

Al Shifa at a Glance:

Al Shifa Multispecialty hospital is run by the Human Welfare Trust (HWT), a national level humanitarian aid organization. It focuses on healthcare and community development services at an affordable cost. Its premier partners "Vision 2016" now is "Vision 2026" a second extended phase which is another national level NGO committed to the welfare of the down trodden, weak and poor sectors of the community.

Al Shifa is located in Abul Fazal area in New Delhi, a fast developing suburban area which approximately more than two million people mainly belong to lower middle income groups of the Muslim Community.

Annexe – Al Shifa has recently been started in a separate building couple of houses away from Al Shifa main building. OPDs of all major super-specialties such as Neurology, Nephrology, Urology, Endocrinology, Gastroenterology, Mental Health (Psychiatric), ENT, Dermatology etc starts from 8:30 am to 9:00 pm, Monday thru Saturday.

Please call Annexe phone# 0959.908.0496 AND 011.2698.1420 for appointment of Super specialists

Annexe - Al Shifa has adopted special features of appointment on Call system and paperless system. The former has already started but paperless system will be started very soon Insha'Allah. The new system saves patient's waiting time, less crowed, less sanitation issues, less chance of spread of infection to others, in cases of Emergency of doctors; patients will also be informed earlier, reminders for patients & doctors as well.

Medicine for Elderly People (60 yrs & more):

Geriatric Medicine is a specialty that focuses on the healthcare of the elderly (senior citizens ≥ 60 years of age). Geriatric Medicine deals with all the problems faced at old age; be it diabetes, high blood pressure, joint and spine problems, asthma or COPD, memory complaints, Parkinson's disease, depression and mood problems, urinary and bowel issues, sleep problems. Geriatricians focuses on recognizing and treating a variety of predictability syndromes such as Frailty, Sarcopenia, Anorexia of aging, Mild cognitive impairment, Delirium, Falls, Depression, Dementia, Poly-pharmacy, Fatigue etc. etc.

Consultant:

Dr. Saroj Kumar Yadav, MBBS, MD (Geriatric Medicine - AIIMS)

OPD Days: Monday to Friday, Time: 4:00 to 7:00 PM

High Risk Baby Clinic:

Clinic provides development assessment, physiotherapy, occupational therapy along with vaccination and other procedure. Plan is to add speech therapy and behaviour therapy in our set up. Aim of this clinic is to make children with special need self dependent.

Consultant:

Dr. Tarique Ekram, MD, Fellow (NNF)

OPD Days: Monday to Saturday, Time: 8:30 to 11:00 AM

Mental Health - Clinical Psychology:

Clinical Psychologist conducts group and individual sessions is to deal with depression obsessive compulsive disorder (OCD), Post traumatic disorder (PTSD), general anxiety disorders GAD, panic disorder, phobias, sleep disorder, mood disorders. Techniques like Cognitive Behavioural Therapy (CBT), rational behavioural therapy (rebt) are used.

Consultant:

Ms. Burhan Yousuf

OPD DAYS: Monday to Saturday, Time: 10 TO 2:00 PM

New Unit: Ophthalmic Care in Al Shifa hospital

Al Shifa extends it services to most of the ophthalmic specialities including Cataract, Glaucoma, Vitreo Retinal services, Corneas, Squint, Paediatric Ophthalmology, Oculoplasty and tumours, Contract lens and comprehensive Eye check up. Our experienced Ophthalmologist & Ophthalmic technicians are provided excellence eye care services with the help of latest equipments:





Editorial:

Alhamdulillah, the first quarterly Al Shifa Newsletter has been published (Apr-Jun 2017). Our motto is to empower public awareness to the local surroundings population, keeping in touch with existing & new patrons by offering information and special healthcare offers. This also includes news about the events and development (Achievement in the preceding years). Al Shifa is growing fast Alhamdulillah, and in the future we're also trying our best to have a Research & Academic centre, which would be beneficial to the our community.

Innovative Device to monitor blood sugar without prick or pain:

Dr. Sajid Khan, MD (Pharmacology)

Diabetes Mellitus is a chronic disease characterized by polyurea, poly dypsea and hyperglycemia. Normally the body breakdowns sugars and carbohydrates into glucose. The body needs a hormone (insulin) to take glucose for energy production.

