CARE

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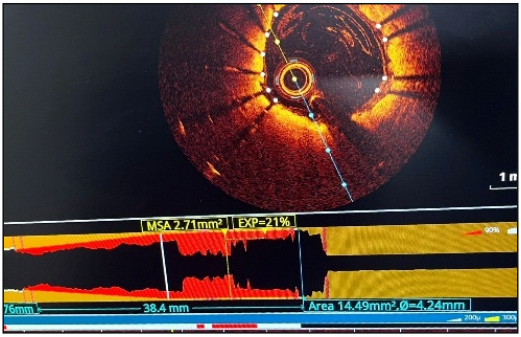
Exclusive Updates | Inspiring Stories | Healthcare Innovations



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Leading with Logic. Managing with Heart.

Simpi
Zonal Lead – Service Excellence
CARE Hospitals, Zone 1

The Emotional Intelligence Behind Service & Operational Excellence

In healthcare operations, excellence is often measured in numbers - targets achieved, conversions improved, turnaround times reduced, feedback scores stabilised. These metrics matter. They keep hospitals running. They keep systems accountable.

But what is rarely spoken about is what sits quietly beneath those numbers:
the emotional intelligence it takes to deliver them—every single day.

The Invisible Balancing Act

Operations teams in hospitals live in two worlds at once.

On one side, there is structure: targets to meet, KPIs to track, timelines to honour, business pressures that do not pause. On the other, there is humanity: patients who are anxious, families who are overwhelmed, moments that demand calm, kindness, and composure - **regardless of what the day has already taken from you.**

As operations leaders and service teams, we become the bridge between management expectations and patient experience. **We absorb pressure upward - and translate reassurance downward.** We are expected to look composed, groomed, patient, and empathetic, even when the day has tested us in ways no dashboard can capture.

This is where **emotional intelligence becomes not a soft skill - but a survival skill.**

When EQ Carries the Weight of IQ

We often speak about intelligence in operations as logic, planning, execution, and efficiency. But service excellence is sustained by something deeper.

It is leading with logic, but managing with heart.

It is the ability to consciously shift emotions - moving from urgency to calm, from frustration to responsiveness, from internal pressure to external grace. Not because it is easy, but because the moment demands it.

And this emotional shift is not theoretical. It plays out in real lives, every day.

When Life Doesn't Pause for Duty

There are moments when work and grief collide—and the strength of an organisation is revealed not in policies, but in people.

Sushma, our PRE from Radiology, experienced the unimaginable—losing her only family member, her brother, in a sudden accident while he was visiting her in Hyderabad. With no parents and no support system, she still chose to report for duty before stepping away to perform last rites. When she returned, the team ensured she was not just accommodated—but emotionally held. The work resumed, but so did balance.

One of our OPD Manager, Swapna lost her father during one of the most critical month-end target periods. Targets remained. Pressures did not ease. Yet the team rallied—holding the fort during her absence. That month went on to become one of our strongest performances across OPD conversion, NPS improvement, and service metrics. On the last working day of the month, senior leaders stepped away from numbers and stood beside her family—before returning to complete the work together.

That is operational excellence rooted in humanity.

Patricia, our Hospital Call Centre Incharge, met with a serious accident just minutes before her shift—an incident that required multiple surgeries and extended recovery. Instead of losing momentum, the team redistributed responsibilities, enabled work-from-home support, and ensured continuity without isolation. The job was delivered. And dignity was preserved.

A PRE and biller, Nandini stepped away for nearly a month to care for her brother after a major road traffic accident. When she returned, gratitude wasn't spoken—it was shown. Support continued. When her mother came to the hospital, her response was not formal appreciation—but an emotional embrace. Those moments never make it to reports—but they define culture.

What These Moments Teach Us

These are not exceptions. They are reminders.

They remind us that healthcare workers are not machines calibrated for consistency—they are humans navigating emotional curves while delivering precision.

They remind us that resilience is not built by demanding strength, but by creating safety.

That performance improves when people are not left alone in their hardest moments. Empathy within teams translates into empathy at the bedside.

AHPI Patient Centric Hospital Award: A Recognition Earned from Within

CARE Hospitals, Banjara Hills was honoured with the **AHPI Patient Centric Hospital Award**—not once, but for two consecutive years, 2025 and 2026.

This recognition did not come from scripted behaviour or rehearsed smiles.
It came from teams who are emotionally supported enough to show up fully for others.

It came from systems that allow flexibility without losing discipline.
From leadership that understands that service excellence begins inside the organisation, not at the front desk.

Patient centricity is not trained as a technique here.
It is cultivated as a culture.

It emerges when people feel respected, trusted, and understood — and in turn, extend that same respect, trust, and understanding to every patient they serve.

Operational Strength. Human Depth. The Road Ahead

As we begin a new year, our focus is clear.

Operational excellence is not only about **systems working well—it is about people feeling well.** The year ahead will see deeper investments in empathy training, emotional resilience, leadership maturity, and communication capability. Not as add-ons—but as core operational enablers.

Being recognised as a Great Place to Work® is not a milestone we rest on. It is a responsibility we renew—by listening more, supporting better, and leading with awareness.

