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Aarogya...

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THEME OF THE ISSUE

Patient Safety

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Excerpts from speeches

by **Dr. APJ Abdul Kalam**

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Message from Chief Patron

The world is changing its face and phase everyday. Healthcare Management isn't an exception to this. If I go down the memory lane, while I was a child I distinctly remember the Govt. Doctor treating my Enteric fever by keeping me only on liquids! As I grew up I had this desire of learning Medicine and I used to watch the Doctors practicing their art sometimes in awe and sometimes in despair. Awe, because of their great clinical acumen, and despair for their disdain regarding safety. One Doctor was very famous with one community for the simple reason that he didn't ask the women folk to roll their sleeves up for I.M. injection, he directly inserted the needle through the clothing and bang into the arm! If an abscess developed or any other serious event occurred, I wondered what the remedy, up his own sleeve was.

Then I landed in the Medical College Hospital for my education and the wards of any department were nothing better than a dustbin, everything and anything being dumped anywhere and everywhere as per the paramedics' whims and fancies. The private hospitals were nothing better or were even worse, as the place of paramedics was allocated to anyone who was willing to do it at the least cost to the Doctor. In short safety of the patient was never on the agenda

Now in the last 20 years or so the scene has started to change. The cost of treatment has sky rocketed with the advent of the Corporate hospitals but at the same time the missing item on the agenda has gained paramount importance.

The Accreditation bodies give a lot of stress on the safety measures on the working protocols of the hospital. This in my view is a highly laudable norm. Doctors and hospitals aren't just about drugs and their delivery. They are responsible for not only the treatment but the safety measures they should follow for the overall patient well being. They and the hospitals are now held responsible for this is a welcome change. Yet, I feel that there is a long way to go for us to achieve those gold standards set by the well known hospitals the world over.

But what gives me some satisfaction is the fact that patient safety is being taken into account and those violating the norms are held responsible for it. Thus we have a long way to go but fortunately a beginning has been made. Well begun is half done! AROGYA e - Journal will focus important topics & Share thoughts with Industry

Dr. Nitin Sewlikar
Principal ICRI, Mumbai

Message from Patron

In today's scenario, patient care in the hospitals has become too complex in view of modern technology and techniques made available to medical practitioners and hospital management. Given the volume and complexity, some lapses in standards of healthcare are inevitable. But that does not absolve the practitioners and management from the responsibility of owning the lapses. In fact, on the other hand, there must be more awareness and accountability of errors in medical or hospital practice. The operation of healthcare service depends upon a complex interaction between patient, environment in which care is provided and the people, equipment and facility that

deliver the care. If the same number of errors negligence occurring in healthcare occurs in Airline Industry, it will lead to one aircraft falling off the sky every day. Although it is a rare occurrence, pilots regularly rehearse engine failures on simulators. After an air crash, one wouldn't just forget about recovering black box, so why should it be thought so strange to want to learn from every accident in healthcare. Blame and retribution are prominent in media coverage of what has gone wrong. It is important that there should be accountability. Creating a culture of blame and retribution will lead to problem being swept under the carpet and problem being uncorrected because of fear of being admitting the errors. A well led and well managed organization will seek to minimize

such incidents by preventing their occurrence and acting swiftly to limit their adverse consequences. Time has arrived to improve our healthcare delivery systems, product safety (devices, drugs, vaccines and biologics), safety of services (medical decision making, diagnosis, laboratory testing). The Inaugural Issue of "AROGYA" is dedicated towards this aim of creating awareness among the industry across all sections, whether students, managers or practitioners.

Dr. K.K. Raheja

HOD, Prof, Health

ICRI Mumbai

Aarogya a Health Academic Journal

Welcome to Aarogya the inaugural issue of healthcare journal of ICRI, Health Division Mumbai. Our aim is to create platform for all the students including alumni and faculty of ICRI, research scholar and industry experts to participate and contribute to the knowledge content of healthcare industry. We prepare to start this journal as a quarterly issue starting June 2010. Each issue will focus on a particular theme, most contemporary and relevant issue of the industry. This will stimulate the students to think innovatively and bring out thematic articles. This first issue is focusing on Patient

Safety in Healthcare Industry hopes it will good start of our journey. We are very happy to offer you first issue of Aarogya My team will work hard to ensure that we have the journals from June available online. This historical E journal is invaluable and I am sure people will take full advantage of this service and also encourage you to publish your research Paper in the Aarogya E Journal.

