

NEWSLETTER

ISSUE 9 / NOVEMBER 2021

Redefining Rural ICU Care



From the desk of MD

It's not so simple to manage critically ill elderly patients on ventilator in a newly set up ICU and that too in a remote area with resource constraints clouding our teams from all the sides.



Clinical Case Study
Hepatic Encephalopathy with
Hepatorenal Syndrome



Combating the Recruitment Challenges
CIPACA Talent Acquisition Team



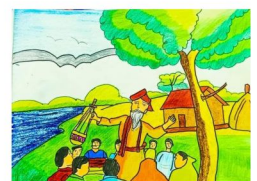
Behind the Scenes
Miracles do happen
when intentions are right!



INCC
CIPACA's International Nursing
Conference on Critical Care



Happy Patients
make us happy too!



Family Column



from the desk of MD...

“When we said that we are launching ICU services in rural areas especially at taluk level, many of my overseas friends congratulated me and appreciated my team's efforts. They mentioned that we should stabilize the patient first and then transport them immediately to nearest regional higher centres for next level care where they have adequate ICU services.

They were under the impression that CIPACA establishes stabilization centres and that we don't run proper critical care facilities. They thought we were doing services little better than first aid centres. But when I told them that we are actually running ICUs, managing ventilator patients as on par with metro cities and managing critically sick cases such as pneumonia, ARDS and other complicated cases and not just managing them but bringing them out in normal conditions, they got really astonished and fascinated by the way we are working at the taluk level.

They were amazed by the way we are setting up standardized ICU care set ups and setting the care level at par with City level Critical Care. The outcome of these two patients, one in Pithapuram and the other one in Tripura where they have never heard or experienced that ventilator patients can actually come out of ICU is a testament of how we strive to deliver patient care of highest quality possible.

It's not so simple to manage critically ill elderly patients on ventilator in a newly set up ICU and that too in a remote area with resource constraints clouding our teams from all the sides.

It really warms my heart to see my team managing such critically ill patients on ventilator and successfully bringing them out. This is definitely God's grace that we could pull out something like this in such places over the last few decades, something that has never happened in the history of that geography. This shows that we are actually providing tertiary level Critical Care in those areas.

But none of it was easy for all of us. There were so many challenges and so many roadblocks along the way. It's not so simple to manage critically ill elderly patients on ventilator in a newly set up ICU and that too in a remote area with resource constraints clouding our teams from all the sides. It demands dedicated care by the team, the highest level of skills, empathy, and continuous emotional support.

Therefore, I take this occasion to congratulate each one of you, especially the unit teams deployed in MS Multi-Specialty Hospital, Pithapuram and Unakoti Nursing Care and Hospitals, Tripura for setting an example that where there is a will, there is definitely a way.

May you continue doing the God's work and make all of us proud with your noble services! ”



Dr Raja Amarnath

MD DM FCCP EDIC (UK) FRCP (Edin)

Pulmonology and Critical Care

Managing Director - CIPACA

Chief Guest's Message

"Each life is essential especially in times of emergency, and the fact that we could save such lives in critical situations is only possible because of the presence of an ICU here at our hospital. I wholeheartedly congratulate the team of CIPACA as well as that of Unakoti Nursing Care and Hospitals for this remarkable achievement."



Dr. Sumit Das

M.B.B.S, M.S (Obst & Gynae)
Director-Unakoti Nursing Care and Hospitals
Tripura

“Namaste, my name is Dr. Sumit Das. I'm practicing as a gynaecologist and obstetrician in Unakoti Nursing Care and Hospitals located in Kailash Shahar, Unakoti district of Northern Tripura. We have begun our ICU services by partnering with CIPACA, an institution providing ICU services to various remote and rural parts of the country.

CIPACA has stood beside Unakoti Nursing Care and Hospitals and has supported us since our inception. They have been running their ICU with modern technology and resources that are at par with the metropolitan cities and functioning with such an advanced setup even in a remote areas like Unakoti.

Honestly, it is no hidden fact that Kailashahar is such a remote place that critically ill patients who need emergency or tertiary level ICU care need to travel to

Agartala, which is 150 km from here. Even if they try to go to Silchar, which is again 150 km, it amounts to a lot of travel time, and this distance has taken the lives of many such critically ill patients in the past.

We have seen so many people losing out their lives and this makes us feel very helpless. To avail for a standardized care in times of emergency, they have to cover such a long distance and to do that the vital period or as we say, the golden hour is often missed. A golden hour or as we say, the golden minutes for reviving a patient back from the brink of death, spans from two to three hours but to cover a long distance like states above, such is often lost because of which either the patient dies, or the patient is left behind with the disability which they have to carry for the rest of the life, often referred to as disease adjusted life years.



Therefore to bridge this very gap, we have established the ICU services in the Kailashahar region. We opened our ICU services in the last week of August. During this short tenure, we received a patient who is a very profound and dignified personality living in Kailashahar and personally had been my mentor as well.

His name is Mr. Rabindranath Bhattacharjee. He was admitted to our ICU in the last month in September, and when he was admitted, he was in a very critical condition. He was admitted to the emergency, and we suspected that he might have had a stroke. After further diagnosis and investigation showed that he was suffering from Hepatic Encephalopathy with Hepatorenal Syndrome. He was required to be kept on ventilation, and he was kept on so for 7 to 8 days. He is now discharged, and he is entirely well and fine and ready to go home in normal condition.

To sum it up, each life is essential special in times of emergency, and the fact that we could receive such lives in critical situations is only possible because of CIPACA having its ICU here in our hospital. I wholeheartedly congratulate the team of CIPACA as well as that of Unakoti Nursing Care and Hospitals and all the doctors who have attended to this case successfully and delivered the highest quality patient care possible. I take this occasion to congratulate them on their big achievement.

I hope Unakoti Nursing Care and Hospitals and CIPACA can work together and deliver the same output in the future as well, towards the community that needs more of such services to protect mankind in the coming days. We shall strive to continue doing this noble work and hope that CIPACA also stays beside people of Tripura in the future as well, and prove their expertise and prowess in the years to come. ”



- (An excerpt from the interview taken of Dr. Sumit Das, during the Press Release of successful discharge of ventilator case at Tripura)



The Beginning of New Era of Critical Care at Pithapuram



Dr. Manjusha Saladi,
Co-Managing Director
MS Multi-Specialty Hospital,
Pithapuram

Dr. Manjusha Saladi, Co-Managing Director at MS Multi-Specialty Hospital, Pithapuram has been practicing as obstetrician and gynecologist for the past few years in Pithapuram. She did her MBBS from Kakinada Medical College and M.S (Ob&G) from Andhra Medical College, Visakhapatnam. A wife and a mother to two beautiful kids. Dr. Manjusha likes singing in her leisure time when she is not attending OP or in surgery.

Q. Good afternoon ma'am. A very warm welcome. How are you doing?

Good afternoon. I am doing well and good. Hope the same for you!

Q. Thank you ma'am for taking precious time from your busy schedule. As we begin our today's interview, my first question would be why do u think hospitals like MS should have tertiary care at rural level and why do they need ICU that can provide tertiary level critical care at par with cities?

Hmm. Well, honestly, we have been doing our services for the past two years in Pithapuram. The nearest big city where tertiary level care is available is Kakinada, which is about half an hour drive from here.

