

MISSION ASI: 2019-21

The Executive Committee of A.S.I. in its meeting on 30th December, 2018 discussed, approved and decided to launch 5 missions at National level, as detailed below:

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Mission 1. Safe ASI : For Patients & Surgeons

Mission 2. Skilled ASI : For Surgeons & Residents

Mission 3. Digital ASI

Mission 4. Stronger ASI with “SAY” in decision making at National level.

Mission 5. ASI responsive to Medical Social Responsibilities
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These missions have been converted into “**actionable projects**”, each of which is being piloted by one or more E.C. member as “**Project lead**” for achieving results in a time bound manner.

The active participation, contribution and support of ALL members of A.S.I. is solicited. **TOGETHER**, we shall make it happen ...

The projects under various missions are:

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**Mission 1. Safe ASI : For (A) Patients
(B) Surgeons**
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1. (A) Making Surgery Safer for Patients:

Project 1: Reduce Hospital Acquired infections (H.A.I)

- Awareness with Figures (to tell how much damage it is causing)
- Causes
- Preventive measures
 - **Clean Care is Safer Care** ie role of hand hygiene
 - other measures - 1,2,3,4,5....

Project lead: To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in HAI.

Project 2: Reduce Complications in Surgery

- Awareness with Figures (to tell how much damage it is causing)
- Causes
- Preventive measures
 - **WHO Surgical safety checklist**
 - other measures - 1,2,3,4,5....

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in Complications in surgery.

Project 3 : Reduce Medication Errors

- Awareness with Figures (to tell how much damage it is causing)
- Causes
- Preventive measures
 - **Medication Without Harm**
 - other measures - 1,2,3,4,5....

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in Medication Errors.

Project 4 : Reduce Antibiotic Misuse

- Awareness with Figures (to tell how much damage it is causing)
- Causes
- Preventive measures
 - **Antibiotic Policy & Guidelines**
 - other measures - 1,2,3,4,5....

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in ANTIBIOTIC RESISTANCE & PATIENT COSTING.

Project 5 : Enhance Patient Satisfaction

- Quality care at minimum cost: improved satisfaction Quotient
 - Allay pre-operative anxiety: counselling of relatives by Surgeon
 - Intraoperative timely relay of information to attendants
 - Post-op communication to relatives: meeting timelines and needs

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in Patient satisfaction index.

1. (B) Enhancing Safety of Surgeons:

Project 6 : Security for Surgeons

Project 6 (A) Social Security Scheme : Already ON

Project 6 (B) Professional Indemnity scheme: Already ON

Project 6 (C) Support at city / district / national level

- ASI Helpline for support in times of distress
- Support group for surgeons against assault
- Stress management guidelines
- Legal Support
- Liaisoning with local police, politicians, media, civil society

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in these issues.

Project 7 : Avoid Litigation & Violence

- **7 C** Approach to patient care (**C**ompassionate care, **C**ommunication, **C**onsent, **C**ase sheet, **C**ounselling, **C**heck list based approach, No **C**riticism of colleagues)
- Enhancing professional credibility - breach of trust between surgeon and patient
- Other measures to reduce “Unhappy” patients & relatives and improve the bond.

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in these issues.

Project 8 : Patient to Doctor disease transmission

Blood borne - HBsAg, HIV, HCV (including policy regarding needle stick injuries).

Air borne - TB , others

- Awareness with Figures (to tell how much damage it is causing)
 - Causes
 - Preventive measures
- Universal precautions v/s Universal testing
- other measures - 1,2,3,4,5....

Project lead : To prepare the document, share it with members, encourage and ensure compliance, evaluate and document post intervention improvement in these indices.

Project 9 : NABH Accreditation of small and medium sized hospitals

- standardisation of facilities & care at all units owned by ASI members

Project lead : To Study the problem and suggest ways and means of ensuring (minimum) standardization of facilities and NABH accreditation.