Mr. Anil Bankar

Lecturer, Health (Medical Tourism)

ICRI, Mumbai.

Improving the Scenario of Healthcare in India

Healthcare industry in India is going through a high precision transition from a cottage industry to a well knit corporate governed practice. Healthcare initially was associated with the voluntary services offered by missionaries and fortified by the work of Florence Nightingale who gave a personal touch to this esteemed profession. But as time passed by, managing healthcare services became a costly affair due to the manpower and quality standards involved. The arrival of corporate world also enhanced the question, Quality Healthcare for all, is it a myth?

Our state run hospitals have no dearth of high end machinery at affordable costs; it lacks a purely planned system for handling volumes and ensuring that the deserving get the right appropriation. Yesterday, our honorable finance minister of India has again announced 22300 cores for healthcare spend in India, (a good 14% hike from the previous year) but who will ensure its proper utilization?.

Far below the world average of bed requirements globally at an estimated 22.5 lac beds, a whopping 67% of those would handle by the private sector. Lots of innovations are happening in the industry in India, to rationalize costs and obtain maximum return on investment. Examples include mobile diagnostic vans, Strategic partnerships with like minded organizations, joint ventures, private equity and public private partnerships.

With the foray of healthcare IT products, life has become easy for practitioners and administrators to go in for a paperless concept in the hospital. Still Indian systems are yet to accept electronic medical records as a proof in the wake of consumer protection act applicable to hospitals. A recent verdict from Bangalore high court can be considered

as an exemption where in EMR, if signed by head of the institution is considered as a valid proof. Telemedicine is also taking a big stride into the industry. With video conferencing facilities available at your fingertip, a patient who has come in for medical tourism can interact face to face with their near and dear while in bed. The dream project of our honorable prime minister, the UID should be a platform so as to cater to the health records of the individual to a single card.

Home care is another revolution which is happening now. It includes home collections for pathological tests, portable machinery like BP monitors, BMI calculators, Blood sugar monitors etc.. Going one step forward we will see critical equipments like ventilators being given on rent for those who prefer comfort at home, still in a critical condition. This industry is growing globally at 15% per annum as the figures show **US \$ 140 Billion- Global, US \$ 1.5 – Indian Market.** *(Majors like Philips chose to launch their products in India)*

Last but not the least; this is one industry which is recession proof, infact it's growing at a phenomenal pace. Since this being a predominant day for the students to portray their skills, I wish you the very best for your career.

Reny Varghese
Hinduja Healthcare Pvt Ltd

Human Factors in Patient Safety including public perception

Patient safety is a new healthcare discipline that emphasizes the reporting, analysis, and prevention of medical error that often lead to adverse healthcare events. Recognizing that healthcare errors impact 1 in every 10 patients around the world, the World Health Organization calls patient safety an endemic concern. It was reported that nearly 44,000 to 98,000 people were dying annually due human errors in US in the year 2003, and government is trying to reduce the number per year. WHO has recognized the need of prevent

able measures for human errors, and has been conducting research on it. Human factor (science) is a recently developed “branch of applied science practiced by psychologists, engineers, and anthropologists that applies information about human abilities, limitations and characteristics, to the design of devices, systems, job tasks, and environments to enhance human performance. Recently this is applied in healthcare sector to minimize adverse effects due to preventable human factors like nurse fatigue factor, errors due to doctor burnout etc. Ergonomics, the science of designing the

job, equipment, and workplace to fit the worker, designing job structure as per individual person’s characteristics, avoiding extended shift hours, assigning protocols for careful execution of critical medical procedures, designing user friendly software, and equipment, automation to avoid human errors are some of the methods applied in human factor science. “To err is human”, but when it comes to medical errors patient & public at large would never sympathize with an overburdened healthcare staff who has committed that mistake, so it’s better to try to avoid such errors by making your system more & more effective rather than pointing out human errors.

