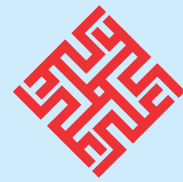


NEWSLETTER

OCTOBER | 2018



Ali
Medical
ISO 9001:2015

Achievements & Accreditations

CHANGE IS INEVITABLE
PROGRESS IS OPTIONAL

Tribute to a Legend



International Network of
Health
Promoting
Hospitals & Health Services



CONTENT

Celebration of Achievements & Accreditations

Tribute to a Legend

Fungal Sinusitis

Nursing Bottle Caries

Respiratory Syncytial Virus (RSV) season is here

Quality and Quality Care Metrics in Nursing Care

Trip to Keran Azaad Kashmir

📍 Kohistan Road, F-8 Markaz, Islamabad.

☎ +92-51-8090200 📠 +92-51-8449944

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✉ info@alimedical.org

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Celebration of Achievements & Accreditations

Ali Medical Centre celebrated Achievements, Accreditations, Success and Journey of Change on September 30, 2018. A tribute to Mr. Mahmood ul Haq Alvie (Late) founder of Ali Medical Centre was also given. The event was very well organized and all stakeholders including Management, Employees, Consultants, and Guests were invited to celebrate.



Shields were awarded to following Employees and Consultants for their 10 years and above services at Ali Medical Centre:

1. Prof. Dr. Khaleeq Uz Zaman (Consultant Neurosurgeon)
2. Prof. Dr. Fareed Ullah Khan Zimri (Consultant Orthopaedic Surgeon)
3. Prof. Dr. Fareesa Waqar (Consultant Gynaecologist & Obstetrician)
4. Prof. Dr. Syeda Batool (Consultant Gynaecologist & Obstetrician)
5. Prof. Dr. MA Zahid (Consultant General & Laparoscopic Surgeon)
6. Prof. Dr. Nadeem Akhter (Consultant Paediatric Surgeon)
7. Dr. Abdul Hameed Paracha (Consultant Paediatrician)
8. Dr. Akhter Ali Bandesha (Consultant Cardiologist)
9. Dr. Azeem Alam (Consultant Dermatologist)
10. Dr. Arshad Ali (Consultant Anesthesiologist)
11. Dr. Nadeem Murtaza (Consultant Nephrologist)
12. Dr. Shumaila Mubasher (Consultant Gynaecologist & Obstetrician)
13. Dr. Faiz Un Nisa (Consultant Gynaecologist & Obstetrician)
14. Dr. Nosheen Farooq (Consultant Gynaecologist & Obstetrician)
15. Dr. Firdaus Awan (Consultant Paediatrician)
16. Dr. Jawad Ahmed (Consultant ENT Surgeon)
17. Dr. Naveed Ullah (Consultant General & Laparoscopic Surgeon)
18. Dr. Nadar Anjam (Physiotherapist)
19. Dr. Shahbaz Haneef Meher (Consultant Urologist)
20. Dr. Shabana Jamal (Consultant General Surgeon)
21. Dr. Muhammad Tariq (Consultant ENT Surgeon)
22. Dr. Nusrat Ali (Consultant Anesthesiologist)
23. Dr. Nasreen Aslam (Consultant Anesthesiologist)
24. Dr. Rehmat Ali (Consultant Anesthesiologist)
25. Dr. Samina Khaleeq (Consultant Neurosurgeon)
26. Dr. Uzma Ali (Consultant Dermatologist)
27. Mr. Muhammad Nazeer (Accounts Assistant)
28. Mr. Ziaraf Hussain (Assistant Manager Accounts)
29. Mr. Muhammad Imran (Office Assistant)
30. Mr. Mughees Abbas (Electrician)
31. Mr. Haq Nawaz (Nursing Assistant)
32. Mr. Muhammad Idrees Khan (Transporter OT)
33. Mr. Aurangzeb (OT Technician)
34. Mr. Muhammad Naseer (OT Assistant)
35. Mr. Ghafoor Masih (OT Technician)
36. Mr. Safarish Khan (OT Technician)
37. Ms. Syeda Sibgha Shah (Front Desk Officer)
38. Mr. Aqeel Hassan (Front Desk Officer)
39. Ms. Abida Bibi (Transporter PCD)
40. Mr. Shams Ud Din (Lift Operator)
41. Mr. Muhammad Imran (Maintenance Assistant)