Because when teams are emotionally balanced, service becomes instinctive.
And when service is instinctive, excellence becomes sustainable.

This is the emotional intelligence behind our work. Quiet. Unseen.

But powerful.

FROM THE EDITORS DESK

Dr. B. Ravinder Reddy
Editor-in-Chief

It is a pleasure to present our latest edition of our newsletter! As we embark onto the third month of 2026, we find ourselves in the midst of the ever-evolving nature of healthcare practices and the high stakes of modern medicine. And we are committed to excel in our respective clinical practices.

The commitment in successfully prevailing in such dual situations are very well reflected by the amazing case-reports presented in this issue by leading luminaries from the departments of cardiology, paediatrics, and critical care, reiterating their exceptional expertise. These reports provide an apt way to be familiarised to the nuances of managing complex situations.

In addition, the issue has very immensely insightful articles on various other topics.

A clear and a present threat, which we come across our respective daily clinical practice, is managing the omnipresent multi-drug resistant organisms! These are quite common in majority of the health-care facilities across India. The article on *Antibiotic Steward Program*

highlights the appropriate usage and other pharmacological aspects of prescribing antibiotics, under the aegis of evidence-based practices and guidelines.

The financial health of an institute is an essential component to provide a comprehensive care. The "day-in-life" section depicts the economic aspects of modern medicine, which has the potential to be as complex as art of medicine! The article gives an insight into the intricacies of coding accuracies and other complex issues, which our billing department work tirelessly, to ensure seamless experience for our patients.

Highlighting the focus to preventive healthcare is an article on walking as a modality of physical exercise. The feature on *Interval Walking Training (IWT)*
details the myriad metabolic benefits, disease prevention, and practical aspects like the actual methods, intensity and frequency of IWT.

Finally, we invite you to take a coffee break, whilst reading our regular "titbits" article.

I would like to end this editorial by reminding the ethos of our cherished institute, which is to restore the sick to health, while emphasising the notion of preventive practices to ensure that we remain healthy!

Antibiotic Stewardship: Preserving the Power of Life-Saving Medicines

Dr. Jhansi Vani Devana
Clinical Director - Microbiology

Antibiotics have transformed modern medicine, making once fatal infections treatable and enabling complex procedures such as surgeries, transplants, and cancer therapies. However, their effectiveness is increasingly threatened by antimicrobial resistance, largely driven by inappropriate or excessive antibiotic use. From a microbiologist's perspective, antibiotic stewardship is therefore a critical pillar of patient safety and responsible clinical practice.

Antibiotic stewardship refers to coordinated efforts to ensure that antibiotics are prescribed only when necessary, in the most appropriate manner, and for the correct duration. Microbiology laboratories play a central role by identifying pathogens, performing culture and sensitivity testing, and providing data on local resistance patterns that guide targeted therapy.

Two guiding frameworks help strengthen stewardship in clinical practice.

Clinical Safety 5Rs

The Clinical Safety 5Rs emphasise safe and appropriate antibiotic prescribing at the bedside:

Right patient ensures antibiotics are prescribed only when there is clear evidence or strong suspicion of bacterial infection.

Right drug involves selecting the most appropriate antibiotic based on likely pathogens, clinical presentation, and local resistance patterns.

Right dose ensures the antibiotic achieves effective therapeutic levels while minimizing toxicity, taking into account factors such as weight, renal function, and severity of infection.

Right time highlights the importance of timely administration, particularly in serious infections such as sepsis where early therapy significantly improves outcomes.

Right duration prevents unnecessarily prolonged therapy, reducing the risk of resistance, adverse effects, and healthcare costs.

Stewardship 5R Framework

At a broader systems level, the Stewardship 5R framework promotes responsible antibiotic use across healthcare settings:

Responsibility involves accountability in prescribing and monitoring antibiotic use.

Reduction focuses on minimizing unnecessary antibiotic exposure.

Refinement ensures therapy is optimized based on culture results and clinical response.

Replacement encourages the use of narrower spectrum or more appropriate agents whenever possible.

Review emphasises regular reassessment of ongoing therapy to determine whether antibiotics should be continued, modified, or stopped.

Routine microbiological testing enables clinicians to move from empirical therapy to evidence based treatment. Hospital antibiograms further guide prescribing by highlighting local resistance trends and supporting rational antibiotic selection.

Effective antibiotic stewardship requires close collaboration between clinicians, microbiologists, pharmacists, and infection control teams. By using antibiotics judiciously today, we safeguard their effectiveness for the patients who will depend on them tomorrow.

First Excimer Laser Coronary Angioplasty at CARE Hospitals, Banjara Hills

Dr Surya Prakasa Rao Vithala
Clinical Director & Head of Department
Cardiology

Patient Profile

A 40 year old male with a history of inferior wall myocardial infarction in 2016, previously treated with a drug eluting stent to the right coronary artery, presented with unstable angina.

Angiographic Findings

Coronary angiography revealed complex multivessel disease. The left anterior descending artery showed a long segment of proximal calcific disease with tandem tight lesions. Two small diagonal branches of approximately 2.0 mm originated from the diseased segment.