Dr. Pratibha Khandalgonkar

MBA-HOM. (Final Year) ICRI, Mumbai

Patient Safety Issue in Dental Practice

Patient safety is the number one priority throughout the health care industry today. It helps define quality health care. Keeping our patients safe is a challenging issue because errors and mistakes can and do happen. A number of international studies in recent times have concluded that action is needed to reduce the number of adverse events that occur in the health sector. Various international bodies, such as the World Health Organization (WHO), have sought to identify patient safety risks and develop recommendations to help prevent adverse events.

In this paper on “PATIENT SAFETY ISSUES IN DENTAL PRACTICE” I have sought to look into the various

patient safety issues existing in dental practice and ways to prevent harm to the patients. Based on observation and review of studies & case presentations I have presented 12 issues where in patient safety is a matter of concern and have described ways to ensure utmost safety to the patient during the course of dental treatment. Based on the issues described I have summarized a few patient safety goals and steps to achieving these goals. All these safety measures come under the accreditation umbrella. A very crucial finding that I came across during the course of completing this paper was that, although the need to identify patient safety risks is being fulfilled and these are being made known to the healthcare workers, there still remains the need to implement the various patient safety measures with utmost sincerity and completeness. Accreditation of dental practices in

India would play a major role in ensuring compliance with all such patient safety measures and will be a welcome introduction towards enhancing patient safety and the quality of services in dental practices.

Dr. Bijoun Mepani

PGD, HCM, ICRI, Mumbai

Alternative Medicine - Achievable Healthcare for All

There are 2860 hospitals, with a total of 45 720 beds, providing traditional Indian systems of medicine and homeopathy in India. In 1998, more than 75% of these beds were occupied by patients receiving ayurvedic treatment, which is by far the most commonly practiced form of traditional medicine in India. There are 22,100 dispensaries of traditional medicine. There are 5,87,536 registered traditional medicine practitioners and homeopaths, who are both institutionally and non-institutionally qualified. Alternative medicine is being practised in rural areas since times immemorial. Hakims and Vaidis have always treated people since ages. They have been using herbs for treating people. This has been the origin of alternative medicine. The people in such areas trust

more as it has been curing them and is easily available to them.

The Government is promoting Indian Systems of Medicines in the Country. Following activities are being carried out to promote Ayurveda, Yoga & naturopathy, Unani, Siddha and Homoeopathy

- i. Standardization of drugs.
- ii. Production and Quality control of raw material (Medicinal Plants).
- iii. Production of Quality Assurance of drugs
- iv. Raising the standards of Research and Education
- v. Generation of awareness

In order to make healthcare achievable to all, there is a need to make it available to

people in all the areas of a country.

Contemporary medicine is not able to reach effectively to the rural populations of India as opposed to alternative medicine which has always been used in the rural areas by healers. Alternative medicine is available to people for centuries and the Government of India is making it available through AYUSH. Alternative medicine when combined with conventional medicine proves effective not only in the treatment of diseases but also in their prevention. Thus in the coming years integrative medicine will be achievable healthcare for all as more and more people have started believing in it all over the world.

Dr. Sadaf Shaikh

PGD, HCM, ICRI, Mumbai

Patient Safety in Primary Health

Patient safety is a fundamental principle of health care. Every point in the process of care-giving contains a certain degree of inherent unsafely.

Adverse events may result from problems in practice, products, procedures or systems. Patient safety improvements demand a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care.

Patient safety is a new healthcare discipline that emphasizes the reporting, analysis, and prevention of medical error that often lead to adverse healthcare events

Process errors happen due to administrative errors, investigation errors, treatment errors, communication errors, payment errors and errors on health workforce management. treatment decision.

Knowledge and skill errors occur due to error in execution of clinical task, error in diagnosis and wrong Primary healthcare is defined by WHO as “**Essential health** care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination.”

Scenario of Primary healthcare in India is that it deals with a few diseases” and has become a one-way delivery channel for priority health interventions. It is reduced to a stand-alone health post or isolated community-health worker. It is merely used for treating common ailments through low tech non professional care.

Now, as to why patient safety lacks in primary healthcare is because of lack of well trained and qualified staff, deficient infrastructure and inadequate quantity of consumables and equipment with poor quality. There is also lack of information about safe care by staff and patients, processes are inefficient, quality control measures are weak and lot of pilferage happening in Primary healthcare.