In the past two years, we have seen many emergency cases that have missed the golden hour. Any of the patient that has come to us a whether any unconscious patient or patient with cerebral paralysis or some hypertensive emergencies, in all such cases, we shifted the patients to Kakinada. Even MRI investigations, CT scan and ultrasound was not

available in Pithapuram. In case, some serious some catastrophic intervention was needed, intensive care and monitoring could not been done in the hospital because of the lack of the availability of the doctors and staff ICU technicians.

As doctors, we were all helpless. We use to just explain the condition



to the patient and refer them simply to higher centres. So after seeing this for two years we saw that there was a lot of scope for us and the hope for many type of cases here if we start our ICU unit as well. We realized that a good ICU setup like that of CIPACA could be very beneficial to the patients as well as to the community as a whole.

Q. Great. When we talk about hope, how do you think the success of the first ventilator case going out in Pithapuram is going to set a benchmark for critical care at your place?

Definitely, it will. I will explain this in the form of a scenario.

The patient was having check up somewhere in some other Hospital and was not feeling well and was waiting for his investigations to be done outside the lab. Suddenly, the patient collapsed and one of the lab technicians was aware that we had started our ICU services recently so he referred the case here.

CIPACA team attended to the patient and was very agile and effective in giving patient care. The patient was low on saturation and was required to be kept on ventilator. The patient's son looked hopeless when we told him this. He was also very skeptical if we



could actually revive his father. However, he gave his consent and took the timely decision by trusting in us. CIPACA team immediately started the care and he was intubated for two days post which he was successfully extubated, shifted to ward and finally discharged in normal condition.

That was very inspiring. Tell us how the success of this case is going to create an impact on the society and amongst the medical fraternity of places in and around Pithapuram??



People now have got this confidence that if there is a patient who requires intensive care, they can count on us. Previously, they were all scared to take serious and complicated cases fearing that it can be a risk if the patient requires ICU support. Because of the lack of a standardized ICU setup and team, we all were scared to take our own cases. I would always refer them to higher centres even if the chances of risk were negligent.

I will give another example to explain this. On Vijay Dashmi, we operated an elective case which was not any emergency and the patient was elective Caesarean section. She had poliomyelitis in right leg so we planned elective surgery in view of CPD (contracted pelvis).

Everything went on fine until the baby was delivered but suddenly there was a drop in BP and pulse rate. The anesthetists somehow managed efficiently and that was the time I thought that if we hadn't had ICU at our hospital, how we could have managed this case. I was so scared but by God's grace we could save the patient, thanks to the ICU setup we have now after partnering with CIPACA.

Absolutely amazing. This warms our heart to know that referral issues as a doctor could now be resolved with the presence of our ICUs. To wrap up the interview, please share your thoughts on future endeavors and your vision with CIPACA?



Since the patients are habituated with the custom that in Pithapuram they can't get intensive care and have to move to Kakinada to receive the same is going to change now. The success of our ventilator case has stirred hopes in the people that will go as word of mouth from our patients, their relatives, friends and other people who have witnessed this journey. The fact that they would get superior quality of care at par with metro cities and that too at an economical rate will bring more patients to us. CIPACA team has also deployed their business development executives who would take our services known to the common mass of Pithapuram. I would call this as a Win-Win situation for all of us.

Thank you ma'am for the interview. It was great to hear from you!

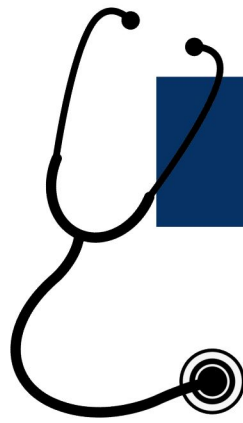
Thank you so much.

విశీయా వెంబిలేటర్ పై చికిత్స అందించిన తొలి కేసు విజయవంతం

విశాఖ నగరం జూలై 10 (ఆదిత్య దినం) : విశాఖ నగరం వెంబిలేటర్ పై చికిత్స అందించిన తొలి కేసు విజయవంతం. ఈ సందర్భంగా డాక్టర్లు, నర్సులు, పారామెడికల్ సిబ్బంది, కుటుంబ సంరక్షకులు, పేషెంట్ మరియు కుటుంబ సభ్యులు కలిసి ఫోటో తీసుకున్నారు. ఈ సందర్భంగా డాక్టర్లు, నర్సులు, పారామెడికల్ సిబ్బంది, కుటుంబ సంరక్షకులు, పేషెంట్ మరియు కుటుంబ సభ్యులు కలిసి ఫోటో తీసుకున్నారు.

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Hepatic Encephalopathy with Hepatorenal Syndrome



Abstract and background:

A 73 year old male was brought to ER with complaints of unresponsiveness since that day morning. From the history and initial clinical assessment, differential diagnosis was made as suspected cerebro vascular accident due to high BP or hepatic encephalopathy due to chronic alcoholism and binge drinking recently. The patient was intubated on emergency basis to maintain oxygen saturation and in view of airway protection and low GCS.

Treatment:

Necessary lab investigations were done which revealed elevated liver enzymes and deranged kidney function and abnormal electrolytes. CT brain (plain) revealed cerebral edema.

As per doctor advice nurses prepared for the intubation. The team prepared all the articles which was needed for Intubation. IV line was secured and the patient was properly positioned. IV fluid was connected and all medicines were arranged,

CIPACA ICU Team

Unakoti Nursing Care and Hospitals, Kailashahar, Tripura



Dr. Sumit Das
M.B.B.S, M.S
Director



Dr. P. Gawaskar
Unit Incharge
CIPACA



Dr. Neeraj Mangla
M.B.B.S, M.E.M
Cluster Clinical Coordinator
CIPACA



Ms. Priyanka Bin
G.N.M, P.B.S.C
Nursing Supervisor

ventilation machine checked, ET tube position confirmed, bed side arranged properly and monitor vitals were checked. Urine catheterization were done followed by Ryle's tube insertion and x-ray chest done. Daily cleaning was done followed by daily maintenance of proper hygiene of the patient. The patient's vitals were monitored on an hourly basis and his position was changed frequently to avoid pressure sore development.

Based on the above findings patient was started on treatment for hepatic encephalopathy and AKI along with nutritional replenishment to avoid consequences of alcohol withdrawal.

Conclusion:

The patient regained consciousness after few days of treatment and was extubated following successful weaning from the ventilator.

Rehabilitation along with psychiatry consultation obtained for the patient in view chronic alcoholism and patient planned for discharge.



Feedback



Abhi Debbarma
21 points



★★★★★ a day ago

I am very much thankful to the whole CIPACA team of Unakoti Nursing Care Specially Dr. Gavaskar ji and Dr. Kavita ji without whom it could not be made possible to take out my father in-law from such a critical/danger situation, so in a way they acted as the messenger of God for my father in-law and all other staff nurses devoted themselves to make him alright specially Sri Hira Manik who sang a beautiful song for the amusement of my father in law which is really praise worthy. Therefore on the whole they all have taken care wholeheartedly of my Father in-law Sri Rabindra Bhattacharjee and has given their best in every way possible. Me and my family are very much fortunate that we got the service of CIPACA team here in Unakoti Nursing Care and my father in-law undergone the treatment under their supervision.. But it is pertinent to mention here that availability of maximum medicines and arrangement of conducting various tests prescribed by the Doctors are not available in the nursing care nor in the entire Kailashahar owing to which we had to arrange the medicines from Agartala and also from Silchar, moreover some test could not be performed since patient was required to be taken to Agartala for performing these tests which was not possible at that critical situation. Subsequently doctor had to start the treatment blindly despite of this fact they became successful to make my Father in law all right, it could be possible just because of their experience, their proficiency and the devotion towards their work. Therefore it is my utmost request to the authority of Unakoti Nursing care that kindly arrange the medicines after the consultation with Doctors and also arrange the availability of tests for the smooth running of nursing care and also for eradicating the inconvenience confronted by the Doctors and patient's family.