Medals were given to following for their outstanding services towards Ali Medical Centre:



Dr. Sohail Abbas Sukhera
(Consultant Anesthesiologist)



Dr. Kamran Majeed
(Consultant Urologist & Renal Transplant Surgeon)



Dr. Zahid Nabi
(Consultant Nephrologist & Renal Transplant)



Dr. Ishfaq Naeem
(Consultant Paediatrics)



Dr. Shirin Gul
(Consultant Paediatrics)



Mr. Khawar Wajahat
(Head of MIS, IT & SCM)

Mehmood Ul Haq Alvie Awards were given to following for their outstanding contributions towards humanity:

1. Prof. Dr. Kahleeq Uz Zaman
(Consultant Neurosurgeon)
2. Prof. Dr. Fareed Ullah Khan Zimri
(Consultant Orthopaedic Surgeon)
3. Prof. Dr. Mushtaq Ahmed Khan
(Consultant Paediatrician)
4. Prof. Dr. Tabish Hazir
(Consultant Paediatrician)
5. Mr. Ali Raza Alvie
(Chairman Ali Medical Centre)



Ali Medical Centre Crest was given to Chief Guest Prof. Brig. (Rtd.) Dr. Maqsud-Ul-Hassan, Dean, Faculty of Management Sciences(NUML), Ph.D in Human Resource Development, M.Sc. in 'War Studies'. He holds Sitara-e-Imtiaz & Tamgha-e-Imtiaz.



Certificate of Appreciation was given to Dr. Hassaan Bashir Ahmed Khan, Chief Executive Officer Ali Medical Centre for his leadership role in development and achievements of the team and Ali Medical Centre.



Certificate of Appreciation was given to Dr. Bilal Arshad Butt, Medical Director Ali Medical Centre for his contribution in continuous progress and development of Ali Medical Centre.



Certificates of Appreciation were given to following for their contribution towards making Ali Medical Centre ISO 9001 : 2015 Certified Hospital:

1. Dr. Mati Ur Rehman (Consultant Quality & Safety)
2. Dr. Ayesha Rehman (Consultant Quality & Safety)



In consonance with the 4th anniversary of Mr. Mehmood ul Haq Alvie, which coincidentally falls on 20th October, the editorial board thought of sharing few words about the founder Chairman of Ali Medical Centre. However, with the space available in this chronicle, this is most audacious and difficult task to write few words about Alvie Sahib.

Mr. Alvie acquired Ali Medical Centre in 1996 to transform this medical centre into a state of art health facility in the federal capital, although neither he nor anyone from his family had such background. Today Ali Medical Centre stands out very prominently as a top class health facility in Islamabad.

Alvie Sahib was a flamboyant, multifaceted, down to earth, serious and sincere person pursuing several missions of his life simultaneously, maintaining a steadfast equilibrium in pace and progress of all. He was most obedient son, a sacrificing brother, a loving husband, overarching father / grandfather, a friend really in need of all friends and an acclaimed master in cultivating sweet relationships and friendships. Rising from a very humble start, he reached the pinnacle of success in every field of life he ventured into. Those who know him say as a proverb that success for him was kind of a gift that always chased him. The company he founded named as HAKAS established by investing only a few hundred rupees was crowned as one of the biggest construction company of this country. Name any government department and HAKAS would be there invariably occupying the top slots of approved firms. Many international firms working in Pakistan in those days would hire the services of HAKAS for such works as were declined by others either because of lack of proper machinery / equipment or lack of technical expertise. Not only this HAKAS earned the rare distinction as a sole hallmark of completing awarded projects within the allocated time frame and with an unmatched quality of work.

His charitable activities and passion for philanthropy started from the day he received his 1st salary only at the age of 19, when he arranged prayer mats for the mosques where he used to say prayers. Soon after, rather concurrently with the establishment of HAKAS, Ali Trust Pakistan was established and then there was no looking back. Wherever he worked, he established schools, dispensaries, masaajid, religious and vocational schools besides undertaking philanthropic activities for needy individuals and underprivileged segment at large. Today, there are 23 projects, big and small under the umbrella of Ali Trust Pakistan, employing 550 individuals, catering to some 5000 students for free quality education and number of beneficiaries running around 400,000 annually. Just to capsule his services, his irresistible passion for helping others lands him in an utopia others can never think of.