Patient safety = minimizing “hazards” in health care which can be done by four ways; identifying risk, minimizing harm, identifying, monitoring and minimizing error and monitoring, analyzing and minimizing incidents.

safety improvements can occur through performance improvement, environmental safety and risk management, infection control, safe use of medicines, equipment safety, safe clinical practice and through a safe environment of care.

Identifying risk, minimising harm, identifying, monitoring and minimizing error and monitoring, analyzing and minimizing incidents.

Patient safety improvements can occur through performance improvement, environmental safety and risk management, infection control, safe use of medicines, equipment safety, safe clinical practice and through a safe environment of care.

Dr. Khushbu Gupta

MBA, HOM, (Final Year)
ICRI, Mumbai

Patient Safety in Wards

The **National Coordinating Council for Medication Error Reporting and Prevention** defines a **medication error** as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, dispensing; distribution; administration; education; monitoring; and use." Any event which could have caused damage, but didn't because it was realized just in time is called as **Near miss Event**. Moreover any event associated with the administration of medication which caused death or major

enduring loss of function lasting at least two weeks is called **Sentinel Event**. Estimates of death related to medication error are concerning. The Institute of Medicine report, *To Err is Human*, suggested that medication errors result in up to 7,000 deaths yearly in the United States. In a study by the FDA that evaluated reports of fatal medication errors from 1993 to 1998, the most common error involving medications was related to administration of an improper dose of medicine, accounting for 41% of fatal medication errors. Giving the wrong drug and using the wrong route of administration each accounted for 16% of the errors.

Beginning January 1, 2003, the Board of Commissioners for The Joint Commission announced approval of six patient safety goals that were included in the accreditation standards.²⁰ Numerous recommendations provide guidance to accomplish the goals. Several of these goals and Recommendations are pertinent to medication safety. Some measures like improving the accuracy of patient identification, improving communication across caregivers, improving the safety while using high Alert medications is essential for Patient Safety in Wards with regards to Medication Errors and High Alert Medications.

Ms. Nilambri Dhamale

MBA, HOM (Final Year) ICRI, Mumbai

Patient Safety in Obstetric & Pediatrics

Patient safety is a medical discipline that emphasizes the reporting, analysis & prevention of medical errors that often lead to adverse healthcare events.

The 1999 report of the Institute of Medicine, *To Err Is Human: Building a Safer Health System*, notes that errors in health care are a leading cause of death and injury.¹ Between 3% and 4% of hospitalized patients are harmed by the care that is supposed to help them. On average, of 100 hospitalized patients, 7 are exposed to a serious medication error that harms or could have harmed them. It is estimated that between 44 000 and 98 000 Americans die in hospitals each year as a result of errors in their care.

This paper suggests methods to safe healthcare practices in obstetrics & pediatrics. It emphasizes on components of patient safety in obstetrics & adverse outcome index (AOI) for assessing patient

safety in jobs.

Studies indicate that pediatric patient safety is also one of the important aspects in delivering safe patient healthcare. This paper talks about the **PEDIATRIC TRIGGER TOOL**, its importance various pediatric quality indicators. It also suggests the formation of rapid response teams for obstetric & pediatric patients

Ms. Chaitali Chaudhari

MBA, HOM (Final Year) ICRI, Mumbai

Modern Technologies and IT a New Horizon for Affordable Healthcare

In general, IT allows health care providers to collect, store, retrieve, and transfer information electronically. However, more specific discussion of IT in health care is challenging due to the lack of precise definitions, the volume of applications, and a rapid pace of change in technology.

Healthcare Technology

They can be used simply as a passive tool to store patient information or can include multiple decision support functions, such as individualized patient reminders and prescribing alerts. In general, the various IT applications fall into three categories Administrative and financial systems that facilitate billing, accounting, and other administrative tasks; Clinical systems that facilitate or provide input into the care process; and Infrastructure that supports both the administrative and clinical applications Electronic health record Computerized Provider Order Entry Clinical Support Decision System Picture Archiving and Communication System Bar Coding Radio Frequency Identification System Electronic materials management Interoperability

Wireless Applications for Healthcare

Appointment scheduling
Patient information
Patient tracking
Patient records
Patient monitoring

Information Technology in Healthcare

Uses less IT than other Industries, but surveys indicate that providers are increasing their investments. The prevalence of IT in any setting largely reflects the strength of the drivers and barriers to investment. For many organizations, quality and process improvements are primary drivers. Delivering quality health care requires providers and patients to Integrate complex information from many different sources

The ability for patients to obtain information to better manage their condition and to communicate with the health system could also improve the efficiency and quality of care. This potential to improve care makes broader diffusion of IT desirable.

