Vellore News

Apr 2021

SA FOV Presentations Evening

SA FOV Annual Dinner Details

CMC COVID Updates

CMCH Vellore Web site:	http://www.cmch-vellore.edu
Australian FOV web site:	http://www.australianfov.net.au
SA FOV email:	safriendsofvellore@gmail.com

Vellore Presentations Evening

7:00pm, Fri 14th May, 2021
Rosefield Uniting Church
2 Carlton St, Highgate

Dr Anil Roy, a former student and member of the faculty at CMC Vellore, will share some of his life-changing experiences from his time at Vellore, entitled:

"***Beyond Medicine - Lessons from Vellore***".

Dr Roy is currently working as a Senior Consultant in Respiratory Medicine at The Queen Elizabeth Hospital in South Australia

All welcome!

Supper will be provided afterwards where you can chat with Anil and each other in an informal and relaxed setting.

The SA Friends of Vellore Annual Dinner is back for 2021!

Sat 21st Aug 2021
John DiFede Centre, Windsor Gardens

At this stage we anticipate being able to hold a successful SA FOV Annual Dinner in 2021. Of course, it will be subject to the COVID situation at the time but we are hopeful that with an improved vaccine rollout over the next few months and continued COVID diligence that the dinner can take place and be a wonderful event.

Keep this date free! More details to come.

A reminder that if you wish to receive this newsletter by email and no longer require the paper form, please email: safriendsofvellore@gmail.com
Remember to let us know if you change your email address.

Upcoming Events At A Glance

7pm, Fri 14th May, 2021
Clinical Presentations Evening
Rosefield Uniting Church

Sat 21st Aug, 2021
SA FOV Annual Dinner
John DiFede Centre
Windsor Gardens

A New Year's Message from the Director of CMC Vellore

Many of us would probably approach 2020 as a year that should be forgotten or would wish to pass it off as a bad dream. In one sense, it was a year that threw life totally out of gear. On the other hand, it was a year that compelled us to pause, reflect, introspect, adapt and change. When we look back, we realize that we have been protected, preserved, provided for and led by God's mighty hand.

Aunt Ida's words to the first medical graduating batch, nearly 100 years ago remains relevant. On her 150th birth anniversary, we were reminded that, "You will not only be curing diseases, but will also be battling with epidemics, plagues and pestilences and preventing them." These words encouraged us to remain true to our calling during the difficult times of the COVID pandemic.

Two passages from the Bible give us insight on the divine and human response to difficulties. The passage from Isaiah 54:10 (NIV) is a divine assurance in a calamitous situation; "Though the mountains be shaken and the hills be removed, yet my unfailing love for you will not be shaken nor my covenant of peace be removed," says the Lord, who has compassion on you". The words of the Psalmist in Psalm 46:1 echoes a human response to troubles; "God is our refuge and strength, an ever-present help in trouble." His ever-present help enabled us to not only tide through the pandemic but also be a source of hope and healing to the people who came to our institution seeking healthcare.

This passage from Isaiah also talks about God's unfailing love and covenant of peace during difficulties. These themes resonate through other passages in the Bible in Romans 8:39, "Neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord" and in Philippians 4:7, "the peace of God which surpasses all understanding will guard your hearts and your minds in Christ Jesus." It is in Him that we find true peace in the midst of the storm.

As we look forward to the New Year, I wish to close with an inspirational quote. "A meaningful life is not about being rich, being popular, being highly educated or being perfect – it is about being real, being humble, being strong and being able to share ourselves and touch the lives of others" (Author unknown). May CMC continue to be a beacon of light in this world.

Have a blessed New Year 2021
Dr. J.V. Peter
Director

CMC Newsline Dec 28th, 2020

Collaboration is the Key Focus Area during this Pandemic Year for CMC Vellore

from the Healthcare Executive Website

CMC Vellore's holistic approach to pandemic management once again sets the bar high for healthcare delivery.

Last year, Christian Medical College Vellore, received several accolades for its contributions in combating COVID-19 pandemic. The hospital treated thousands of COVID patients and developed its own pandemic guidelines. More than that, they also trained several hundreds of doctors, nurses and community workers in remote parts of the country through capacity-building efforts.

They also explicitly stayed away from unproven drugs due to the lack of efficacy data, costs and potential side effects, even though they were willing to use them in a clinical trial platform. The hospital organised a "Manna Meal scheme" where patients and families stuck in the hospital or the lodges during the lockdown could avail of free meals. Over 15,000 coupons were distributed during the lockdown period. Further, food was distributed to families in the tribal areas (where the outreach team usually provides healthcare) during the lockdown.

Current and former faculty of CMC are a credible voice during COVID. This includes Dr JP Muliyil, Dr Jacob John, Dr. M.S. Seshadri, Dr. O.C. Abraham, Dr Gagandeep Kang initially as part of THSTI and subsequently from CMC, and Dr Priya Abraham deputed to National Institute of Virology, Pune from CMC.

