

# JALGAON HEART CARE PROJECT

## REPORT

Jalgaon Heart Care Project was all about providing adult open heart operations free of charge to needy and poor patients, at Jalgaon, Maharashtra in India. The aim was to make this a success and self sustaining ongoing service. The first session was conducted between 17<sup>th</sup> November 2009 and 22<sup>nd</sup> Nov 2009.

### Brief Introduction

The Jalgaon Heart Care Project was an inspiration from similar such projects being conducted by Sydney Adventist Hospital, which organises and funds such events in various countries like Fiji, Vanuatu, Samoa and Tonga, Papua Guinea and far away country like Rwanda once or twice a year. The team members pay for their travel and accommodation and Sydney Adventist Hospital send required equipment and disposable to perform free open heart surgeries for one or two weeks.

### Project Initiation

Prof. Peter Kleinberg, Director of Anaesthetic Department of Westmead Hospital kindly donated two cardiopulmonary bypass machines to Maharshi Kanva Ashram in 2007 for charitable use in India. This provided the initial stimulus for this project.

Dr Himanshu Desai, visited Jalgaon in February 2009, to make initial plans for the project and to finalise a hospital, that could manage operative cardiac cases. Indo American Hospital in Jalgaon was selected for the following reasons:

- it was a functioning Cardiac center, with an operation theatre and an ICU, that could manage post operative cardiac cases.
- There was a full time Heart Surgeon, who was knowledgeable and who was eager to be part of the charity event.
- ICU was staffed with good nurses, to provide post operative care.
- Hospital pharmacy was well equipped with the medications and the disposables required for the operations
- Volunteer cardiologists, were familiar with the hospital.
- Hospital CEO was readily agreeable to allow use of the hospital for charity purposes, provided Rs 100,000 was paid per patient by the project

## **Project Planning and Management**

Dr Sadhana Desai coordinated arrangements for the Australian team, which included, travel arrangements, bookings, accommodation, meals, communications with both Australian as well as Indian teams. Dr Himanshu Desai coordinated selection of patients, disposables and medication supplies with the various suppliers and the Cardiologists in Jalgaon.

### **Initial Plan**

Initial plan and scope of the project included:

- Dr Himanshu Desai and Dr Sadhana Desai to form a team of Australian professionals to manage atleast two operation theatres, which included Surgeons, Anaesthetists, Perfusionists, Theatre Nurses and ICU Nurses.
- Coordinate travel to and from Jalgaon, India
- Coordinate selection of patients with the Cardiologists in Jalgaon
- Payment of Rs 100,000 per patient to the hospital, to allow usage of infrastructure facilities as well as for disposables, medications, utilising hospital staff, equipment etc
- Coordinate with the local charity organisation, for the team's accommodation which was to be funded by an NGO
- Local NGOs to donate to the local charity organisation, for the expenses required to pay the hospital
- The Australian Team was to self fund its own trip to Jalgaon and back.

### **Actual Responsibilities undertaken**

When the team was formed in Jun 2009, the list of medications, disposables and staff requirements were being spelt out in detail and communicated to the hospital management. Soon it was known that the surgeon had quit the hospital. The only contact left was the Cardiologist, who was not well versed with the requirements of the surgical team.

By August 2009, it was evident that the fund raising exercise in India may not be sufficient, to cover the cost of the surgeries. Hence, in Sept 2009, Desai couple started a fund raising campaign in Sydney, through the radio programmes, news papers and a fund raising dinner.

The campaign was successful and with a great contribution from some private companies, a very generous lawyer and a number of Australian residents, the team was at last equipped to fund the operations , in a short period of 2 months. Spirit of India (NSW) Inc, helped collect the funds and transferred it to the Charity Organisation in Jalgaon

The team members bought their own return tickets to Jalgaon.

Local NGOs couldn't provide accommodation for the whole team. Hence a government guest house was organised by the Charity Organisation, which provided basic accommodation facilities for the team.

## Issue Management

There were a number of issues that could have been addressed earlier to avoid some of the hurdles:

- **Avoidable issues**

1. The hospital was on the verge of a financial crisis sometime after May 2009. Unknown to the Australian team, once the main surgeon had quit, there were hardly any cardiac surgeries being performed. This had resulted in lack of experienced staff.
2. Different focus and perception by the local management and staff - Despite a written Memorandum of Understanding with the hospital, the management kept asking for more funds to cover the costs of medical supplies, disposables, nursing staff and so on.
3. There was no knowledgeable or experienced surgical staff in the hospital, who could ensure that the necessary equipment were in functioning order. This resulted in poorly maintained and some non functioning equipment like Blood Gas machines, Ventilators, Monitors, cautery etc. Constant breakdowns resulted in cancelled cases to avoid any risk to life.
4. Infrastructure issues:
  - a. As the Surgical theatre was virtually non-functioning for cardiac cases, the instruments required a good scrub, and sterilisation to make it usable.



