care. All injured patients, regardless of fault, ought to have non-fee based access to such care,

The AusAID-funded SATRR Training Program, hosted by CMC Ludhiana, allowed the collaboration of emergency clinicians from Melbourne, Australia, Punjab, Delhi, and Sri Lanka, in an effort to provide injured patients an improved level of trauma reception and resuscitation in South Asia. The coordinated, team-based, timely and systematic approach to the delivery of emergency trauma care was valued by the participating emergency clinicians.

Dr Gerard O'Reilly

MBBS FACEM MPH (International Health) MBiostat
Emergency Physician and International Operations Manager
Emergency and Trauma Centre, The Alfred, Melbourne, Australia

Applications are invited on the plain paper OR Via email for hosting the
Annual Conference of the National Neurotrauma Society of India for the year 2012.

Kindly furnish following details in the application

Name and address of member inviting the Conference [with PIN Code & Tel. Nos./Fax/Email]

Proposed Organizing Secretary and his address [with PIN Code & Tel. Nos./Fax/Email]

Institution / Site where the conference is to be held [with full postal address and Tel.Nos./Fax Email]
Air, Rail & Road connections available.

Facilities available:-

- a) No. of conference halls and their seating capacity
- b) Audio/Video/Visual facilities.
- c) Electricity and alternate arrangements
- d) Hotel / Hostel / Guest House accommodations available
- e) Facilities for catering services.
- f) Telephone facilities.
- g) Space available for - Posters / exhibits/ Exhibition stalls for drugs / instruments
 1. No. of Neuroscientists available for helping the Organizing Secretary.
 2. Certificate from the President & Secy. of the Neurosciences Group of the city.
 3. Proposed registration fee
 4. Recommendation of head of Institution [when venue is in an Institution]

**Last Date:
30th June
2010**

Date:

Signature

You need to provide / comply with following additional information:

1. Four symposium topic should be submitted out of which two or three can be selected by the EC at the time of allotting the conference.
2. Should suggest the 2 Orators for each of the four orations Dr. P.S. Ramani Oration / Dr. Rengachari Oration / Dr. A. D Sehgal Oration / Dr. A. D Sehgal Oration and Dr. A.K. Banerji Oration final selection would be made by EC.
3. Declare the organizing committee at the time of bidding.
4. Realistic scientific programme according to the schedule should be declared we will provide the blank chart with scheduled programme already listed i.e Orations / E.C meeting / GBM etc.
5. Should have a website ready which should be activated immediately after the allotment of the conference.

**20th Annual Conference of Neurotrauma Society of India
Ranchi, India August, 2011**

Dr. Sanjay Kumar, Organizing Secretary

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attendance to a regular multidisciplinary Quality Improvement conference, and lack of utilization of an existing trauma registry to support a Quality Improvement programme. The situation is far more pronounced in country like India. Notably, formal trauma-related Quality Improvement programmes are completely absent, as are trauma registries. Given this dearth of trauma Quality Improvement activities in hospitals and trauma systems globally, and given the low cost and potential benefits of such activities for strengthening trauma care. Upgrading of trauma Quality Improvement activities globally, whether through formal Quality Improvement programmes in larger hospitals or by the incorporation of trauma cases into broader Quality Improvement programmes in smaller facilities is important for strengthening of care to trauma patients.

Yashbir Dewan, Secretary

From: Guidelines for trauma quality improvement programmes: World Health Organization 2009

PROPOSAL FOR HONORARY MEMBERSHIP OF NTSI

Last Date: MID NIGHT OF 15th June 2010

Proposals are invited for the honorary membership of Neurotrauma Society of India

Who Is Eligible

1. Honorary Membership shall be restricted to senior distinguished persons who have contributed to management of Neurotrauma with an international reputation.
2. An Honorary Member shall be proposed and seconded by full members of good standing only.
3. The executive Committee will be the admitting authority to this category of membership.
4. Honorary members shall have all the privilege of membership, except those of voting and serving as office bearers.
5. They shall be exempted from payment of any subscription
6. Honorary membership will be conferred during the next Annual Neurotrauma Society meeting.

How to Apply

1. Apply on plain paper, application should be proposed by a life member and seconded by two life members
2. Send CV of the Proposed Honorary member along with short summary of his work for Neurosurgery/ Neurotrauma.
3. You can apply electronically at below given email address
4. In case you are applying by email proposer and seconder should send a separate e mail from there email ID stating that they propose and second the name.

Where to Send the Application:

1. **Post your applications to**
Dr. Yashbir Dewan - Hon. Secretary
Neurotrauma Society of India
K-20, 1st Floor, Lajpat Nagar-III, New Delhi-110024
2. **If applying electronically send application to ntsisecretary@gmail.com**
Last date of receiving the Application: **MID NIGHT OF 15th June 2010**

Neurotrauma Institutional Award

Proposals are invited for Neurotrauma Institutional Award of Neurotrauma Society of India for the year 2009- 2010 to be awarded during the National Neurotrauma conference at Chennai.