Vocational Pakpattan



Ali Trust College Islamabad



Ali Trust Secondary School G-14 Islamabad



Mosque Okara



Ali Trust Higher Secondary School Rawalpindi



Ali Trust Model School Islamabad



Ali Trust Boys High School Pakpattan



Ali Trust TB Clinic Pakpattan



Hifz ul Quraan Pakpattan



Ali Trust Free Eye Hospital Okara



Hifz ul Quran Okara



Ali Trust Girls High School Okara



Ali Trsut Girls School Pakpattan



Vocational Okara



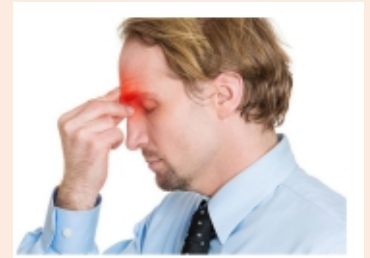
Ali Trust Model School Chakwal



Dr. Badar Us Salam
Consultant ENT Surgeon

I have practised in UK for almost two decades. I have noticed fungal sinusitis to be much commoner in Pakistan. I am seeing more and more cases of fungal sinusitis. Fungal sinusitis is a condition that can affect anybody. It is infection of nose and surrounding bony cavities (sinuses). Though fungal sinusitis may not be serious but some times it could be potentially life threatening as it can invade the brain and orbit.

Fungi are plant-like organisms that lack chlorophyll. Since they do not have chlorophyll, fungi must absorb food from dead organic matter. Fungi share with bacteria the important ability to break down complex organic substances of almost every type. Fungi are supposed to "eat" only dead things, but sometimes they start eating when the organism is still alive. This is the cause of fungal infections.



In the past 30 years, there has been a significant increase in the number of recorded fungal infections. This can be attributed to misuse of antibiotic. When the body's immune system is suppressed, fungi find an opportunity to invade the body and a number of side effects occur. Because these organisms do not require light for food production, they can live in a damp and dark environment. The sinuses, consisting of moist, dark cavities, are a natural home to the invading fungi. When this occurs, fungal sinusitis results.

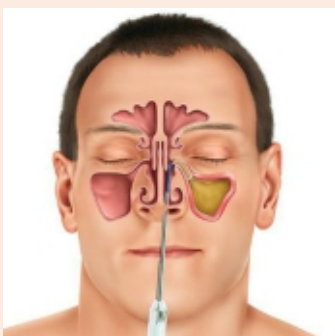
There Are Four Types Of Fungal Sinusitis:

Mycetoma Fungal Sinusitis produces clumps of spores, a "fungal ball," within a sinus cavity, most frequently the maxillary sinuses. Generally, the fungus does not cause a significant inflammatory response, but sinus discomfort occurs. The noninvasive nature of this disorder requires a treatment consisting of simple scraping of the infected sinus. An anti-fungal therapy is generally not prescribed.

Allergic Fungal Sinusitis (AFS) is now believed to be an allergic reaction to environmental fungi that is finely dispersed into the air. Patients diagnosed with AFS have a history of allergic rhinitis, and the onset of AFS development is difficult to determine. Thick fungal debris and mucin are developed in the sinus cavities and must be surgically removed so that the inciting allergen is no longer present. Recurrence is not uncommon once the disease is removed. Anti-inflammatory medical therapy and immunotherapy are typically prescribed to prevent AFS recurrence.

Chronic Indolent Sinusitis is an invasive form of fungal sinusitis. The disease progresses from months to years and presents symptoms that include chronic headache and progressive facial swelling that can cause visual impairment. Microscopically, chronic indolent sinusitis is characterized by a granulomatous inflammatory infiltrate (nodular shaped inflammatory lesions). A decreased immune system can place patients at risk for this invasive disease.

Fulminant Sinusitis is usually seen in the immunocompromised patient (an individual whose immunologic mechanism is deficient either because of an immunodeficiency disorder or because it has been rendered so by immunosuppressive agents). The disease leads to progressive destruction of the sinuses and can invade the bony cavities containing the eyeball and brain. The recommended therapies for both chronic indolent and fulminant sinusitis are aggressive surgical removal of the fungal material and intravenous anti-fungal therapy.