Severe Acute Respiratory Infection



Abstract and Background:

A 55 year old Male with no known history of breathlessness came to ER with chief complaints of shortness of Breath for 4days. He had taken 1st dose of Covaxine. The patient was admitted and upon further evaluation with relevant baseline investigation, inflammatory markers were checked.

Treatment:

On admission, the patient's SpO2 was 56% in Room Air. ECHO Screening was done that showed Mild MR / Concentric LVH with EF-60%. During ward stay, the patient had shortness of breath, Dyspnoeic, tachypneic (SpO2-95% with mechanical ventilation fio2 60% , tv - 360, RR -20, peep-8 ,flow -35.

The patient's condition prognosis was explained to attenders and ICU Care was rendered. The patient was treated conservatively with IV Antibiotic, IV Steroid, ionotropics, Nebulizations, and Bronchodilator. Other supportive measures were also given.

Conclusion:

The patient was successfully extubated after 2 days and saturation was maintained in room air. His condition also improved symptomatically. Hence the patient was discharged in stable condition with advised medications.

CIPACA ICU Team MS Multi-Specialty Hospital, Pithapuram



Dr. G. Suresh Babu
M.B.B.S, M.S (Ortho)
Managing Director



Dr. Manish Manchi Reddy
MBBS,MD(Anaesthesia),IDCCM
Cluster Clinical Coordinator
CIPACA



Dr. K. Soundar Pandian
M.B.B.S
Unit Incharge



Ms. Ch. Sudha Rani
B.Sc (Nursing)
Nursing Supervisor

Feedback

P Prem kumar Voota
Posting publicly



My father was admitted M. S Multispeciality Hospital with diagnosis SARI(severe Acute Respiratory Infection) Dr. Suresh sir and cipaca ICU team provide excellent treatment so my father was recovered within 3 days.Thankyou for Dr suresh sir from M.S. Multispeciality Hospital and cipaca team. 🙏



Setting a benchmark for Indian Rural Critical Care



Dr. Manish Manchi Reddy
Cluster Clinical Coordinator
CIPACA

Dr. Manish Manchi Reddy is CIPACA's Cluster Clinical Coordinator for MS Multi Specialty Hospital, Pithapuram and Hindusthan Hospital, Coimbatore. He is originally from Hyderabad where he did his schooling. He completed his MBBS from BM Patil Medical College followed by internship from Osmania

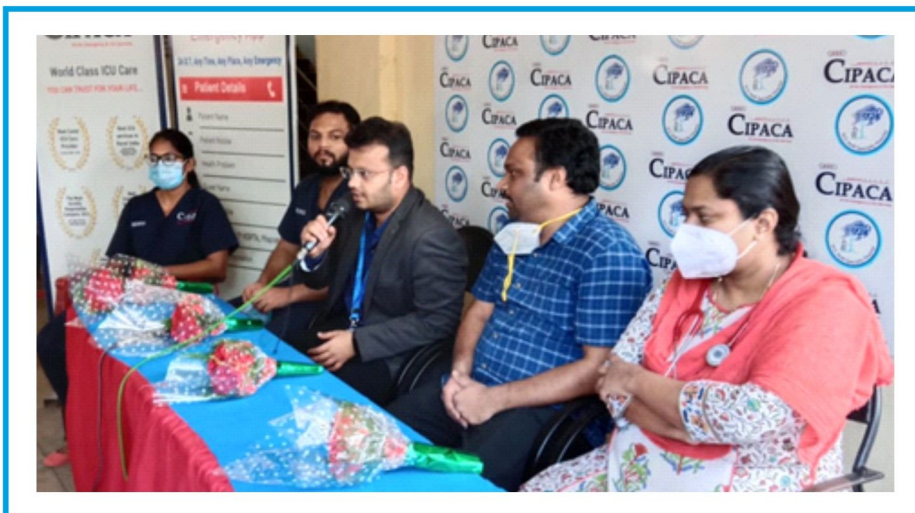
General Hospital in Hyderabad. Post this, he did his PG in MD Anesthesia from Pondicherry followed by fellowship in Critical Care Medicine. He moved to Vellore later on to practice where he was associated with several big shots for a brief period of time before he joined CIPACA. He is currently donning the role of Clinical Incharge of ICU at Sri Narayani Hospital and Research Centre, Vellore as well as the Cluster Clinical Coordinator. Apart from being an intensivist, Dr. Manish is passionate about adventure sports a lot!

Q. Good morning sir! Congratulations for your first successful ventilator case at MS Multi-Specialty Hospital, Pithapuram as its Cluster Clinical Coordinator?

Hello. Thank you so much. .

Q. So, as our first question, what kindles my curiosity is with such a vibrant medical career like yours, why did you choose to settle in rural setting? Why is it important to have more doctors like you in rural areas?

Right. For me, it could have been very easy to get an 8 to 4 job in a metro city but I always wanted to do something different. I wanted to move to tier 2 or tier 3 city where Critical Care is an emerging field. In metro cities you can find proper ICU set up at every corner of the city, flooded with qualified professionals with critical care background. I didn't want to be another doctor joining this whole bandwagon.



I wanted to move to a tier 2 city so that I can make a difference and bring a change to the community. So, with that vision only I had come to Vellore and then when CIPACA approached me with the idea of setting up ICUs in remote areas, it was very unique kind of thing and it really struck me.

Usually people are concerned about making business and more profits but nobody really thinks to do something for the rural community. I really appreciate the model that CIPACA is bringing to the table and feel honoured to be associated with such a vision and an organisation that can help me in reaching the rural areas where Critical Care does not exist in actual sense.

Q. That was very insightful and motivating. Moving on, as a Cluster Clinical Coordinator, how are you able to cope up with the responsibility that comes along with the designation?

I feel very good about this role as it is something new for me- being a clinical person and getting into decisions making like diagnosis and treatment plan etc. It is something very fascinating and adds extra value to my practice as well. Even though we are working in tier 2 or tier 3 cities or rural areas with constrained

resource settings, I have to ensure that we deliver Chennai standards of ICU care here as well. It's a great responsibility and it's been three months and I gradually adjusting to it.

Q. Good to know, Sir. Tell us, how is the recent ventilator case successfully going out in the community is going to impact the overall ecosystem of the place?

It is going to create a significant impact in that area. As long as MS Multi-Specialty Hospital is concerned, they are now capable of taking critically ill patients and stabilize them which was earlier not possible. Our agenda is to deliver the same metro city level ICU care.