The left circumflex artery also demonstrated tight proximal and distal lesions with significant calcium, with three obtuse marginal branches measuring around 2.25 mm arising between the lesions.

Procedure

The intervention was performed through a 6F radial approach. A Runthrough 0.014 inch guidewire was used to cross the lesion in the LAD. A 0.9 mm excimer laser coronary angioplasty catheter was then advanced to the proximal LAD.

Laser settings were initiated at a fluence of 40 mJ per mm² with a rate of 40 pulses per second and gradually escalated to 60 mJ per mm² and 60 pulses per second. Laser energy was delivered in 10 second cycles with 5 second intervals under continuous saline flush.

Optical coherence tomography imaging revealed more than 180 degrees of calcium with a thickness of 0.5 mm and associated fibroatheromatous plaque. The distal reference vessel diameter measured 3.56 mm. Additional plaque modification was performed using a 3 x 13 mm Aperta balloon to create calcium fractures and improve luminal gain.

A 3.5 x 38 mm drug eluting stent was then deployed in the LAD, followed by high pressure post dilation with a 3.5 x 12 mm non compliant balloon at 18 ATM.

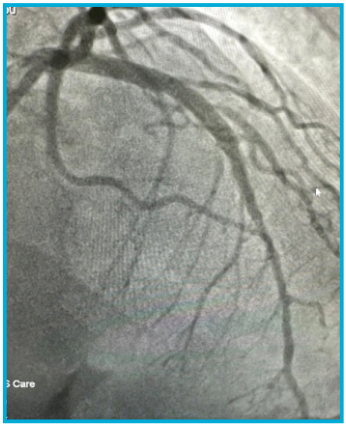
Outcome

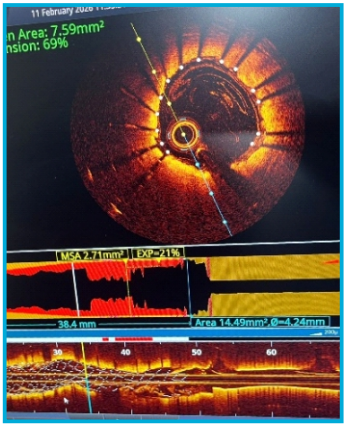
Final optical coherence tomography confirmed excellent stent expansion with no evidence of edge dissection. The patient achieved an optimal angiographic and imaging result.

Clinical Significance

This case marks the first use of Excimer Laser Coronary Angioplasty (ELCA) at CARE Hospitals, Banjara Hills, demonstrating the effectiveness of laser assisted plaque modification in treating heavily calcified coronary lesions using a 6F radial system in an image guided procedure.

A key technical consideration during ELCA is advancing the laser catheter slowly at approximately 1 mm per second to ensure safe and effective plaque modification.





Survival Against the Odds: Successful Management of an Extreme Preterm Infant at CARE Hospitals, Banjara Hills

Extreme prematurity remains one of the most demanding challenges in neonatology, requiring coordinated multidisciplinary care and advanced neonatal support. The Neonatal Intensive Care Unit at CARE Hospitals, Banjara Hills recently managed a highly complex case involving a 27-week preterm infant weighing just 732 grams at birth, demonstrating the resilience of neonatal care systems and the importance of structured critical care protocols.

Clinical Presentation

A female infant was delivered via emergency lower segment caesarean section at 27 weeks and 3 days of gestation to a 22-year-old mother who presented with preterm labour and breech presentation. The baby weighed 0.732 kg at birth, placing her in the category of very low birth weight and extreme prematurity.

At birth, the infant developed severe respiratory distress syndrome (RDS) and required immediate intubation and ventilatory support. Chest radiography confirmed severe hyaline membrane disease, and the baby received two doses of surfactant therapy.

Respiratory and Intensive Care Course

The infant required mechanical ventilation initially, followed by stepwise respiratory support through non-invasive ventilation and high-flow nasal cannula. Oxygen support was gradually tapered as lung function improved. The infant ultimately developed mild bronchopulmonary dysplasia, a common complication in extremely preterm infants requiring prolonged respiratory support.

Infectious Complications

During the NICU stay, the baby developed late-onset neonatal sepsis, with blood cultures confirming multidrug-resistant Klebsiella pneumoniae. The infant required targeted antibiotic therapy including ceftazidime-avibactam and aztreonam based on culture sensitivity reports.

The septic episode was complicated by severe thrombocytopenia and hemodynamic instability, requiring inotropic support and multiple platelet transfusions. Intensive antimicrobial therapy and supportive care resulted in gradual clinical stabilization, and subsequent blood cultures confirmed clearance of infection.

Cardiovascular and Systemic Management

Echocardiography identified a hemodynamically significant patent ductus arteriosus (PDA) early in the course, which was successfully treated with medical management using paracetamol, leading to resolution on follow-up imaging.

The infant also experienced electrolyte disturbances due to renal immaturity, anemia of prematurity requiring transfusion support, and apnea of prematurity managed with caffeine therapy.