In my personal opinion misuse of antibiotic for all sort of ambiguous conditions is one of the culprits. Patients awareness and education is also lacking for this potentially serious condition. Though vast majority of patients with sinusitis do settle with standard treatment (medical/surgical) but there does seem to be an appreciable number of patients who need urgent and more aggressive treatment. My advice would be that patient should seek specialist advice sooner if sinusitis does not improve with standard medical treatment and should only be using antibiotics if appropriately indicated and with the advice of registered medical doctor.

Early childhood caries (ECC) is also known as nursing bottle caries is a disease that affects teeth in children aged between birth and 71 months.

How do bottles cause decay?

Baby bottle tooth decay is caused by the frequent and long-term exposure of a child's teeth to liquids like milk formula, mother feed, fruit juice, sodas and other sweetened drinks. The sugars in these liquids pool and cling to an infant's teeth and gums, feeding the bacteria that cause plaque. Bacteria in the mouth thrive and make acids that attack the teeth.

Can breast feeding cause decay?

It's often said that breastfeeding (particularly while lying down at night) will cause tooth decay, just like letting a baby sleep with a bottle of milk can cause "baby bottle mouth."

Do cavities in milk teeth affect permanent teeth?

If the decay is extensive the bacteria in the cavity can cause a dental abscess which can spread down to affect the developing tooth under it and cause defects.

How to Prevent tooth decay?

Place only formula, milk or breast milk in bottles. Avoid filling the bottle with liquids such as sugar water, juice or soft drinks. Infants should finish their bedtime and nap time bottles before going to bed. If your child uses a pacifier, provide one that is clean—don't dip it in sugar or honey.

1. Avoiding frequent consumption of liquids and/or solid foods containing sugar
2. On demand breast-feeding after the first primary tooth begins to erupt and other dietary carbohydrates are introduced.
3. Discontinue Baby Bottle use after 12-18 months.
4. Implementing oral hygiene measures no later than the time of eruption of the first primary tooth.
5. Tooth brushing should be performed for children by a parent twice daily, using a soft toothbrush of age-appropriate size.
6. Providing professionally-applied fluoride varnish treatments for children at risk for ECC.

How to manage tooth decay?

Limiting acidic foods, limiting juices, especially citrus juices substituting water for juice, formula or milk in your child's bottle. If decay is spotted at later stages and symptoms like brown or black spots on the teeth bleeding or swollen gums, fever, swelling or irritability, which could indicate infection and bad breath then you and your child's dentist can work together to formulate an approach to manage and treat.

Treatment under General Anaesthesia

If the child is unable to be compliant during dental treatment, or if the child requires extensive treatment, then the use of general anaesthesia (GA) may be considered.



Dr. Sadia Khalid
Consultant Dental Surgeon



Respiratory Syncytial Virus (RSV) season is here

Overview

Respiratory syncytial virus (RSV) causes infections of the lungs and respiratory tract. It's so common that most children have been infected with the virus by age 2. Respiratory syncytial (sin-SISH-ul) virus can also infect adults. In adults and older, healthy children, RSV symptoms are mild and typically mimic the common cold. Self-care measures are usually all that's needed to relieve any discomfort.

Symptoms

Signs and symptoms of respiratory syncytial virus infection most commonly appear about four to six days after exposure to the virus. In adults and older children, RSV usually causes mild cold-like signs and symptoms. These include:

Congested or runny nose

Dry cough

Low-grade fever

Sore throat

Mild headache

In severe cases

Respiratory syncytial virus infection can spread to the lower respiratory tract, causing pneumonia or bronchiolitis — inflammation of the small airway passages entering the lungs. Signs and symptoms may include:

- Fever
- Severe cough
- Wheezing — a high-pitched noise that's usually heard on breathing out (exhaling)
- Rapid breathing or difficulty breathing — the child may prefer to sit up rather than lie down
- Bluish color of the skin due to lack of oxygen (cyanosis)

Infants are most severely affected by RSV. You may notice your child's chest muscles and skin pull inward with each breath. This is a sign that he or she is struggling to breathe. Other signs and symptoms of severe RSV infection in infants include:

- Short, shallow and rapid breathing
- Cough
- Poor feeding
- Unusual tiredness (lethargy)
- Irritability

Causes

Respiratory syncytial virus enters the body through the eyes, nose or mouth. It spreads easily through the air on infected respiratory droplets. You or your child can become infected if someone with RSV coughs or sneezes near you. The virus also passes to others through direct contact, such as shaking hands.