In an exclusive telephonic interview with Arunima Rajan, Dr JV Peter, Director of Christian Medical College, Vellore, talks about how lean management and streamlining operations are vital to mitigating risks and how it can be challenging in large institutions.

What are the lessons that your hospital has learned from practising medicine in 2020, and how are you making sure that you are prepared next time?

Teamwork: We saw the value of teamwork during the pandemic. There was a sense of ownership and participation that translated to involvement in COVID related activities.

Innovation and repurposing areas: The hospital was segregated into COVID and non-COVID zones, manned by different teams. The General Superintendent's office ensured process flow from supply counters to donning zones to clinical areas and on completion of work to doffing zones and shower areas. Modifications were made to ICUs and ward areas were converted to ICUs, ensuring additional air-exchanges and exhaust systems. COVID zone was compartmentalised into screening, suspect and positive areas for medical, surgical, obstetric, neonatal and ICU patients.

Task shifting: There were task shifting and re-allocation of workforce involving medical, nursing and allied health staff from non-core medicine areas who were trained to look after patients in Level 0 and Level 1 areas while those with core medicine, infectious disease, pulmonary medicine and anaesthesia background received additional and specialised training to man Level 2 and 3 areas; all areas had 24-hour onsite medical and nursing personnel. At the pandemic's peak, there were 880 designated beds for COVID, including 90+ ICU beds. Over 10,300 patients have been admitted and treated so far at CMC.

Emphasis on staff protection: The institution placed enormous emphasis on protecting its employees despite the considerable cost in the procurement of PPE, particularly during the initial part of the pandemic. We are happy to state that despite a workforce of over 10,000 staff, although some developed COVID, mainly from the community, there was no healthcare worker fatality with COVID.

Importance of a Hospital Infection Control Committee (HICC) and healthcare workers' training: Knowledge empowers and reduces fear and panic. This was possible through the development of in-house training programs and guidelines. The hospital has an established HICC chaired by the Medical Superintendent and comprising of ID specialists, microbiologists and clinicians. By the time the first few cases of COVID were diagnosed in the country, CMC had its protocols and infection control, quarantine and treatment guidelines in place. These were updated by the clinical team weekly based on new evidence and made available on the hospital intranet site. The medical, nursing and staff training department created training platforms to train all healthcare workers in the institution. A distance education program was created for training 5000 doctors and nurses working in secondary care across the country with support from TATA trust and another program to train 10000 community level workers with support from the Azim Premji Foundation.

Communication systems: Our hospital Created a "COVID Command Centre" to coordinate several activities centrally as a 24-hour staffed facility: from testing, reporting, informing patients, contact tracing, patient admission, counselling, finance help desk and staff welfare. Clinical and community updates were done initially on a fortnightly basis, and regular updates were given. The system of communication was refined using several online platforms. Videoconferencing was also used as a tool for internal, external and patient communications and student teaching.

Telemedicine got a clinical spotlight due to COVID. Has the system adapted to telemedicine?

Telemedicine was used during the lockdown phase for helping patients with chronic illness on maintenance medications and those with inter-current medical problems. Telemedicine cannot supplant bedside clinical examination and diagnosis, particularly at a specialised tertiary care centre, and its application is limited. Surgical care and acute care can only be provided onsite, while some chronic care can be done through an online platform.

How has the pandemic impacted your financial bottom-line? How can one mitigate such risks in the future?

Pandemic affected finances significantly since healthcare organisations such as ours are heavily dependent on a single income source, patient care. Since medical, nursing and allied-education, at the undergraduate, postgraduate and higher speciality levels, is heavily subsidised at CMC, it accounts for less than 0.5% of the annual revenue. On the expenditure side, fixed salary expenditure remained the same, and variable expenditure such as additional PPE costs put an additional strain on the resources. Higher cost for oxygen and some lifesaving medications and a cap on hospital charges for COVID care, placed enormous stress. Staff contributed around four crores for COVID work and opted for deferment of part of the salary. This enabled CMC to continue to do charitable work which was higher at 20% of the total turnover during COVID than during other times (around 16%). Some charitable work was offset by staff donations, alumni, well-wishers, friends and some contributions through CSR for additional lifesaving ICU equipment and an oxygen concentrator. Lean management and streamlining operations are vital to mitigating risks. However, this can be challenging in large institutions.

This is only a part of the complete article - please continue reading at the Healthcare Executive web site:
https://www.healthcareexecutive.in/blog/cmc-vellore

Tax deductible donations to CMCH can be made online at: http://australianfov.net.au/donations/

Simply and easily make a donation to the work of the Christian Medical College and Hospital, Vellore.