1. Best work done in Neurotrauma by the institution from 1st April 2009 to 31st March, 2010.
2. Institutions who have already received the award during the past will not be considered for the award.
3. Work done during the last one year will be evaluated
4. Award will be decided by the three member committee appointed by the Executive committee of Neurotrauma society of India.
5. Award consists of cash prize of Rs. 10000=00, certificate and a plaque.
6. Award will be given at the closing ceremony.
7. Last date for receiving the manuscript is **30th June 2010**

GUIDE LINES FOR SUBMISSION OF MANUSCRIPT

1. Brief background about the institution
2. Introduction of Neurotrauma / Trauma department contesting for the award.
3. Pre Hospital Care : Number of ambulances –Staffing of ambulances with staff training and qualification- Number of calls per day- Recording of calls-Response time.
4. Staff distribution in the trauma facility along with Qualifications
5. In hospital reception resuscitation & Triage system
6. Facilities available in trauma area- CT scan with distance- Xray unit –Portable Xray ultrasound- ECG- Ventilators etc.
7. Doctors exclusively working in Trauma facility with qualifications with detailed CV of person heading the Trauma centre
8. Training facility if available and equipment at your disposal
9. Running any BCLS/ ATLS or other courses-Course organized in last 1 year
10. Trauma registry- provide brief report of the type of registry being maintained
11. Publications or research activity details
12. Participating in any clinical trials - details
13. Provide photograph of your Institute- department (Max three photo graphs)
14. Use graphs charts where ever required.

***19th Annual Conference of Neurotrauma Society of India
Chennai, India 20-22 August, 2010***

Dr. V. Sundar, Organizing Secretary

www.neurotrauma2010.com

CLINICAL TRIALS WHICH COULD ALTER THE CURRENT NEUROTRAUMA PRACTISE

CRASH 2 Recruitment is over- results awaited



Each year, worldwide, more than five million people die as a result of injuries and violence. Injuries and violence account for as many deaths as from HIV, malaria and tuberculosis combined. In India, about 700,000 people die each year from trauma and about 86,000 of these are due to haemorrhage.

Over the past five years, over 80 hospitals in India have been collaborating with other doctors from 40 countries on a large international collaborative trial (CRASH-2) to see if a simple and widely practicable treatment (tranexamic acid), could reduce mortality from haemorrhage.

The results of this international trial, which recruited over 20,000 patients worldwide, will be released in the next few weeks. We anticipate that the results of this trial will have a huge impact on the way trauma patients are treated worldwide in the future. These results will be especially important for India which has the highest incidence of trauma in world.



THE DECRA TRIAL

DECRA recruitment is near completion

DECRA TRIAL: Multi-centre prospective randomised trial of early decompressive craniectomy in patients with severe traumatic brain injury (DECRA). Severe head injury is the major cause of death in trauma patients admitted to the hospitals, and with current best

practice Medicine, only about one third of patients are able to live independently in the long term. The rest are severely disabled or dead. Brain swelling in the days after injury increases the severity of brain injury and the usual control measures in intensive care are often ineffective. The DECRA trial will answer the question "Does decompressive craniectomy improve outcome for patients with severe diffuse traumatic brain injury (TBI) and brain swelling?". The question is considered of great importance internationally and can only be answered with an international multi-centre randomised control trial.

ELECTION NOTICE

Last Date: **MID NIGHT OF 30th June 2010**

Applications are invited for the post of President elect 2010-2011 of Neurotrauma Society of India. The President elect shall automatically become President in the following year. There shall be no election for the post of President. Eligible candidates can apply for the post.

Who Is Eligible

1. Only life members can contest for the post.
2. You should have been a full member for a continuous period of 5 years.
3. No members of E. C. can take charge of office of any other post of the Society without completing the term of existing post.
4. No member is eligible to contest for more than one post in the same election

How to Apply

1. Apply on plain paper, application should be proposed by a life member and seconded by two life members
2. Send your CV and short summary of your work for Neurosurgery/ Neurotrauma.
3. You can apply electronically at below given email address
4. In case you are applying by email your proposer and seconder should send a separate e mail from there email ID stating that they propose your name for the said post.

Where to Send the Application:

1. Post your applications to
Dr. Yashbir Dewan - Hon. Secretary
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K-20, 1st Floor, Lajpat Nagar-III, New Delhi-110024
2. If applying electronically send application to **ntssecretary@gmail.com**
Last date of receiving the Application: **MID NIGHT OF 30th June 2010**

Membership Fees

Associate Members

Admission Fees	Rs. 300/-
3 years subscription	Rs. 900/-
Total	Rs.1200/-

Full Members

Admission Fees	Rs. 800/-
Life membership	Rs. 2,500/- (once)
Total	Rs. 3,300/-

- ☞ Conversion of associate member to full member : By paying Life membership subscription Fees Rs. 2500/-.
- ☞ DD/cheque to be drawn in favour of “**Neurotrauma Society of India**” Payable at the city of residence of Treasurer NTSI. Out station bank charges Rs.100/- to be included in the cheque.

Send your complete Forms alongwith cheque/draft –

Dr. Yashbir Dewan

K-20, First Floor
Lajpat Nagar-III
New Delhi - 110024
ydewan@yahoo.com
+919999948648
www.ntsi.in

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