Strict blood glucose maintenance is the main criteria of treatment in Diabetes Mellitus which requires continuous monitoring. Sugar control prevents long term complication like Neuropathy, Nephropathy, Retinopathy and development of heart disease.

To monitor sugar, we need a needle prick every time. We now have a device by which we can measure sugar every 15 minutes without pricking with needle.

Once this device is placed on the arm it works for 14 days and sugar can be monitored, sleeping, bathing & on journey.

Benefits:

Device: easily place - a small sticky patch

Benefits: No prick, No blood loss, Convenient, No pain

Useful for 24X7 – sleeping, moving, eating- monitoring glucose

14 days information could be collected in graphic form.

Dialysis Unit:

A plan for six dialysis machines was approved by the governing body of the Al Shifa Hospital however, three latest dialysis machines (Fresenius 4008S NG) installed & Unit was started in the month of December 2016, so far more than 300 dialysis have then taken place. We're looking for some donors who can donate one or more dialysis machines. Any donor for the sake of Allah SWT is welcomed to Al Shifa hospital.



Al Shifa equipped with Modular OTs

Al Shifa has two modular OTs besides Ophthalmic OT. OT has equipped with latest for Ortho-surgery, implant and other laparoscopic surgeries



Blood Storage:

Al Shifa has established a blood storage in year 2016 where different groups of bloods are available 24X7



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PUBLIC AWARENESS ARTICLES

Dengue and its prevention

Dr. Abul Faiz, MD
Consultant Physician

Dengue is a mosquito borne disease caused by the dengue virus and transmitted by Aedes mosquito. Symptoms usually begin 4-6 days after infections and may include:

- Sudden onset high grade fever
- Severe headache, pain behind eyes
- Severe joint & muscles pain (break Bone fever)
- Nausea & vomiting, Skin rashes
- In few cases, the disease develops into a life threatening dengue haemorrhagic fever (DHF) resulting in bleeding, low platelets counts and blood plasma leakage or into dengue shock syndrome (DSS) where dangerously low blood pressure occurs.

The purpose of the article is to aware the public in view of Dengue preventive measures and to know the "Warning Signs" of the Dengue fever, where the patient needs hospitalization and special attention.

Prevention Measure: It consists of

- Control of mosquitoes
- Protection from mosquitoes bite

About Aedes Mosquitoes: Aedes lays its eggs in artificial water containers, to live in close proximity to human and to feed on people rather than other vertebrates.

Primary method of Control measure includes

- Getting rid of open sources of water or by adding insecticides (organophosphate or Pyrethroids)
- Reduce open collection of water through environmental modification

Prevention from mosquito bites:

- Use full sleeve shirt, full pants (trousers), socks and shoes when going outside
- Use of mosquito repellent and use of mosquito nets

Dengue Vaccine:

Became commercially available in Philippines and Indonesia in 2016. It is partially effective (60% protection rate). Trials are ongoing to cover all four serotypes of virus.

Warning Sign: Immediately consult your doctor if any of the following appears:

1. Severe abdominal pain or recurrent vomiting
2. Red spots or patches on skin
3. Bleeding from nose/gums
4. Blood in vomitus
5. Black, tarry stool
6. Drowsiness or irritability
7. Pale, cold or clammy skin
8. Difficulty in breathing

Those who are able to drink, passing urine and having no "warning sign" can be managed at home with oral rehydration therapy, paracetamol etc. And daily follow up. Those who have "warning signs" should be cared in hospitals.

Diarrhoea Among Children (Prevention & Cure)

Dr Md. Mateen Parwez, MBBS, DCH
Paediatric Consultant

Diarrhoea is one of the most common cause of morbidity and mortality in childhood. Diarrhoea is defined as passage of 3 or more loose or liquid stool per day.

The WHO estimates that between 90,000 to 153,000 children die from rotavirus infection in India each year. And, more than 2.3 million children below five years of age die in India annually, of those about 334,000 die from diarrhoea-related diseases.