- b. The ICU was non-functioning too, so the nurses had to spend the day cleaning, unpacking drugs from boxes, setting them up, as well as getting acquainted with a basic infrastructure

- c. The electricity backup was not available to all power points, which created a number of stressful moments for the ICU staff, when it was discovered at the last moment.

5. Lack of experienced housekeeping and catering staff for seamless management of daily needs of the team members

- **Unavoidable Issues**

Some of the unavoidable issues were

1. Patient selection-An 18 yr old male, was selected because he had a tight Aortic Valve on an echo report. Being young and with a serious condition, he was considered as the biggest beneficiary. On the operation table, after anaesthetising him, a check echo was performed (through the food pipe). To everyone's shock- the patient had an absolutely normal Aortic valve! The cardiologist was called in for confirmation and the surgery was cancelled!

2. Lack of experienced ICU nursing staff to cover round the clock – this can be a limiting factor in any small non-teaching, private hospitals, especially when cardiac surgeries are not being routinely performed.
3. Although the surgeries were meant to be performed free of charge to the patients, the hospital and the physicians had charged the patient for investigations and preparation of the patients for surgery.
4. Some of the patients short listed, were affording patients, who were willing to pay for the surgeries. They were removed from the list by the Surgeons, on first interview.

## Results

After the first day, nine patients were shortlisted for surgeries. However, due to the various reasons listed above, five cases were finally operated on

1. 50 year old male for coronary bypass surgery
2. 53 yr old male for Coronary bypass surgery
3. 28 yr old female for double valve replacement
4. 32 yr old female for congenital Atrial septal defect repair
5. 66 yr old male for coronary bypass surgery



All patients were discharged home before the team departed from India on the 29<sup>th</sup> November. A follow up is being performed by the local cardiologists.

## Lessons Learnt

Given the complexities of the surgeries and the need for a proper infrastructure, these are the essential points to take away from this project:

1. The hospital must have a proper functioning
  - a. Good sized Surgical theatre
  - b. atleast 3-4 bedded ICU, with ventilators
  - c. pressure monitors (with atleast one or two invasive pressure monitors)
  - d. Blood Gas machines
  - e. Good Steriliser- preferably an ETO
  - f. Availability of a blood bank in the vicinity

- g. Experienced ICU staffing preferable with 1:2 ratio(Nurse to Patient), available 24/7
2. Management of the hospital must be a non-profitable organisation with a principle to provide charity services.
3. No financial liability must be undertaken by the team from Australia except for purchasing the airfares. Any funds raised can be utilised to provide valve costs or to help equip the hospital with necessary long term instruments or gadgets
4. Local NGOs should host the team if possible
5. Aim should be to work with an organisation which can benefit from the training provided by the team, for sustained work after their departure. For that reason it would be ideal to select a teaching hospital, which either wants to setup cardiac surgical services or which has some setup that can be improved on.

## What next?

As this was a fact finding trial, we made some enquiries in Jalgaon and Aurangabad to find an alternative hospital. We are keeping our options open and engaging other hospitals to find an alternative base for the next year's project. If anyone has information or knows of any organisation which can fulfil our requirements, we are happy to engage with the organisation.

## Gratitude and Acknowledgements

This is a humble effort to thank all those who made this project successful. Please excuse us if some names are missed

1. Spirit of India (NSW) Inc-the first organisation that came forward to encourage us and support us with the idea
2. George Bassil- biggest individual contributor
3. Nilgiri's, St Leonards- biggest Business contributor. Not only did Ajoy provide us with all the facilities willingly, but also helped us and guided us in managing the function
4. Donors-numerous donors big and small, who came forward to pitch in with the fund raising efforts
5. Media – Marathi Radio, Mahak Radio, SBS Gujarati radio, SBS Hindi Radio, The Indian, The Indianlink and India Downunder
6. Guides- Many experienced fund raisers, gave us very useful tips and suggestions to generate funds. Some provided platform for us to spread the word around.
7. Australian Team members , the Hospital staff in Jalgaon, volunteers at Government guest house and at Kanalda Ashram, Jalgaon

Thank you again for all your help and efforts



### Contact For more Information

Dr Himanshu Desai and Dr Sadhana Desai

Mobile (61) 466 396079

E mail: [hsdesai@hotmail.com](mailto:hsdesai@hotmail.com)

Address: PO Box No. 583, Westmead, NSW 2145, Australia