There are tremendous opportunities for health care organizations to make better decisions by rethinking how technology is selected and managed. As the health care system evolves toward a more efficient managed care environment, overuses and/or abuses of technology must be avoided.

Many health care organizations do not carefully review the costs of equipment support, as there are often opportunities to save ten to 30 percent on the maintenance costs of clinical equipment.

Health care organizations should demand good information on the value and efficacy of technology, competing technologies, cost-effectiveness, and how to educate consumers on technical and clinical realities

Mr. Vinay Kurup
MBA, Medical Tourism, (Final Year) ICRI, Mumbai

Drugs Discovery & Delivery- Making Healthcare Sustainable.

The overriding objective of economic and social development is to improve the quality of lives that people lead, to enhance their well-being, and to provide them with opportunities and choices to become productive assets in society.

The process of drug discovery is so expensive that drugs are never confined to a limited number of markets. It is commercially viable only when the drugs are marketed across wide regions of the world. India can harness its inherent strengths for becoming the global hub for clinical research.

This presentation summarizes the Drug Discovery & delivery in India and also highlights the government initiatives in pharma world to achieve the goal of "Health for All".

Ms. Bushara Shaikh
Executive MBA (First Year)

Patient Safety in Planning and Designing of a Hospital

This discussion focuses on the aspect of planning and designing of hospital in order to achieve patient safety. Planning and designing is the base of any organization and hospital is not an exception. It plays a very important role in hospitals, because if the plan and design of the hospital building is not based on the concept of assuring safety of patient, then safety standards, protocols or measures can never be implemented effectively, due to lack of infrastructure. So, to ensure patient safety, we have to start from planning and designing level. The theme of this discussion is safety in planning and designing and will address the most important areas and aspects of hospital, in

efficiency of which may cause major setback in safety of patient. Although a full detailed discussion of planning & designing of a hospital in regards to patient safety is beyond the scope, a discussion of the important safety principles that apply and the general safety features that should be borne in mind while planning and designing is necessary. It can be concluded by saying that planning is the key to ensure patient safety conceptually as well as implementation of those practically. Planning involves the setting of measurable objectives to be achieved, the identification of

hazards, the assessment of risk, the implementation of standards of performance and the development of a positive safety culture. These things will not happen by themselves, they need to be carefully planned, co-ordinate and implemented and understood by all.

Ms. Sohini Pan

MBA, HOM (Final Year) ICRI, Mumbai

NGOs-Role in Healthcare System in India.

Health is being considered primary responsibility of the government. Even after more than 50 years of independence India is presents a very poor performance on health indicators. Existing health infrastructure is not adequate in terms of quality and quantity. On top of that it is trapped in red tapism, lengthy processes and lack of political will. Health problems are touching new horizons and now it is not only a concern for low socio-economic class but also affecting affluent class. This paper intends to explore alternative system of healthcare delivery system which is non

based, affordable and quality bound. Few examples of some innovative work done by some NGOs, a case study where I am being part of it and expectations from such alternative system are elaborated in the paper. It is an attempt to explore the scope for such systems and a complete answer for problem at hand.

The collective principle asserts that...no society can legitimately call itself civilized if a sick person is denied medical aid because of lack of means—Aneurin Bevan, Minister of Health in British Labour Government-1945-51.

Dr. Amruta Nene

MBA, HOM (Final Year) ICRI, Mumbai

Medical Error - General Concept & Patient Safety

Medical error is an inaccurate or incomplete diagnosis and /or treatment of a disease; injury; syndrome; behavior; infection or other ailment

In 2000, The Institute of Medicine (IOM) released "To Err Is Human", which asserts that the problem in medical errors is not bad people in health care—it is that good people are working in bad systems that need to be made safer.

Medical errors are caused due to human factors, medical complexity and system failures.