Even though it was a risky case and if any mistake happened, people were going to blame us and that would bring both CIPACA's and hospital's reputation down. But we were able to manage the patient successfully. I would like to congratulate Dr. Soundar and Dr. Shalini and all the nurses who have tended to patient care round the clock. And notably, the patient's family was initially very skeptical whether we would be successful or not. But we were able to live up to everyone's expectations and successfully showed the



results. This will generate word of mouth amidst the general mass and honestly I feel very happy and honored to be working with CIPACA as this is the first time in the history of Pithapuram that we have been able to revive a patient who was kept on mechanical ventilation. This is the kind of achievement that will be remembered by me forever throughout my medical career.

Q. Wonderful. With last question around the corner, it is quite evident that with the success of this case, people are going to have more expectations. Does it put pressure on your team to deliver same quality of care like this in the future? If so, how are you going to manage the challenges that come along the way as a Cluster Clinical Coordinator?

It is true that people will have high expectations from us since they would expect same kind of results, now that we have successfully managed the first ventilator case. So, it depends on case to case basis. What we can do is to try to improve our standards



daily. To ensure that it is happening, I am in contact with the doctors daily where there is an exchange of knowledge and we discuss about the cases in detail, about the management and treatment etc.

So the level of knowledge is not going to be the same anymore. Through daily knowledge transfer, we are upgrading our domain knowledge and skills. Therefore, the standard of care is also going to increase day by day and we will ensure that we deliver ICU care at par with city hospital and live up to the expectations of everyone.



The Key to Excellence lies in the Standardization



Dr. Neeraj Mangla
MBBS, MEM
Cluster Clinical Coordinator
CIPACA

Dr. Neeraj Mangla is currently the Cluster Clinical Coordinator of CIPACA, leading the Northern Projects of CIPACA as the Clinical Head. He did his MBBS in the year 2006 post which he moved to Tamil Nadu in the year 2013. He joined MEM in Global Hospital in the year 2013 and it was during that time that he met CIPACA's Managing Director, Dr Raja Amarnath and since he had been working with him.

Q. Good evening Sir. Happy to have you here. Happy Diwali. Hope you are doing good ?

Hi Upasana ji. I'm doing great. Hope you are good too.

Q. Tell me something about yourself. About your career, hobbies life so far and your journey with CIPACA.?

Where do I start! I did my MBBS IN 2006. Then I moved to Tamil Nadu in the year 2013. I joined MEM in Global Hospital in the year 2013. It's during that time I had met our MD Raja sir. I have

been working with him since then. But it's last month that I officially joined CIPACA as the cluster clinical coordinator. I'm really excited about this

Q. What is the current role as Cluster Clinical Coordinator or C3? Which units fall into your jurisdiction and how is your experience so far?

My responsibility as a C3 is mainly clinical and also the administration and quality control of the unit. I'm currently handling the ICU units at Unakoti Nursing Care and Hospitals, Tripura and Matoshree Multi-Specialty Hospital, Shrigonda, Maharashtra.

Wow! Please tell us about the successful ventilator case that took place in Tripura and how did your team handle it so efficiently?

It such a happy news for me. We received the 73 year old patient unconscious to our ER. Our unit doctors Dr. Kavita / Dr.Gawaskar assessed the patient and immediately intubated him. They got in touch with me and I guided them on the treatment



protocol. In between, I involved our another colleague Dr.Chithra for guidance as well since the patient was very sick. Together we worked with our unit level doctors and the patient is stabilised now. He was actually a very important person in that area. He is the teacher for our hospital owner as well.

Q. Inspiring! What were the challenges faced by you as a C3 in this ventilator case? How do you see solving such cases in the future?

The main difficulty was to get some bio medical equipment and medicine related things. The major difficulties was due to the geographical constraints. Currently we are working with some companies who can help get things arranged for places like this.

I see! What are your plans as a C3 in the future? What is your vision with establishing standardizing critical care?

As a C3, I want work with my team and make sure that we provide best ICU care in as many rural areas as possible in the country.

Last but not the least, tell us what was the critical factor to this success story in a remote place like Tripura?

Honestly, I believe it's mainly the process that we have already laid down that helps us track each and every work. Also the support of our ICU specialist think tank team who is being the major support for us.



CIPACA's International Nursing Conference on Critical Care

Critical Care is a multi-disciplinary wing of medical science that demands continuous nurturing and building knowledge. It is a conjugation of different clinical disciplines and requires a lot of critical care expertise and domain knowledge to care for and save the lives of critically ill patients.

As India's leader in Rural Critical Care that has clocked over 50,00,000+ critical patient care hours, CIPACA was delighted to bring to you our first International Nursing Conference on Critical Care that took place on a virtual platform on the 30th of October 2021. CIPACA's INCC was the 11th International Virtual Nursing Conference for this year 2021.

With an overwhelming registration statistics exceeding 750+ and participation count of 360 nurses, they were trained on Standardizing Nursing Skills in Critical Care Settings. The conference witnessed profound speakers from Nursing Discipline empowering the nursing cadets with the knowledge to learn about critical care skills required for a nurse in rural settings.



Ms. Shirley Pretty

M.Sc (Nursing), M.Sc (Psychology)
Organizing Chairperson
CIPACA

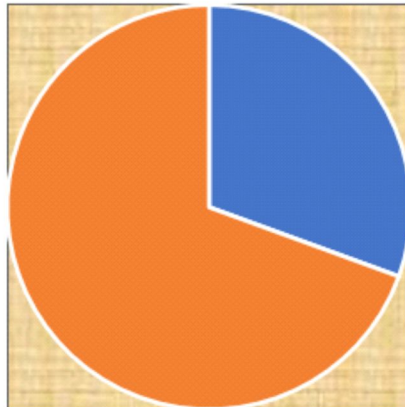


Ms. Ida Jayasundar

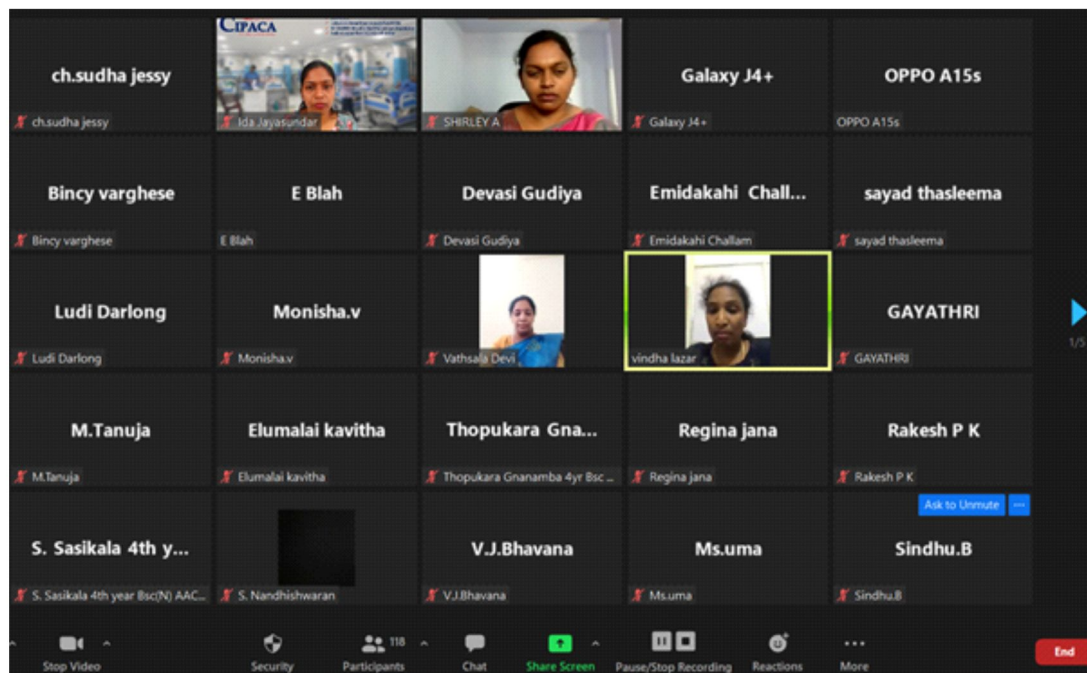
M.Sc (Nursing), M.Sc (Psychology)
Organizing Secretary
CIPACA