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Mission 2. Skilled ASI : For (A) Surgeons (B) Residents

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2. (A) Trained Surgeons already in Practice / Service

Project 10: Enhancing “Surgical Skills” of Surgeon Members : Enhance/Upgrade the skills of Surgeon members in ALL areas that they may encounter in day to day practice : this will enhance the quality of care being provided to the masses.

- **National Skill Enhancement Programme (NSEP)**
 - Identify centers of excellence in various disciplines (Breast, Hernia, Thyroid, GI surgery, Thoracic, Vascular etc) and ASI coordinated skill enhancement of Surgeons in small cities across the country
 - Let the skills reach the periphery

Project 11 – Enhancing “Other Skills” of Surgeon Members

- **Soft Skills:**
 - Communications skills (including patient counselling and handling media)
 - Bedside manners, Handling crowd, Breaking a bad news
- **Academic Skills:**
 - Research orientation
 - Publications
 - Presentations
- **DATA Management:**
 - Capturing, storage and management of data
 - Video recording & Editing

2. (B) Skill Enhancement of Residents

Project 12 : Standardisation of Surgical training in various medical colleges/ DNB Centres across the country.

Exchange program of residents and faculty between “different resource medical institutions”.

Project lead : To study the problem and come up with area specific solutions.

First step is to GET ALL FACULTY and Residents into ASI fold....make them aware of deficiencies and develop a WANT in them to improve : rest will follow.....

Project 13: Enhance the Standard of Surgical Residency training -

- **Surgical skills training:**
 - Basic & Advanced Surgical skills: to cover every system
 - Anastomotic skills: Basics of anastomosis, Bowel, Urinary, Vascular.
 - Basic Emergency procedures
 - Basic laparoscopic skills

- BLS, ACLS, ATLS
- Basics of endoscopy
- Care of the critically ill surgical patient (in collaboration with RCS England)
- **Soft Skills:**
 - Communications skills (including patient counselling and handling media)
 - Bedside manners, Handling crowd, Breaking the bad news
- **Academic Skills:**
 - Research exposure : Community, Ward & Lab based
 - Publications (Compulsory publications during residency)
 - Presentation (Compulsory presentation in state & national conferences during residency)
- **DATA Management Skills:**
 - Capturing, storage and management of data
 - Video recording & Editing
- Annual theory and mock exams should be taken in every college
- Mandatory rural posting for 3 months during training in final year

Project14 : Counselling for Residents : Stress management / Career Guidance facility.

Project 15 : Mentoring of Residents

- Mentoring of young surgeons under ASI recognised mentors
- Refresher courses for teachers for better training of residents

Project 16 : Training / Skill enhancement of Paramedics in tier II & tier III cities for patient & surgeon safety

Project lead : To study the problem , liaison with National Skill development council and develop a module for skill development/skill enhancement to supply paramedics to centres in peripheral areas. Pickup local talent and train them to fulfil local needs.

Project 17 : ASI Guidelines in Surgery

- 10 common surgical emergencies : India specific national guidelines ,
- Later on : take up elective procedures also.

Project lead : To prepare a list of procedures, identify “Faculty” to head a “Team” for each procedure(s), prepare the guidelines ...adequately referenced asap , vet them through a different National panel of experts , finalize before next GC , approve and implement thereafter.

Project 18: Regional Refresher Courses

- PG Masterclass combined with Skills workshops/video workshop/lectures in 5 zones : managed by ASI - ALREADY ON
- Need to re-look and improve the format further.

Mission 3. Digital ASI

Project 19 : ASI website

Project lead to improve website making it more user friendly and useful to membership at large ,

- Joining ASI through website ...more friendly
- Web based master class, webinars and lectures at non working hours at least once a week
- App based teaching and training modules
- Online master videos - free online access to members
- E-library for ASI Members
- Medico-legal cases with verdicts on website
- ASI training and teaching e-news once every 2-3 months
- FAQs / fliers for patients - downloadable from website by members

Project 20 : ASI App, presence on digital media

Project 21 : ASI Surgical Database: organ based

Project 22 : Online Access to Journals / I J S

- Explore the provision for online access to members for few leading international Journals.
- Members who require help for publishing papers should be supported by ASI editorial board

Mission 4. Stronger ASI

Project 23 : ASI Membership

The project lead's responsibility :

- Update records of all existing e – registered ASI members
- Ensure e registration of all unregistered ASI members
- Ensure those Associate members who have passed MS to be updated to e registered members list
- Membership drive – Double the membership this year ...All residents /Medical college faculty to be made members , Existing members Each one to get one....