Growth and Outcome

Over the course of the NICU stay, the infant showed steady progress with gradual establishment of enteral feeding and stabilization of systemic functions. At discharge, the baby had reached a corrected gestational age of 36 weeks and 6 days with a discharge weight of 1.653 kg, breathing comfortably on room air and tolerating feeds.

Clinical Significance

This case highlights the complex, multidisciplinary care required for extremely preterm infants, including advanced respiratory management, infection control, hemodynamic support, and nutritional rehabilitation.

The successful stabilization and discharge of this infant reflects the capability of the NICU team at CARE Hospitals, Banjara Hills to manage high-risk neonatal cases, even in the presence of severe prematurity, respiratory distress, and multidrug-resistant infection.

With structured follow-up for neurodevelopment, ophthalmology, and hearing assessment, the infant continues to remain under close developmental surveillance.

Dr. Vittal Kumar Kesireddy
Consultant & In-charge
Department of Paediatrics

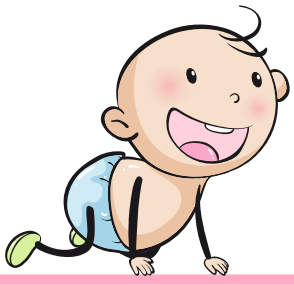
Dr. K. Shiva Reddy
Consultant - Paediatrics

Dr. Sunil Patil
Sr. Consultant - Neonatology
& Paediatrics

Dr. A R M Harika
Consultant - Neonatology
& Paediatrics

Dr. Vedula Usha Kiranmayi
Consultant - Paediatrics

Dr. A. Shalini Reddy
Consultant - Paediatric
Intensivist and Paediatrics



Mobile ECMO and Safe Transfers: Extending Critical Care Beyond the ICU at CARE Hospitals, Banjara Hills

In critically ill patients with severe cardiac or respiratory failure, timely access to extracorporeal membrane oxygenation (ECMO) can be life-saving. However, many patients who require ECMO support are initially managed in hospitals that may not have the capability to initiate or sustain ECMO therapy. CARE Hospitals, Banjara Hills offers a structured Mobile ECMO service, enabling critically ill patients to receive advanced life support even before reaching the tertiary ICU.

Mobile ECMO programs bridge this critical gap by allowing specialised teams to reach unstable patients, stabilise them on ECMO if required, and safely transport them to a centre equipped for comprehensive critical care management.

Stabilisation Before Transport

Safe transfer begins with meticulous stabilisation. Before transport, the patient's airway, ventilation, circulation, and vascular access are carefully secured. Continuous monitoring of oxygenation, blood pressure, and perfusion is essential to maintain stability throughout the process.

If the patient's condition demands advanced support, **the CARE Hospitals, Banjara Hills, ECMO team can initiate ECMO at the referring hospital,** allowing severe hypoxia or circulatory collapse to be stabilised before transport begins. This step significantly improves patient safety during transfer.

Logistics and Transport Safety

Transporting a patient on ECMO requires a highly coordinated effort involving intensivists, cardiac surgeons, perfusionists, and specialised transport personnel. Portable ECMO systems, transport ventilators, infusion pumps, and monitoring equipment are used to maintain uninterrupted life support during transit.

Strict safety protocols guide each stage of the process, including equipment preparation, patient stabilisation, route planning, and continuous communication between teams. The transport team remains prepared to manage potential complications such as hemodynamic instability or circuit-related issues during the journey.

Outcomes and System Impact

With trained teams and established protocols, mobile ECMO transfers can be conducted safely and efficiently. Early stabilisation allows critically ill patients to reach centres where advanced interventions, multidisciplinary care, and prolonged ECMO support can be delivered.

By offering **Mobile ECMO capability, CARE Hospitals, Banjara Hills strengthens the regional critical care network**, providing reassurance to peripheral hospitals and emergency teams that even the most critically ill patients can be stabilised and transported safely when advanced support is required.

Extending Critical Care Beyond Hospital Walls

Mobile ECMO represents a major advancement in critical care delivery. By combining rapid response, advanced technology, and coordinated teamwork, it ensures that life-saving therapy is not limited by geography.

For clinicians managing severe cardiac or respiratory failure, the availability of **a mobile ECMO team at CARE Hospitals, Banjara Hills** means that advanced life support can reach the patient when it matters most, enabling safe transfer and continued specialised care.

Cross-Examination: Challenges

Prof. (Dr) S.V. Joga Rao
M.L. M.Phil., Ph.D., Advocate and Healthcare Consultant, Legalexcel Attorneys, Bengaluru, Formerly Professor of Law, NLSIU, Bangalore.
Max-Plank Fellowship, MPI, Germany

In medical negligence proceedings, cross-examination serves as a crucial stage where both complainants and respondents test the credibility, accuracy, and reliability of witnesses—especially medical experts. While expert testimony can significantly influence the outcome, cross-examination ensures that assumptions are scrutinized, inconsistencies are exposed, and facts are clarified. This Column explores the challenges involved in cross-examination, the types of questions asked, and strategies to prepare effectively in medical negligence cases.