Complications

Complications of respiratory syncytial virus include:

- Hospitalization
- Pneumonia
- Middle ear infection
- Asthma
- Repeated infections



Prevention

No vaccine exists for respiratory syncytial virus. But common-sense precautions can help prevent the spread of this infection:

- Wash your hands frequently
- Avoid exposure
- Keep things clean
- Don't share drinking glasses with others
- Don't smoke
- Wash toys regularly



Diagnosis

Your doctor may suspect respiratory syncytial virus based on the findings of a physical exam and the time of year the symptoms occur. During the exam, the doctor will listen to the lungs with a stethoscope to check for wheezing or other abnormal sounds.

Laboratory and imaging tests aren't usually needed. However, they can help diagnose RSV complications or rule out other conditions that may cause similar symptoms. Tests may include:

- Blood tests to check white cell counts or to look for viruses, bacteria and other germs
- Chest X-rays to check for lung inflammation
- Swab of secretions from inside the mouth or nose to check for signs of the virus
- Sometimes, painless skin monitoring (pulse oximetry) to detect lower than normal levels of oxygen in the blood.

Treatment

Treatment for respiratory syncytial virus generally involves self-care measures to make your child more comfortable (supportive care). But hospital care may be needed if severe symptoms occur.

Supportive care

Your doctor may recommend an over-the-counter medication such as acetaminophen (Tylenol, others) to reduce fever. Frequent use of nasal saline drops and suctioning can help clear a stuffy nose. Your doctor may prescribe antibiotics if there's a bacterial complication, such as bacterial pneumonia.

Keep your child as comfortable as possible. Offer plenty of fluids and watch for signs of dehydration, such as dry mouth, little to no urine output, sunken eyes, and extreme fussiness or sleepiness.

Hospital care

If the RSV infection is severe, a hospital stay may be necessary. Treatments at the hospital may include:

- Intravenous (IV) fluids
- Humidified oxygen
- Mechanical ventilation (breathing machine)

The doctor may recommend an inhaled form of an antiviral medicine called ribavirin (Virazole) for people with very weakened immune systems (immunocompromised). An inhaler (bronchodilator) or steroids are not proved to be helpful in treating RSV infection.

For years, the provision of quality nursing care is a long-standing concern for healthcare institutions. Patients and families desire to receive quality nursing care, therefore nurses strive to provide such care. It is the relative effectiveness of nursing care which provides an indication of patients' health status. There is a huge difference in the perceived concept of quality in the private and public sectors. In the private sector, customer loyalty is considered quality care, whereas timely examination of patients by the doctor is considered quality in the public sectors. The patient expects that nurses should demonstrate empathy, compassion, and care in order to provide quality care. Moreover, patients also expect nurses to be friendly, kind, objective, possess a sense of humor, and reflect on their patients' values.



Ms. Asma Mughal
Manager
Quality Management Department



On the other hand, nurses cite the ability to act in the best interest of the patient as the prime indicator of quality care. Nurses are the most important and frequently approached health care providers who deliver clinical care around the clock, their contribution to influence the high quality and safe care cannot be undermined.

Nursing Quality Care-Metrics (QC-M) enable quality improvement and accountability of care by generating evidence about the quality of nursing care. The QC-M utilizes different kinds of care process quality indicators, thereby providing a framework to measure the fundamentals of nursing care. The QC-M highlights the contribution of nursing to safe and effective care and provides the evidence and assurance to managers, governance structures, and regulators that care quality is a priority for the professions of nursing. Measuring the degree to which nurses adhere to care processes plays an important role in assuring, sustaining and improving the quality of care delivered to patients and families. The QC-M enables identification of areas of effective nursing practice, which must be recognized and celebrated. In addition, it also helps in the identification and recognition of practice areas that require improvement.

M	Measurement of Standards
E	Engagement of Staff
T	Timely Information
R	Results-open & transparent
I	Improvement for Service Users
C	Culture Change
S	Shared Learning



Our hospital is committed to continuous quality improvement journey highlighting; areas of practice which require improvement and measuring for tangible evidence which indicates that improvement efforts are impacting the delivery of quality care at each and every level.

Trip to Keran Azaad Kashmir

Accounts, Finance and Business Development Trip to KERAN Azad Kashmir



Editorial Board

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Chief Editor: Dr. Bilal Arshad Butt (Medical Director)
Editor: Sohaib Ahmad Khan (Manager BD)