INCC Participants



- CIPACA INCC Participants
- Outside INCC Participants



Geographical Background of INCC Speakers



International Speakers :

6 (India, United Kingdom, Malaysia, Saudi -Arabia, Qatar & Oman)



National Speakers :

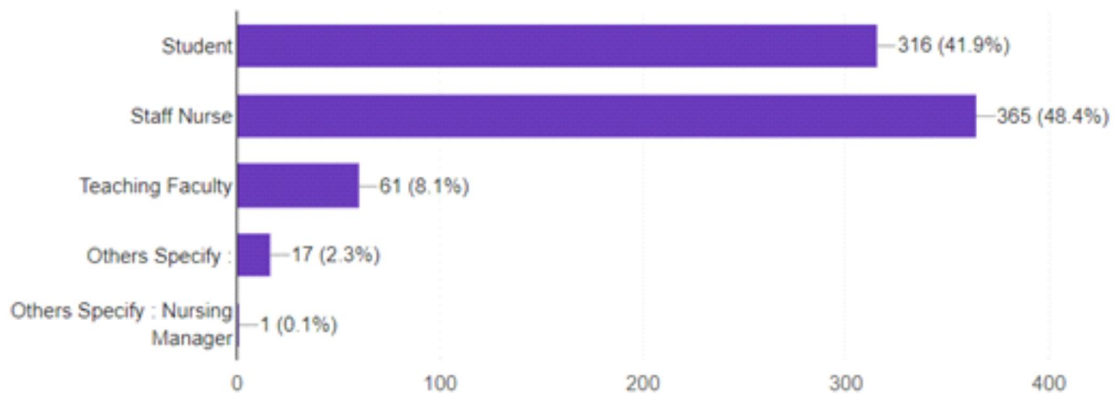
Tamil Nadu, Pondichery, Telangana, North East, North West, Kerala & Bengaluru

INCC Statistics



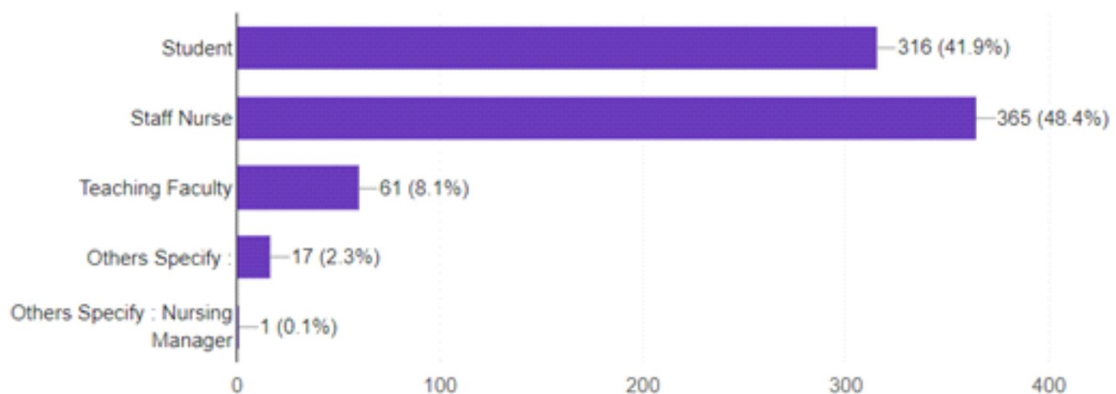
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Category of Participants



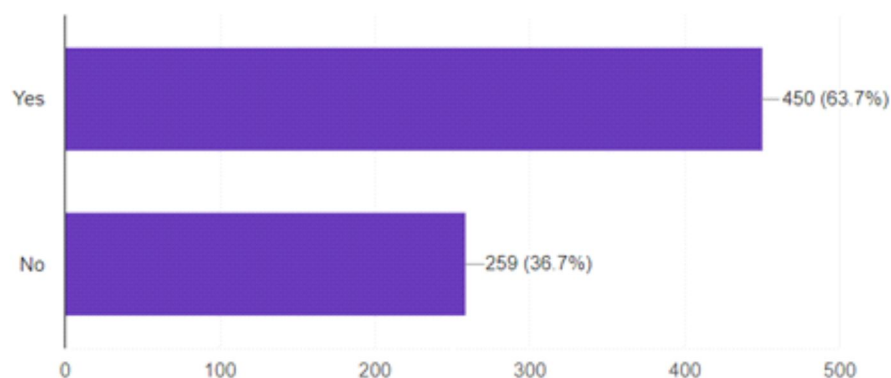
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Participant Nurses Statistics and their years of experience



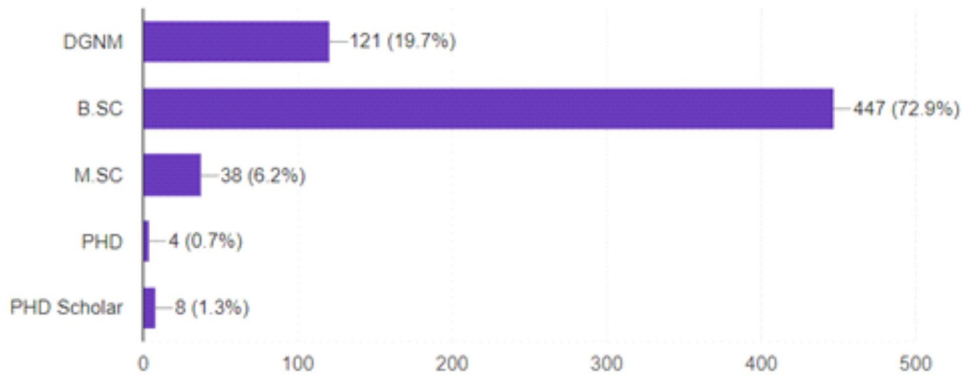
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Staff Nurses with ICU experience:



4

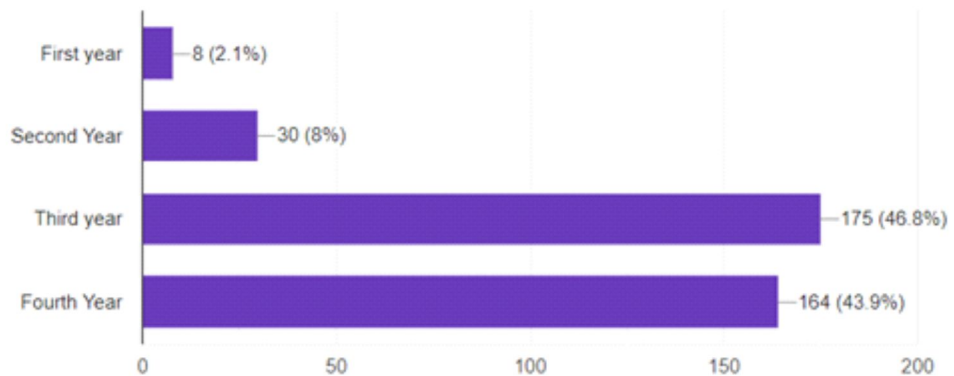
Student categories: Qualification wise Distribution