Cause – Acute diarrhea

1. Acute infectious diarrhoea:- most common cause of acute diarrhoea – infection can be viral (e.g. rotavirus, etc) bacterial (e.g. E.coli, vibrio cholera, salmonella etc), protozoa (e.g. giardia etc)
2. Food borne diarrhoea:- also known as food poisoning can be caused by either toxin producing organism or organism itself colonizing the gut.
3. Antibiotic induced diarrhoea
4. Traveller's diarrhoea

Chronic diarrhea

Chronic diarrhoea is defined as diarrhoea persistent more than 2 weeks

Management:

A-Diagnosis

1. By history and physical examination we can assess the Level of dehydration i.e. mild, moderate and severe.
2. Investigation required in few spl. cases e.g. bloody diarrhoea, toxic and febrile patient, immunocompromised individuals, epidemic outbreak of a specific organism, persistent and chronic diarrhoea etc.

B-Treatment

1. In acute diarrhoea :- replacement of fluid and electrolyte by ORS in case of mild to moderate dehydration & IV fluid in case of severe dehydration. ORS can be given by nasogastric tube if child refuses oral intake.
2. Breast fed infants should continue breast milk & those who are formula fed should also continue their feed if tolerated.
3. Zinc supplements have been shown to be effective in decreasing the duration and severity of diarrhoea.
4. Antibiotic should not be used routinely in acute diarrhoea but they are required in certain conditions e.g. immunocompromised patient, in presence of certain organism e.g. salmonella, shigella, campylobacter etc.
5. Parasitic infection such as Giardia and ent. Histolytic will respond to antibiotic.
6. Probiotic such as lactobacillus & saccharomyces boulardii have been tested in children with acute diarrhoea.

Management of acute diarrhoea is usually done at home with educating the parents how to provide ORS and the child feeding and regular follow up. However hospitalization is required if the patient is in severe dehydration, shock, sepsis, lethargic, uncontrolled vomiting & failure of ORS therapy at home

Chronic Diarrhea

Management can be done in O.P.D clinic with regular follow up according to each case.

Safety of Patients & Family: Hospital Acquired Infection

Al Shifa Hospital has an infection control unit which is supervised under Quality assurance consultant & qualified Nurse (ICN) for the safety of patients, visitors, employee of hospital.



The following protocols are maintained and monitored on regular basis in order to make an infection free hospital environment for safety of patients as well as their family members:

1. Hand washing protocols
2. Maintain PPE
3. Educate regularly about basic HAI to staff, Attendees
4. Regular checking of monitors indicators: VAP, CAUTI, CLABSI, SSI
5. Internal Audit: Hand hygiene, Antibiotic audit
6. Fogging or fumigation of OT at least two times in a week and culture once in a week.
7. Fumigation & culture are being taken place after surgery of an infected person
 - a. Swabbing for Culture is taken from surgeons' hands after hand wash
 - b. Swab for culture may be taken from, OT light, Table, Floor, Instruments trolley, Wall, Scrubbing area, Door & door handles
8. Fogging ICU/NICU in every fifteen days & Culture taken from Floor, Walls, Beds, Nursing station, Medication trolley, Hand washing area, Cardiac monitor, Phototherapy, Baby Warmers

Achievements of Al Shifa Multispecialty Hospital in 2015-2016

1. Al Shifa Blood Storage
2. Ophthalmic Care Centre
3. Ophthalmic OT
4. Optical Shop
5. Upgradation of NICU level-3
6. Annexe – Al Shifa Hospital for Super specialty clinic and Dental and rehabilitation centre.
7. New Departments: Geriatric & Clinical Psychology have been started.
8. Mortuary facility started
9. NABH Entry level certification was awarded
10. Sewage Treatment Plant (STP) is about to complete.

NICU

Al Shifa NICU is a state of art having seven beds at the tertiary level. NICU is being run under supervision of Neonatologist with backup of trained staff nurse. Facilities available are following:

1. Surfactant administration & blood and its component administration
2. Central line placement
3. Total parental nutrition
4. Care of <1500 gram baby
5. Phototherapy and other facility
6. Care of high risk baby



Community Health Program:

Poor OPDs:

Al Shifa provides poor OPDs of all specialties daily from 3:00 to 5:00 pm. The following depicts the number of patients from the last four years:

- 2016 – 17467
- 2015 – 18370
- 2014 – 17273
- 2013- 17623

Free Healthcare Camps

Year	Total	Al Shifa	Outsides	Beneficiaries
2015	15	08	04	1143
2016	10	03	07	2420
2017	06	01	05	2200

(March)



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