However, one Caveat ! It is necessary to understand the current position of law which the Consumer Commissions are under a duty to comply with considering the nature of 'Summary Proceedings' to be followed by Consumer Commissions. Hon'ble Supreme Court of India quite explicitly reasoned and reiterated that generally, cross-examination is not permitted. However, one window of opportunity has been retained. In a given case, if the party or parties to proceedings, make out a case and convinces the Consumer Commission about the need for conducting cross examination, then the concerned Commission may permit cross examination. In case the Consumer Commission is not convinced, what is the alternative? Then, Party or Parties have to file 'Interrogatories, means Questions in writing to be responded to by the other party in writing in Affidavit format. Therefore, to conduct cross examination of any witness, treating Doctor/s or even expert, this threshold requirement must be fulfilled.

What is Cross-Examination?

Cross-examination is the process by which one party questions witnesses presented by the other side to test their credibility, uncover gaps in testimony, or challenge conclusions. In medical negligence cases, witnesses often include:

- Treating Doctors
- Medical experts (doctors, specialists, forensic experts)
- Hospital staff (nurses, technicians, administrators)
- Patients and their relatives

The objective is not merely to discredit but to establish a clearer picture of the facts and ensure that conclusions are based on verified and logical reasoning.

Why Cross-Examination Is Critical in Medical Negligence

Clarifying Technical Aspects

Medical procedures, diagnostic tests, and treatment protocols can be complex. Cross-examination ensures that testimony is understandable and relevant.

Testing the Standard of Care

Experts may claim that protocols were followed or that outcomes were unavoidable. Cross-examination probes whether accepted standards were indeed adhered to.

Challenging Causation

The link between negligence and harm is often disputed. Cross-examination helps determine whether the alleged breach truly caused the injury.

Exposing Inconsistencies

Variations between recorded reports, prescriptions, or oral testimony can reveal gaps or errors in care delivery.

Assessing Bias or Conflict of Interest

Experts tied to institutions or financially motivated may provide opinions that favor their client. Cross-examination helps uncover such biases.

Common Challenges Faced During Cross-Examination

Medical Jargon

Witnesses often use technical terms that can confuse the panel or lead to misunderstandings.

Reluctance to Admit Fault

Medical professionals may be hesitant to acknowledge errors or omissions, fearing reputational damage or legal liability.

Contradictory Testimonies

Different experts may present conflicting opinions, making it difficult to arrive at a coherent conclusion.

Emotional Testimony

Patients and families may recount their experiences emotionally, which while sincere, may lack factual clarity or supporting documentation.

Time Pressure

Cross-examinations are sometimes rushed due to case backlogs, limiting the depth of questioning and thoroughness.

Types of Questions Typically Asked

Background and Qualification

- What is your area of specialization?
- How many similar cases have you handled?

Standard of Care

- What are the accepted guidelines for treating this condition?
- Were those followed in this case?

Causation and Outcome

- Could the injury have been caused by factors other than treatment?
- In your opinion, how likely is it that negligence contributed to the complication?

Documentation and Evidence

- Why was this report missing from the file?
- Are you aware of any discrepancies in the medical records?

Bias and Independence

- Do you have any professional or financial association with the hospital or respondent?

Strategies for Effective Cross-Examination

For Complainants:

- Prepare expert witnesses who are credible, impartial, and familiar with medical protocols.
- Use documentation to frame precise questions rather than relying on assumptions.
- Avoid confrontational tactics; aim to extract factual clarity.

For Respondents:

- Anticipate the complainant's questions and prepare clear, evidence-backed responses.
- Keep answers concise, fact-based, and aligned with documented procedures.
- Train medical staff on communication and legal protocols.

Role of the Presiding Authority

Consumer Commissions and courts guide the process by ensuring:

- Questions remain relevant and respectful.
- Technical terms are explained for the panel's understanding.
- Witnesses are not intimidated or misled.
- The testimony stays within the scope of the case.

The authority also ensures that cross-examination does not devolve into harassment and that both parties are given fair opportunity to present their side.

Cross-Examination vs. Expert Evidence

While expert testimony explains medical facts, cross-examination is the tool to test and verify those facts. Both are complementary processes—expert evidence provides the substance, while cross-examination refines and validates it. However, it is necessary to appreciate that expert evidence is purely and simply an Opinion evidence which the Consumer Commissions are not under a duty to accept or endorse. But, non acceptance must be a reasoned order as it will be a crucial evidence for Appeal.

Conclusion

Cross-examination is a vital safeguard in medical negligence proceedings. It ensures that complex medical claims are tested rigorously, protecting both the patient's right to justice and the healthcare provider's right to defend their actions.

Understanding how to approach cross-examination with preparation, clarity, and professionalism empowers all parties involved to navigate the process confidently.

In the next issue, we will discuss Criminal Prosecution of Doctors, exploring how criminal liability arises in medical negligence cases and the standards required to establish guilt.

Blame the System, Not the Nurse: Building a Reporting Culture That Works

Dr Parivalavan Rajavelu
MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsforMed

When a senior publicly corrects a junior nurse for a mistake — in front of the team, in front of patients-the intention may be to teach.

But the lesson the junior actually learns is very different: if you make a mistake, you will be humiliated.