Pursuing Students Statistics

If you are a student, year of study

374 responses

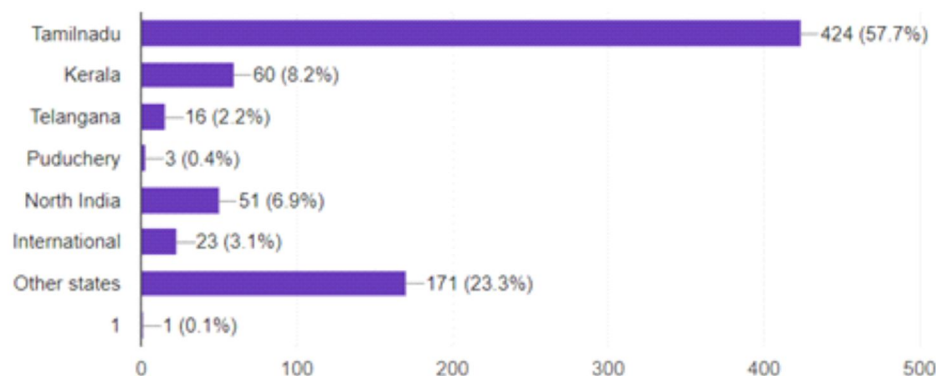


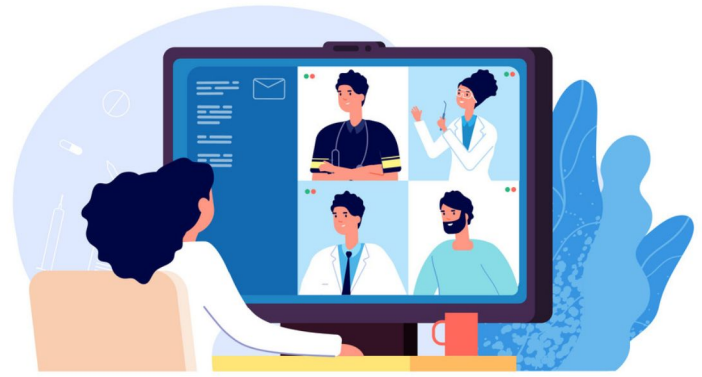
5

State wise Participation:

State of Participant

735 responses





Pamela B.Ranee., Bethany Hospital Shillong

SIGNIFICANCE OF DRUG THERAPY IN ICU

By
Prof. Janaki Shinde
HOD, Child Health Nursing,
D. Y. Patil College of Nursing,
Kolhapur

Participants: Janaki Shinde, Sherin bibin kot..., Sherin bibin kotayam, Vinodha Sazal, Valsala Devi, Ask to Unmute, CHIRLEYA.

Chat:

- From Sincy varghese to Everyone: thank u ma'am
- From Pamela Barhungle Ranee to Everyone: Pamela B.Ranee., Bethany Hospital Shillong

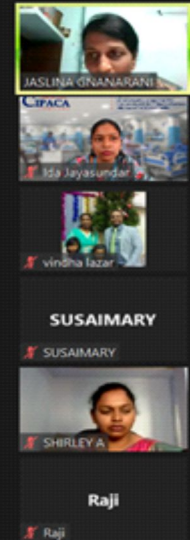
EVALUATION

- ✓If the patient is not receiving daily required dose/calories within 7-10 days after ICU admission, parenteral nutrition should be considered
- ✓If the patient is suffering from intolerance of enteral nutrition, nurse can recommend considering exchanging the type of enteral supplement product (e.g., hypo-osmolare formulary, nephro diet, etc.)
- ✓Evaluating tube function ability

Participants: ambilyjohnson2..., ambilyjohnson2017@..., vijayakumari, vijayakumari, SUSAIMARY, Monish.V B.sc(...), Monish.V B.sc/Nursing..., Princy, Princy.

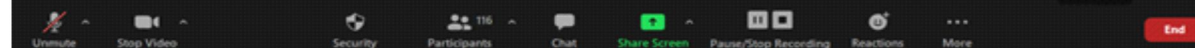
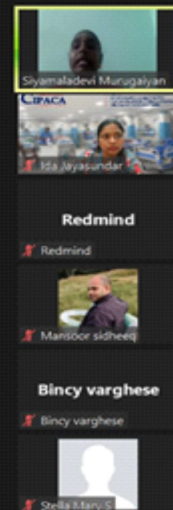
Validity of Fluid Management

- Hospitalized patients often have conditions that impair their ability to regulate their hydration status. Improper fluid management leads to significant morbidity and mortality. Fluid management is a critical aspect of patient care, especially in the inpatient medical setting.
- One general principle for all patient scenarios is to replace whatever fluid is being lost as accurately, volume wise and based on patients' medical conditions and with fluids of correct composition.
- Severe burns Vs healthy patient (NBM)
- severe diarrhoea Vs hypovolemic shock from a brisk upper gastrointestinal (GI) bleed.



Modes of Mechanical Ventilation

- Controlled Mechanical Ventilation (CMV)
- Assist Control (AC)/Volume Control (VC)
- Intermittent Mandatory Ventilation (SIMV)
- Pressure Control (PCV)
- Pressure Support Ventilation (PSV)



INCC Participants

Well organized session. Speaker from various backgrounds was much more informative. Thanks to entire organizing committee of CIPACA.

Siyamala

B.Sc Nursing
17 years old experience
Nursing Officer,
ESIC Hospital, Chennai



“Thank you for the excellent, clear and clinically oriented presentation. It was extremely helpful even for novice nurses as well student nurses.”

Ms. Deeparani

M.Sc Nursing, OBG
15 years of experience
Deputy Nursing Superintendent,
Prashant Multi-speciality Hospital, Chennai



Combating the Recruitment Challenges

Being a recruiter is an exciting yet challenging job. Staying ahead of the game and being willing to make adjustments along the way helps ensure that you will find the best applicants for the job.

However, it is not a cakewalk for our Talent Acquisition Team to get the suitable recruits. The major challenges are difference in the benefits that metropolitan cities offer to the people. Finding proper accommodation and food services for the employees is also a factor that adds to the pain point. The other challenges include finding proper job profiles for the nurses on job portals such as Indeed, LinkedIn, Naukri.com etc.

Moreover geographical disadvantage is also a perennial problem that our team often faces while recruiting the candidates for a particular place. Some of our ICU units are so remotely situated that it is a significant roadblock in convincing and onboarding the people in our team.

However we believe that where every lock has a key made for it. Our Regional Team is working tirelessly to reduce the gaps and solve the challenges with a



robust plan. To solve the problem of better employment benefits, we have now included accommodation and fooding as a part of paid package from CIPACA's side. Moreover, we are conducting conferences and webinars on a regular basis to impart knowledge and training to the nurses who later become willing to join us and learn more about critical care skills.