There are different types of medical errors that occur such as diagnostic mistakes, treatment mistakes, prevention mistakes, surgery mistakes, hospital mistakes, medical mistakes, pharmacist errors, pathology lab errors, equipment failure errors and unnecessary medical treatment

There is no single universally accepted method of classifying medical errors in order to describe them more fully. The 2000 QUIC (Quality Interagency Coordination Task Force) report lists five different **classification schemes** that have been used.

Preventing medical errors requires an understanding of how errors happen and requires honest, accurate disclosure. This information provides a better grasp of the problem and can be used to design safer patient-care processes. Hence various types of reporting methods were identified. This resulted in a vital role providing opportunities for organizations to benefit from one another's experiences.

Patients were made aware of their rights and responsibilities and thus emphasis is

laid on health literacy.

Hospitals these days undertake **Patient Safety Management Program**. It is a system to identify all possible hazards the patient may be exposed to during his journey through the hospital in the course of his treatment. Health care professionals are becoming increasingly conscious of their responsibility towards safety of the patients.

Medicos are not only bound by law but also responsible for the lives entrusted to their care. The essentials in order to avoid medical error are duty to take care, duty to inform their patients about the severity of the condition. Importance is to be given on the various aspects of treatment. The code of medical ethics helps the medical professionals adhere to rules that avoid medical negligence and errors.

Ms. Caroline

MBA, HOM (Final Year) ICRI, Mumbai

Patient Safety in Medical Tourism

Patient Safety was an important key topic at this year's World Medical Tourism and Global Health Congress, and continues to draw significant focus within the medical tourism community.

Medical Tourism carries some risks that locally provided medical care does not.

While the majority of medical tourism vacations are trouble free, there still exist a few risks that are unique to this type of health care. Medical Tourism raise quality concerns because patients must travel both before and after treatment. Although the physicians can review the patient's medical histories, test results, and even communicate with patients they cannot physically examine the patient until he/she arrives for treatment, which may be only days before the actual surgery. Patients may underestimate their recovery time when booking travel arrangements. Even patients who take time to convalesce may have difficulty obtaining checkups and follow-up procedures.

The home country physicians may be reluctant to provide follow-up care for surgeries performed overseas.

An answer to the above problems is for hospitals to use international provider networks to pre-screen patients and to provide follow-up care in their home country. Global hospital networks like the Apollo Group and Adventist Health International are using international provider networks to reduce the risk that patients may not receive adequate pre-screening and post-operative care.

Dr. Denzil Drago

MBA Medical Tourism, (Final Year), ICRI, Mumbai

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Dr. APJ Abdul Kalam is known for his panache for healthcare. Attending many healthcare inaugural functions as the chief guest across the country, he inspires young minds. Here are some of his comments.

“Development in genetic research is progressing in many parts of the world. Indian researchers must also participate in these efforts.”

At the first graduation ceremony of Amrita school of Medicine, Kochi

“We have the best of doctors and technologists in India. We have core competence in design and software engineering. Emerging technologies in virtual reality and micro machines will transform the healthcare scenario. This transformation should lead to helping the people who cannot afford the modern medical care”

At a meeting of Vision 2020, Jodhpur

“Good Doctors should have virtues such as generosity, pure ethics, tolerance, perseverance, concentration and intelligence.

you should approach the patients with a human heart”

During the inauguration of MMS, Kotta kal

“Around 750 million people are living in 6,00,000 villages in our country. Healthcare is very important issue in such places. Before becoming a full-fledged doctor, each medical student should make up his/her mind to visit Primary Health Centers and remove the pain of at least 50 people”

During inauguration of TRI Cell, a

stem cell centre at Sri Ramachandra University, Chennai

“Create synergy between teaching and research right from the undergraduate level. A sync between the two elements would help in visualizing the future and growth of the institute. Let each one think on what to do to develop institution as a hub of medical education that caters not only to medical colleges and institutes within the country but also outside”

During KGMU-2020, Lucknow



Vision 2020

Write to us your suggestions

Institute of Clinical Research India

C-9, Central Road No. 22, MIDC Industrial Area,
Marol, Andheri (East), Mumbai. 400093

Phone: 022-42114945

Fax: 022-42114923

E-mail: anilbankar@icriindia.com

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