COVID Vaccination Roll Out at CMC

Vaccination against COVID19 infection began in CMC in a pilot mode, starting on 20th January 2021. Subsequently we have begun regular vaccination at the Paul Brand Building from 25th January onwards. Expanded sites RUHSA and New Exam Hall were added on from the 28th January. We are one of the few private Institutions in the State that has been co-opted to roll out the Phase 1 vaccination for health care workers. We have been provided with the Covishield vaccine. More than 1000 staff have received the vaccination during the last 10 days. This included a cross section of medical, nursing, paramedical, clerical and house-keeping attendants. Most of the senior administrators including the Director, Principal, Medical Superintendent, Nursing Superintendent, General Superintendent among others had taken the vaccination within the week. No major incidents were reported. Most staff have not had any significant side effects, other than mild soreness at the injection site and occasional persons reporting low grade fever lasting 12-24 hours.

As we seek to come out from the pandemic time, it is hoped that the vaccination will help improve mobility and the opportunities to return to the new normal in short order, in terms of having departmental meetings, conducting training and workshops and institutional functions, while observing necessary precautions.

How CMC Vellore Dealt With Shifting Evidence During the COVID-19 Pandemic

Since India reported its first COVID-19 case a year ago, the evidence for treatments of this viral illness have undergone a sea-change. In the early days of the pandemic, observational studies and small trials from across the world pointed to potential roles for hydroxychloroquine, convalescent plasma and tocilizumab.

The Indian drug regulator was also quick – soon found to have been too quick – to approve two drugs tested in Indian trials, favipiravir and itolizumab, even though these trials didn't really demonstrate these drugs' efficacies.

But in the fog of the pandemic, as death tolls rose and few treatment alternatives showed up, doctors began to prescribe these experimental therapies widely. Even India's Ministry of Health and Family Welfare endorsed the use of hydroxychloroquine, plasma therapy and tocilizumab – while several state governments, including those of Maharashtra and Karnataka, endorsed favipiravir and itolizumab. Proponents of evidence-based medicines criticised these official endorsements which, arguably, drove up the indiscriminate use of these drugs.

Critics have advanced several arguments against the widespread use of unproven drugs outside of clinical trials in a pandemic. For one, some of these drugs could harm patients. Investigators in Maharashtra's PLATINA trial for convalescent plasma reportedly stopped the trial early because more patients in the plasma arm were developing blood clots or dying. Meanwhile, other drugs could burn a hole in the patient's pocket. A 200 mg vial of tocilizumab, for example, costs up to Rs 20,000.

Could doctors have taken a more measured approach to experimental drugs in the anxious atmosphere of a pandemic? Some medical institutions did, and indeed still do so – reviewing evidence frequently and intensively, and eschewing the routine use of drugs that don't have strong evidence to support them.

One such was the Christian Medical College (CMC), Vellore, whose treatment guidelines didn't recommend drugs such as tocilizumab and favipiravir until now, unless they could be administered in clinical trials. As a centre for several clinical trials, including the WHO's SOLIDARITY trial and the Indian Council of Medical Research's PLACID trial for convalescent plasma, CMC Vellore was able to offer such a choice to patients.

(Update: The results of the RECOVERY trial, a randomised trial of over 4,000 patients, were published in a preprint last night, and showed tocilizumab cut mortality compared to standard of care in the severely ill. This evidence may be strong enough to change practice in favour of tocilizumab.

In an interview with The Wire Science, Priscilla Rupali, an infectious disease specialist who heads CMC Vellore's guideline development team, and Joy Mammen, a pathologist and a specialist in transfusion medicine, talked about the challenges of developing treatment guidelines during a pandemic, when evidence is shifting rapidly.

Could you talk about why you felt the need to develop your own guidelines for the treatment of COVID-19 in the first place? Why did CMC Vellore not choose to follow, for instance, the WHO's fairly extensive COVID-19 treatment guidelines instead?

Priscilla Rupali: One reason we thought it important to develop guidelines for COVID-19 was that it was a new disease, and there was nothing known about appropriate treatments. There was widespread panic and anxiety among both patients and staff alike. We deal with nearly 9,500 patients on an outpatient basis, have more than 2,300 inpatients and 10,000 employees at any given time.

So for a new disease, it is important to standardise treatment guidelines. And while the WHO interim guidelines first came out on May 27, India saw its first case in January 2020, and our hospital saw its first case in March. That means that following WHO's guidelines wasn't an option for us. Hospitals like ours had to set up their own guidelines.

Who is on CMC Vellore's guideline-development team? What does the process of developing guidelines look like?

Priscilla Rupali: The guideline-development team needs to be led by a subject expert. In this case, because COVID-19 is an infectious-disease, the team was led by an infectious-disease expert. Further, internal-medicine specialists formed a large part of the group. Then we had content experts, like specialists in anticoagulation, haematology, pulmonary medicine and virology.

We used to meet twice a week. Within those three days, we would review all new literature, and dissect it to see how we could adapt the findings to our hospital. It was a very intensive exercise in the beginning, because we were floundering at that point in time, and we wanted to make use of every opportunity. We had a large group of people who were sifting through evidence and deciding which studies were relevant and which were not.

The complete (large but interesting) article is available to read here:
https://science.thewire.in/the-sciences/cmc-vellore-covid-19-guideline-development-evidence-based-medicine-drugs-policy