In addition to this, to solve the problem of getting adequate number of nurses, we are going to start our FICCN curriculum which is a 2 year critical care training programme for nurses who have completed their G.N.M or any other nursing diploma course. After the completion of the course, their qualifications will be equivalent to B.Sc. (Nursing). However, they wouldn't have to spend any money like they would otherwise have done to complete B.Sc. (Nursing)-approximately 5-6 Lacs as it is a free course and the nurses would also be paid a stipend along with it. With this approach, we are planning to create a pool of nurses who can be placed



and deputed at different units. And as we keep on adding our footprints across different states of the country, we shall also give them the freedom to relocate to the units that are in or close to their hometowns.

We have also begun a policy called shift Card System where the nurses can work for extra hours and take paid leaves later on for the accumulated extra working hours they have worked for us.

Although, getting long leaves in ICU and Emergency is not possible but with this policy, we ensure that our hard working nurses can also take long leaves to spend some time with their family.

Although we are facing a lot of challenges, but we are very sure that we can overcome them with grit determination and dedication.



CIPACA Talent Acquisition Team



Mrs. Shireesha S
MBA
Human Resource Manager
CIPACA



Mr. Karthikeyan R
B.E Mechanical
HR Recruiter
CIPACA



Ms. Suguna K
MBA
HR Recruiter
CIPACA



Ms. Pooja K
MBA (HR)
HR Executive
CIPACA



CIPACA is an organization specialized in setting up and operating tertiary care level Emergency and ICU services specially designed to cater sub-urban and rural areas.



Business Development Executives

Experience: **0 - 2 Years** | Qualification: **Any Degree**

1. Candidate must be a go getter
2. Willing to travel everyday
3. Pleasant appearance.
4. Good Tamil and English speaking skills
5. Tech savvy
6. Active on social media platforms
7. Active speaker and possess good convincing skills
8. Dedicated and committed to work in rural areas
9. Preferably native speakers

Salary: Upto 25,000 (CTC per month)

Work in:

Monday to Saturday - 10am to 5pm

Plot No 94, AGS Nagar, Zamin Pallavaram,
Chennai, Tamil Nadu 600117

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Share CV: recruitment@cipaca.com/hr@cipaca.com



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STAFF NURSE

Qualification:

Bsc Nursing / GNM / ANM

Nursing Council Registration Mandatory

Freshers and Experienced can apply

LOCATIONS

Maharashtra - Shrigonda
Tamil Nadu - Ooty /
Thanjavur /
Coimbatore
Andra Pradesh - Tenali,
Rajahmundry,
Pithapuram
Arunachal Pradesh



Earn **Rs.1000**
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Talent Acquisition Team
 **7010990166**
recruiter@cipaca.com

Family Column



Just as self-care is vital for adults and parents to be at their best for others, it is important for a child to participate in extracurricular activities to learn positive social skills and build healthy self-esteem. It is important to place children in as many new, interesting, stimulating situations as they grow..

We, at CIPACA, believe and encourage young minds to engage themselves in extracurricular activities as we feel it can be a great opportunity for their physical as well as their mental growth! This will also help imbibe the value of responsibility as they will need to add their games or lessons to these daily study schedules. Extracurricular activities, anything outside of your home and your child's academic routine helps them build social skills, self-esteem and stay healthy, whether that's mentally, emotionally or physically!



MS Multi-Specialty Hospital, Pithapuram

Young and beautiful Akshara, who is just 8 years old loves dancing a lot. Apart from doing her daily homework of science and mathematics, she likes divulging herself to the steps of Indian Classical Dance. We really appreciate her interest and applaud her talent. We also congratulate Ms. Saladi Indira Priyadarshini, who is one of our beloved staff nurse at the unit for her thoughtful upbringing and encouragement towards her daughter.

Unakoti Nursing Care and Hospitals, Kailashahar, Tripura

Young and talented Arya Sarkar is the bubbly brother of our Guest Relations Executive Snigdha Sarkar. This 14 year old is more than what an eye meets. He is a terrific karate player and remarkable at art and craft! We really are proud of you Arya and appreciate the encouragement that Snigdha and her family constantly pour towards the little one.



**Happy Patients
make us happy too!**



MS Multi-Specialty Hospital, Pithapuram

N Nokee Ganesh
Posting publicly ⓘ

★★★★★

My sister was admitted M. S Multispeciality hospital Dr. Manjusha madam Done operation after that shifted to ICU for observation for one day Cipaca team very carefully treated me hourly... Manjusha madam treated me very well. Thank you for Cipaca and M.S. Hospital

Shankar Reddy
Posting publicly ⓘ

★★★★★

My name is k. Shankar Reddy i am admitted M. S Multispeciality Hospital Cipaca HDU ward with RTA Deep Lacerated Wound Dr. Suresh sir provide excellent service recovered well. Thank you for Cipaca Multispeciality Hospital.

S Subrahamanyam Dulipudi
Posting publicly ⓘ

★★★★★

My brother was admitted M.S Multi speciality Hospital cipaca HDU ward with diagnosis RTA with Head injury Cipaca nurses and Doctors treated well. Dr. Suresh provide good service...thank you for cipaca team and M.S Multi speciality Hospital

S Srinu Sri
Posting publicly ⓘ

★★★★★

My name is Srinu, my brother was admitted in M.S Multi speciality Hospital in ICU for observation. CIPACA Doctors and Nurses Treated well. Thankyou Cipaca and M.S Multi speciality Hospital.

J Jeelakarra Kodanda Ramarao
Posting publicly ⓘ

★★★★★

My father was admitted in MS multi speciality hospital. We are residents of Tuni. CIPACA team has taken a very good care in HDU. Nurses and doctors took a very good care of us and responded to us in a caring manner. Thank you CIPACA

Unakoti Nursing Care and Hospitals, Tripura

 **Xavier Cena**
37 points

★★★★★ 2 months ago

I have admitted my maternal aunt at unakoti nursing care under cipaca foundation, my personal experience is very good, the hospital staff & doctors are so friendly and they know very well, how to treat a patient. And the important thing is they provide a language translator assistant for better communication between patients and the doctors. Overall I satisfied with the services. Thank you unakoti nursing hospital and cipaca foundation. 🙌

 **Anjali Das**
21 points

★★★★★ a month ago

I'm Anjali Das my father admitted in ICU with Acute exacerbation of COPD, Coovid-19/SHT at Unakoti Nursing Care and Hospital which is taking care by CIPACA.. They provided us with the best facilities and really good staff members. All the doctor and medical staff and GRE were very helpful and well behaved.. They treat us like family member.. Thanks to CIPACA

 **Parth Debnath**
21 points

★★★★★ a month ago

After getting panic attack at home I came to Unakoti Nursing Care and first emergency treatment was provided then , after that I was admitted to ICU taken care by CIPACA . Dr.Gavaskar , nurse and all the hospital staff were very well behaved . Proper treatment was provided and doctors and nurses explained each situation very well. Thanks to Dr. Gavaskar , Nurses , Unakoti Nursing Care , CIPACA

 **Dhiman Datta**
21 points

★★★★★ a month ago

Im Dhiman Dutta my wife was admitted in Unakoti Nursing Care And Hospital for LSCS under Dr. Sumit Das . After her surgery we got to know that due to her low BP she develop eclampsia then we admire her in ICU which is taking care by CIPACA They are providing very good service.. my wife now totally fine.. GRE explain everything very well..DOCTOR, NURSES they treat us like family members.. I am satisfied with there service.. Thanks to CIPACA

 **Rajesh shil**
42 points

★★★★★ 4 days ago

Hi this is Shankari from Tripura. My Sister admitted in ICU at Unakoti nursing Care, which is taken care by CIPACA.. They are coming from Chennai.. Their doctors, nurses and GRE are so good they treat my sister very Good like family their own members.. and they have one girl who translate all doctor's language in bengali it is so helpful. In that CIPACA ICU they have all New updated technology equipments for treating patient.. we are really satisfied with the treatment in our Tripura.. Thank You CIPACA and thank you Unakoti Nursing Care

Planning an event is not a cakewalk. It involves creating, organizing, and supervising every element of an event, meeting, or incentive. From in depth coordination to managing and controlling every single detail of the event, thousands of times, it also means being available for all the last-minute changes, complaints and desires to suffice the objective of the event.