Once that becomes the unspoken rule, something dangerous happens. Nurses stop reporting. They hide errors. They cover up near misses. The ward looks clean on paper — but the safety culture is silently crumbling beneath it.

As nursing supervisors, we hold more influence over reporting culture than any policy document or incident form ever will. The real safety culture of a ward is not decided in boardrooms - it is decided by how we react when something goes wrong on our watch.

Every public reprimand sends an invisible message to every nurse watching: keep quiet, protect yourself.

We invest in incident reporting systems, conduct root cause analyses, display patient safety posters. But none of that matters if a junior nurse knows that speaking up means being shamed in front of colleagues.

This is not about being soft. This is about being strategic. When an error happens, the instinct is to ask, "who did this?" But the real question is "what in our system allowed this to happen?" A wrong drug administered is rarely about one careless nurse — it could be a look-alike label, a poorly designed storage system, an interrupted medication round, or a fatigued nurse at the end of a double shift. When we blame the individual, we fix nothing. When we fix the system, we protect everyone. A ward where nurses feel safe to report is a ward where system problems surface early, before they reach patients.

The most effective supervisors I have seen do something that is different and simple – they don't react immediately. They meet the person privately and ask what happened. They turn the error into a learning moment — no drama, no audience. And then they look beyond the person to the process. Was the workload realistic? Was the protocol clear? Was there adequate supervision during that shift?

That kind of response does two powerful things. It preserves the dignity of the nurse who made the error. And it uncovers the system weakness that, left unaddressed, will cause the same error again - perhaps with a different nurse, perhaps with a worse outcome.

Building a reporting culture starts with us. Not with management circulars, not with new software, not with more forms. With how we respond in that critical moment when a junior makes a mistake.

The next time it happens - and it will - pause. Take them aside. Listen first. Then look at the system.

Interval Walking Training

Dr. B. Ravinder Reddy
MS, FRCS (Edinburgh), FRCS (Glasgow)
Gastrointestinal & General Surgeon

Non-communicable diseases (NCDs) are the leading cause of death in India, accounting to about 63% of all cases of mortality, with cardiovascular diseases being the foremost reason. Some of the other common NCDs include diabetes, obesity, fatty liver disease and chronic kidney diseases. Physical inactivity, along with consuming simple-carbohydrate-rich foods are the two leading causes of NCDs.

Regular and consistent physical exercises like aerobic, strength training, flexibility are some of the proven interventions to reduce the incidence of NCDs, including many common cancers. World Health Organisation recommends 150 to 300 minutes of moderate-intensity or 75 to 150 minutes of vigorous-intensity exercises for adults per week.

Walking is a simple, free, non-pharmacological physical activity. When done at a regular frequency and especially at a brisk pace, it results in a significant reduction of various NCDs.

There are many ways for walking as a physical exercise.

One such protocol was designed by Professor Hiroshi Nose of Shinshu University Graduate School, Japan, is the Interval Walking Training (IWT).

IWT is a simple, low-cost intervention, which improves physical fitness. It is a highly effective way to combat lifestyle-related issues, and NCDs, which are so very common in us Indians.

IWT Protocol

The standard IWT method is straightforward and requires no specialized equipment:

- The Structure: Repeat cycles of fast walking followed by slow walking.
- Fast Walking: Walk at a pace that feels "somewhat hard" (roughly 70% of the maximum aerobic capacity).
- Slow Walking: Walk at a relaxed, comfortable pace (roughly 40% capacity).
- Duration: Typically, 3 minutes per intensity level (3 min fast, 3 min slow).
- Frequency: At least 5 sets per session (30 minutes total), performed four to five times per week.

Salient Points & Benefits

The effectiveness of IWT lies in the repeated oscillation of heart rate and muscle recruitment, which provides superior results compared to continuous moderate-intensity walking.

- Aerobic Capacity: Studies have shown that IWT can increase peak aerobic capacity (VO_2 peak) by up to 9–15% over five months, whereas continuous walking at a moderate pace often shows negligible improvement in the same timeframe.
- Physical Strength: It significantly improves knee extension and flexion strength, which is critical for maintaining mobility and preventing sarcopenia.
- Metabolic Health: IWT reduces blood pressure and blood glucose levels more effectively than steady state walking, in hypertensive and diabetic individuals.
- Chronic Inflammation: Regular and consistent IWT, five times a week down-regulates the expression of pro-inflammatory cytokines, helping to reduce systemic low-grade inflammation.
- Adherence: Because the "hard" intervals are brief and followed by immediate recovery, the perceived exertion is lower than sustained high-intensity training, leading to better long-term compliance.

- **Implementation Tips**

The following practices maximize the physiological adaptations of IWT.

- Posture: Maintain an upright posture with a lengthened spine and swing both the arms to engage the core.
- Intensity Check: During the "fast" interval, one should be breathing hard enough that having a full conversation feels difficult but not impossible.
- Post-Exercise Protein: Consuming a small amount of good quality protein within 30 minutes of the session has the potential to enhance both, the muscle mass gains and systemic anti-inflammatory effects in the IWT model.