Project 24 : ASI Legal Cell - to help colleagues in distress / Protect - our colleagues who are facing legal issues - legal help

Project 25 : ASI Rural Cell - to develop surgical help in rural India, surgical camps in every state - minimum expenditure, and try to maximize the benefit to the society.

Project 26: Changes in ASICON and State Chapter meetings

- Stop live workshops at ASICONs, Virtual live workshop (unedited or partly edited videos with National / State representation) . State Chapter Conferences also to phase out live workshops gradually in tune with the MCI requirements.
- **Uniform pattern & Level of all state chapter conferences**
 - WHO patient safety challenges to be repeated across the conferences. (Mandatory ASI module in every state chapter conference.)
 - Mandatory PG teaching session in every conference
 - Shorter and crisper conferences, More : How to do & Guidelines based
 - No bouquets, shields, bags, malas, angavastram, shawls etc
 - **give surgical books or Motivational books : Encourage reading habits**
 - Paperless, plastic free, Environment friendly conferences,
 - **Focus on academics with minimum pomp & show.**
 - **Accounting** to be made transparent and as per guidelines.
 - **Need to send out a clear message & publicize it.**

Project 27 : Image Enhancement :

- Sensitizing Membership about Ethical Surgical Practice
- Encourage incorporation of ASI's VAPI Consensus Statement on "Ethical Surgical Practice" in their day to day practice.
- Various Social Welfare schemes of ASI to be highlighted in Media and Public by members as well as Leadership
- Welfare work done by Individual Members also to be projected across various states and at National Level
- All Members in various states to write regularly in leading newspapers about success and pitfalls of surgery.
- Adequate use of audio & visual media to highlight good work done by members
- ASI Leadership to address and interact with media frequently for Image building.
- **Strict control over ASICON as well as State Chapter meetings to avoid pomp and show / negative publicity and highlight the Academic achievements of Members.**

Project 28 : ASI to have "SAY" in various issues at National Level.

- ASI leadership should be involved in decision making at M.C.I. and Government level (on matters which affect surgeons)
- **Explore the avenues to have "Capping" of penalty money in consumer court cases.**
- Recognition of Surgeons as healthcare providers by Govt and Insurance companies, fees to be based on a formula and transfer of money in a fixed time frame.
- ASI should have a say in fixing of "surgeon's fees" in various schemes by insurance companies, TPAs, Health care providers, state governments and Govt. of India (Ayushman scheme)

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Mission 5. ASI responsive to Medical Social Responsibilities

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Project 29 : Rural Surgical Camps :

- Make maximum use of local resources including operating surgeons as there will be enough local talent available and would reduce the cost.
- Simple working breakfast and meals.
- Preferably more open surgical work and if needed laparoscopic work also.
- No banquet / fellowship during such programs as it takes away the impression what you are trying to create in the local mindset of people and media. We don't want them to make "Surgeons are having fun" kind of remarks.
- No other luxurious spending.

Project 30 : Disaster Preparedness

Project 31 : Doctors for Clean Air

- Advocacy for Clean Air : Create Public outrage against deteriorating Air quality which is causing havoc to our health.

Project 32: Adopt a Village

- Encourage ASI members to adopt a village each and work for upliftment of the population.
- ASI District / State chapters to coordinate and report to headquarter for presenting it at the national level.

Project 33: Public awareness campaigns

- ASI to conduct nationwide awareness campaigns on important issue like cancer, obesity, increasing incidence of road traffic accidents and against smoking.

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