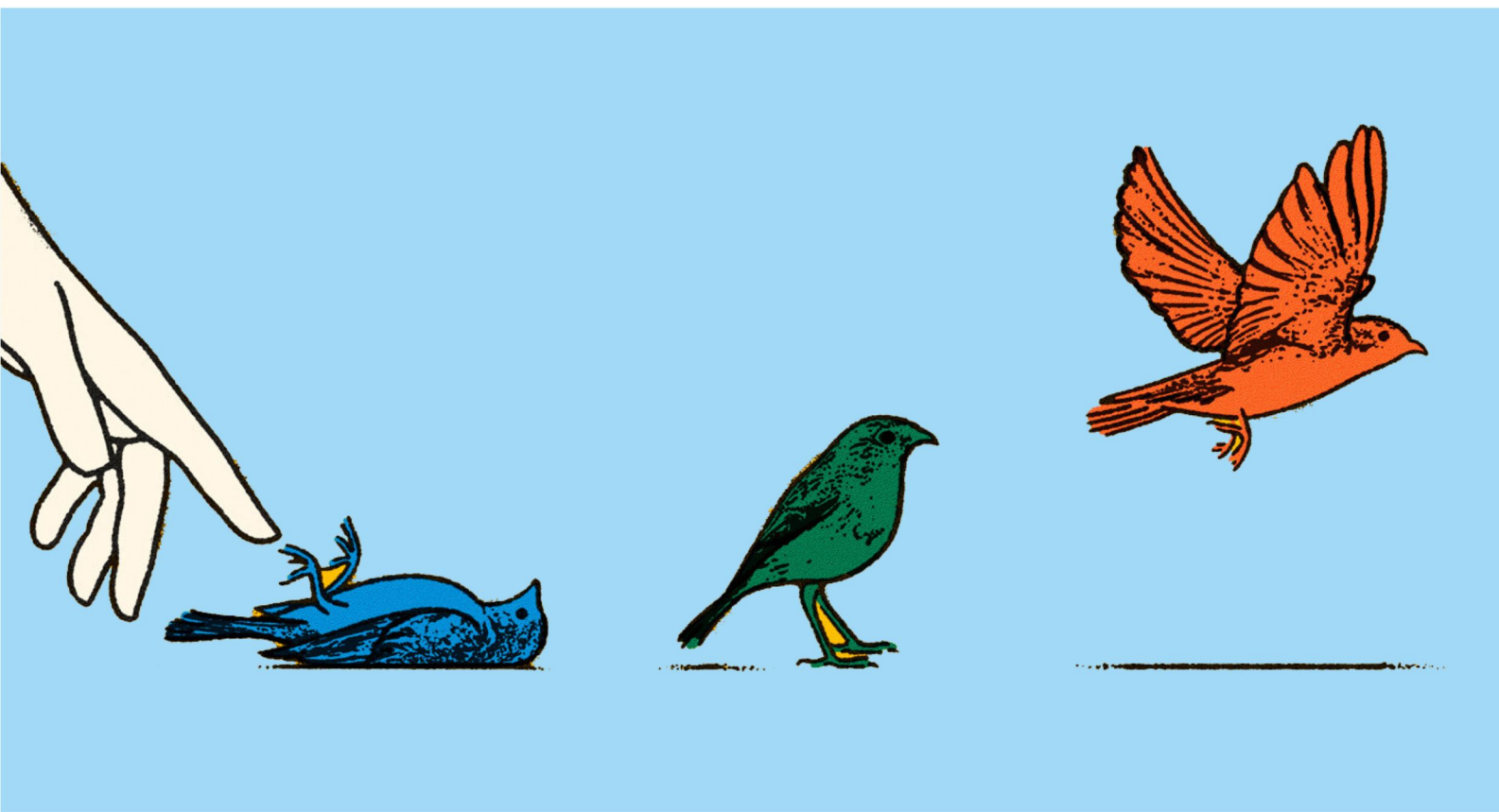
From an event management standpoint, a lot of perfection is expected when on stage. Throughout the day and night, preparations have to be made to ensure everything is in the right place. It is a tedious task and our teams are deployed to ensure everything turns out to be perfect and flawless!.

Congratulations Team for your wonderful work and excellent team coordination in making these inaugurations a grand success!

And for the readers, how about a little sneak peek into Behind The Scenes of the event?

Excited, aren't you?

Behind the Scenes





Debolina Bhattacharjee

10 h • 🌐

Thank you [Sumit Das](#) da and team for setting up the new hope for us. ..Dr .Gavaskar sir and Dr.Kavita mam, I got my papa back because of your treatment 🙏🙏...entire cipaca team ,Hira,payel , Manisha, Priyanka,Saranya ,chanchan,...words are just not enough to thank you guys ..my brothers [Dipanjan Debanjana Paul](#) and [Er Anjan D Barman](#) I am blessed to have Both of you ...It was impossible to take him home back without your efforts... every one who has prayed for my papa, who responded at midnight whn I was in crisis ,who came to see my papa at ICU, ..I thank everyone 🙏🙏🙏





What will the efforts of saving thousands of lives eventually make?

Small towns and rural districts across Tamil Nadu, Pondicherry and Odisha are now centers for excellence in ICU care. Our tree of leaves grows greener by each passing day. A leaf added is a precious life saved. Salute to all of our frontline workers who are working 24x7 relentlessly to save lives and restore hope in the hearts of the people..

Little drops together make an ocean! Tiny leaves one day make a giant tree!

Tree of Lives





Few months old ICUs operating in remote areas like Pithapuram and Kailashahar in Andhra Pradesh and Tripura respectively have been successful in saving many lives in emergencies. One cannot imagine how these ICUs functioning amidst constrained resources have been successful in recovering ventilated and sick patients back to normalcy.



Despite of geographical disadvantage and lack of adequate resources, our frontline saviours have worked 24x7 relentlessly to save lives and restore hope in the hearts of the people. These leaves added to the once barren tree is a testament that hope is still alive if the will to make a difference exists in our hearts!



MS Multi-Speciality Hospital
Pithapuram



Unakoti Nursing Care and Hospitals,
Tripura



Redefining Indian Rural Critical Care



TAMILNADU | ANDRA PRADESH | ODISHA | TRIPURA | MAHARASHTRA

24Hrs Emergency & ICU Care

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