The following table compares IWT with other models of physical exercises:

IWT is a scientifically validated, freely accessible, and remarkably effective exercise modality. Its alternating intensity structure activates cardiovascular, metabolic, musculoskeletal, and neurological adaptations that significantly exceed those achievable with conventional continuous walking — despite comparable or even shorter session durations. IWT occupies a uniquely favorable position: it delivers physiological benefits approaching those of demanding HIIT or running protocols, while maintaining the accessibility and safety profile of conventional walking.

Modality	VO_2 peak Gain	Metabolic Benefit	Accessibility	Injury Risk	Adherence
IWT	+++	+++	Very High	Low	High
Continuous Walking	+	+	Very High	Very Low	High
Running/Jogging	+++	++	Moderate	Moderate	Moderate
HIIT (gym-based)	++++	++++	Low	Moderate-High	Low-Moderate
Cycling	+++	+++	Moderate	Low	Moderate
Resistance Training	+	++	Moderate	Low-Moderate	Moderate

The Final Step in Care: A Day in the Life of the Billing Team at CARE Hospitals, Banjara Hills

In a hospital, the journey of care doesn't end in the operating theatre or the ICU. For many patients and their families, the final interaction before leaving the hospital is with the billing team.

At CARE Hospitals, Banjara Hills, the billing department works behind the scenes to ensure that every investigation, procedure, and service is accurately documented and transparently communicated. Their role requires precision, patience, and above all, empathy.

Starting the Day with Responsibility

For Muhammad Abdul Majid, Deputy Manager – Billing, the day begins with reviewing outstanding bills and identifying cases that require immediate attention. "I start the day by checking the outstanding data and following up on the highest dues. Some cases may involve bills exceeding 1 or 2 lakhs, so it's important to address them early and resolve any billing issues."

Throughout the day, the team tracks services provided to patients, resolves discrepancies, and coordinates with various departments to ensure the billing process runs smoothly.

Coordination Across the Hospital

Billing is deeply interconnected with multiple departments across the hospital. From confirming procedure codes with doctors to coordinating with admissions and insurance teams, collaboration is essential.

Tirupati, Assistant Manager – Billing, explains the importance of teamwork, "Billing may appear to be the last step in the process, but it actually involves constant coordination with doctors, nurses, and admission teams. Collaboration between departments is essential to complete the billing process quickly and accurately."

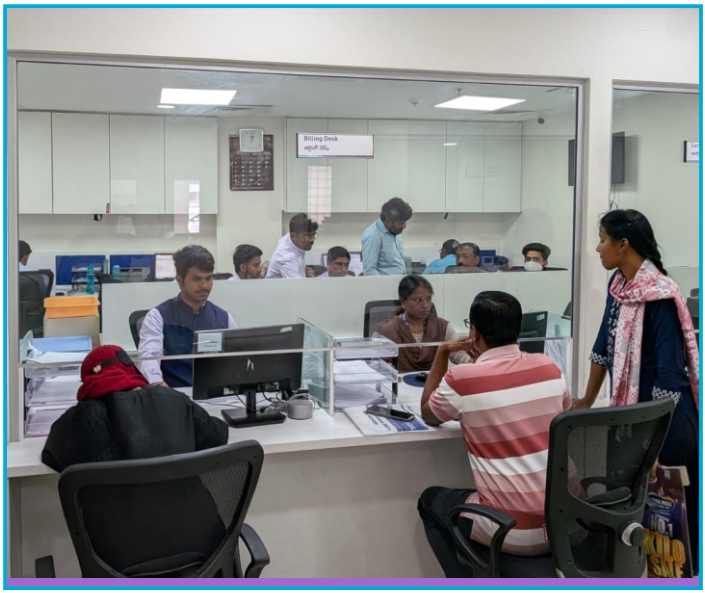
This coordination ensures that every investigation, medication, and procedure is recorded correctly before the final bill is prepared.

Transparency with Patients and Families

For the billing team, clear communication with patients and attendants is crucial.

Nagaraj, Senior Executive – Billing, highlights the importance of counselling, "Proper counselling is very important. If the patient's treatment plan changes or additional procedures are required, we make sure the attendants are informed about the costs. This avoids confusion at the time of discharge."

By explaining each component of the bill step by step, the team ensures that patients and their families understand the charges and feel confident about the process.



Handling Challenging Situations

Working in hospital billing often means navigating emotionally sensitive situations. High-value bills, complex treatments, and critical cases require patience and understanding.
"In some situations, especially when the family is already under stress, we have to stand with them, explain the charges clearly, and help resolve concerns," says Abdul Majid.

In such cases, the billing team works closely with hospital management to find solutions while maintaining transparency.

Teamwork Behind the Scenes

The billing department operates as a coordinated unit where responsibilities are shared to manage the daily workload efficiently.
"Without teamwork, nothing can move smoothly in billing," says Abdul Majid. "We constantly monitor our processes, support each other, and ensure that patients receive the right information."

Regular coordination and internal checks help maintain accuracy and speed, especially when handling multiple discharges on a single day.

Moments That Make It Worthwhile

Despite the challenges, the billing team finds the most satisfaction in helping patients leave the hospital with clarity and peace of mind.

Raja Rao, Corporate Manager – Billing, reflects, "The most memorable moments are when patients or their families appreciate the support we provide during discharge. That acknowledgement means a lot to us."

A Message to Fellow Departments

The billing team shares one important message with the rest of the hospital:
"Communication is key. If patients are informed about the services they receive and the expected costs during treatment, it makes the discharge process smoother for everyone."

Behind every discharge summary and final bill is a team quietly ensuring that the final step of the patient's hospital journey is handled with care, accuracy, and compassion.

Funtastic Facts

- **The Lab Guides the Majority of Decisions**
  Nearly 70 percent of clinical decisions are influenced by laboratory investigations. From diagnosing infections to monitoring organ function and guiding therapy, laboratory medicine quietly powers modern clinical decision making.
- **Imaging Has Become the Clinician's Second Set of Eyes**
  Advanced imaging technologies such as CT and MRI allow clinicians to visualise structures deep within the body with remarkable clarity. Today, radiology not only detects disease but also helps guide interventions, monitor treatment response, and improve diagnostic accuracy.
- **Microbes Evolve Faster Than Medicines**
  Microorganisms adapt rapidly, which is why microbiology laboratories continuously monitor antibiotic resistance patterns. Hospital antibiograms help clinicians select the most effective treatment while supporting responsible antibiotic use.

Murphy's Law: Allied Healthcare Edition

In allied healthcare, Murphy's Law operates quietly but reliably.

The one blood sample that must reach the lab immediately will arrive just as the analyser begins calibration. The scan that looked routine on the requisition form will turn out to be the most clinically revealing study of the day. And the antibiotic sensitivity report everyone is waiting for will be ready exactly when the ward round ends.

Yet behind these small moments lies a constant rhythm of precision, verification, and teamwork that keeps patient care moving forward.

Innovation

The Next Frontier in Diagnostics

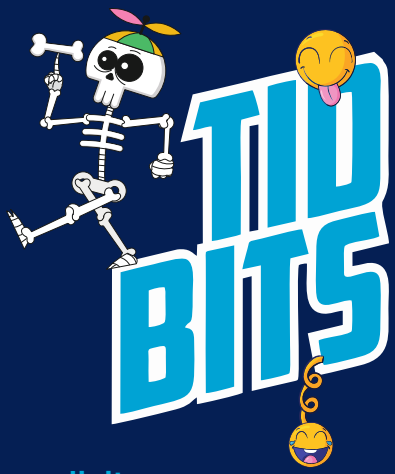
Diagnostics is entering a new era where speed and precision are transforming patient care. Artificial Intelligence in radiology now enables rapid analysis of CT, MRI, and X-rays, helping detect subtle abnormalities and accelerate critical decisions, especially in emergencies like stroke. In laboratory medicine, rapid molecular diagnostics can identify infections and resistance patterns within hours, allowing earlier, targeted treatment. Another key advance is liquid biopsy, where tumour DNA in blood helps monitor cancer and guide therapy without invasive procedures. Together, these innovations are shifting diagnostics from confirmation to prediction, personalisation, and faster clinical action.

Robotic Humour

Laboratory humour:
"The result isn't late — it's just being extremely precise."

Radiology humour:
"Radiologists see things others cannot… usually because they're looking inside the body."

Microbiology humour:
"Bacteria evolve quickly.
Microbiologists simply try to keep up."



Serendipity

When Support Systems Became Clinical Pillars

Not long ago, laboratory tests and imaging were considered supportive services. Today, they are central drivers of modern medicine. High-throughput analysers and molecular diagnostics enable early, accurate detection of infections and disease markers, while advanced imaging provides detailed insights into anatomy and progression. Along with pharmacy and infection control systems, these services ensure that treatment decisions are guided by data, precision, and evidence. What once worked in the background now stands at the forefront of safe and effective healthcare.

ABOUT CARE HOSPITALS

CARE Hospitals, one of India's leading healthcare providers, is committed to delivering world-class medical services across a range of specialties. With a strong focus on patient centered care, innovation, and community health initiatives, CARE Hospitals continues to play a pivotal role in advancing healthcare standards in India. CARE Hospitals Group operates 17 healthcare facilities serving 7 cities across 6 states in India. The network has its presence in Hyderabad, Bhubaneswar, Visakhapatnam, Raipur, Nagpur, Indore & Aurangabad. A regional leader in South and Central India and counted among the top 5 pan-Indian hospital chains, CARE Hospitals delivers comprehensive care in over 30 clinical specialties, with over 3000+ beds.

TESTIMONIALS

ABDUL RAFI

Very very happy to recover my wife doctor Muqqurab Ali Khan sir urologist CARE hospital Banjara Hills, Hyderabad.

SRIDEVI C

Dr PLN Kapardhi sir very care kind and responsible doctor known to us above 25 years. Most of our family members are under his treatment only. We are all very much thankful to Kapardhi sir. His words give so much positive energy to us. Once again thanks to Dr Kapardhi sir

SUBHASHINI

Doctors had extended excellent treatment, caring and patience. The other staff are also so good but some nursing staff didn't follow the doctors instructions. Room service is also good. Attendant bed maay be better

AWARDS

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