

CARE BANJARA TIMES

ISSUE 03
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Nursing Excellence: The Quiet Force Powering CARE Hospitals, Banjara Hills's Transformation

At CARE Hospitals, Banjara Hills, nursing is more than a profession—it is our purpose. Rooted in compassion, precision, and unwavering commitment, our nurses stand at the heart of every healing journey. As we step into a new era with the relaunch of our iconic institution, I am proud to say that nurses have been central to this transformation - driving safety, quality, and human connection across every touchpoint.



Shobha Rani

Nursing Head
CARE Hospitals, Banjara Hills

This International Nurses Day, we don't just celebrate their dedication - we honor their leadership.

We are proud to share three key milestones that reflect our rising standards of nursing excellence:

- Our team successfully completed the INFUSE assessment, demonstrating our readiness to lead with innovation and high-impact nursing practices.
- We participated in the ANEI World Record Attempt focused on medication error prevention - championing patient safety at scale.
- And most proudly, CARE Banjara Hills has been awarded "Best Hospital for Nursing Practices" across

the entire CARE Group - a true testament to the passion, discipline, and team spirit of our nursing community.

None of this would be possible without the unwavering support of our internal consultants - exceptional clinicians who mentor, guide, and challenge our teams to grow. Their partnership is the reason our nurses are not just caregivers but clinical allies in every outcome we deliver.

To our B2B partners - referring doctors, corporate clients, and collaborators - we invite you to engage with a CARE Hospitals, Banjara Hills where nursing is a strategic pillar, and excellence is a shared pursuit.

This International Nurses Day, we don't just celebrate our nurses - we stand taller because of them.

CARE Hospitals, Banjara Hills, Wins “Best Hospital for Nursing Practices” Across CARE Group

We are delighted to announce that the Nursing Team at CARE Hospitals, Banjara Hills has been honoured with the “Best Hospital for Nursing Practices” award within the entire CARE Hospitals Group.

This distinguished recognition celebrates the team’s unwavering commitment to Clinical excellence, Patient safety, and Compassionate care. It reflects the consistent efforts of our nurses who go above and beyond each day—not just delivering treatment, but nurturing hope, dignity, and healing.

Whether it’s through meticulous Infection control, adherence to NABH protocols, or providing round-the-clock patient support, the Nursing team at CARE Banjara Hills has set a benchmark for quality and empathy in healthcare delivery. Their contributions are vital to every successful patient outcome and every recovery story that begins in our wards.

“This award is a reflection of the values our nurses embody—Care, Courage, and Commitment. It is their hands and hearts that carry forward the mission of CARE every single day,” said Ms. Shobha Rani, Nursing Head, CARE Hospitals, Banjara Hills.

We congratulate every member of the nursing team on this well-earned achievement and thank them for being the backbone of our hospital services. May this recognition inspire greater heights in patient-centred care across the CARE network.

Here’s to the hands that heal, the hearts that comfort, and the team that makes CARE, truly CARE.



CONSULTANT ONBOARD

We are pleased to welcome **Dr Ajay Kumar Paruchuri**, Senior Consultant – Orthopaedics at CARE Hospitals, Banjara Hills, to our team. A highly experienced orthopaedic surgeon, Dr Ajay brings over two decades of expertise specializing in arthroscopy, spine surgery, joint replacement, and trauma care.

His clinical expertise includes minimally invasive arthroscopic surgery of the knee and shoulder, advanced spine surgeries including spinal fusions and deformity corrections, shoulder and elbow replacements, as well as primary and revision hip and knee replacements. Dr Ajay is also skilled in managing complex trauma cases, including the use of Ilizarov ring fixators.

A passionate educator and thought leader, Dr Ajay has been mentoring postgraduate students through DNB programs since 2019. He has presented numerous scientific papers at national and international conferences and served as faculty for advanced arthroscopy and arthroplasty workshops.

Dr Ajay’s commitment to cutting-edge surgical techniques and patient-centric care makes him a valuable addition to CARE Hospitals. Please join us in warmly welcoming Dr Ajay Kumar Paruchuri as he helps elevate the standards of orthopaedic care.



CARE Hospital, Banjara Hills, Achieves NABH Accreditation for Excellence in Surveillance

CARE Hospital, Banjara Hills, proudly announces its successful completion of the rigorous NABH (National Accreditation Board for Hospitals & Healthcare Providers) assessment for its surveillance system. This significant achievement underscores the hospital's commitment to continuous quality improvement and data-driven decision-making in stroke care.

The NABH assessment validated the effectiveness and robustness of CARE Hospitals, Banjara Hills surveillance system, which includes:

- **Comprehensive Data Collection:** Accurate and timely collection of data related to stroke patients, from pre-hospital care to discharge and beyond.
- **Robust Data Analysis:** Utilizing data analytics to identify trends, patterns, and areas for improvement in stroke care processes.
- **Performance Improvement Initiatives:** Implementing data-driven strategies to enhance the efficiency and effectiveness of stroke care pathways and improve patient outcomes.
- **Transparent Reporting:** Regular reporting of key performance indicators (KPIs) to monitor progress and ensure ongoing quality enhancement.

This accreditation showcases our dedication to continuous improvement. Our robust surveillance system allows us to identify areas for enhancement and ensure we are consistently delivering the best possible care to our patients." This accreditation demonstrates CARE Hospitals, Banjara Hills commitment to evidence-based practice and ongoing excellence. The hospital will continue to leverage its surveillance system for continuous improvement and enhanced patient outcomes.



Achieving Excellence in Stroke Care: Successful Completion of NABH Stroke Assessment

CARE Hospitals, Banjara Hills proudly announces the successful completion of its NABH (National Accreditation Board for Hospitals & Healthcare Providers) Stroke Assessment and Surveillance Assessment. This significant achievement underscores our unwavering commitment to providing high-quality, patient-centered stroke care that meets the stringent standards set by NABH.

The rigorous NABH assessments comprehensively evaluated various aspects of our stroke program, including:

- **Inpatient stroke care:** Our dedicated stroke unit's capabilities in providing specialized care, including thrombolysis, thrombectomy, and comprehensive rehabilitation services, received positive recognition.
- **Surveillance and data analysis:** The assessment validated the robustness of our surveillance system, which ensures continuous monitoring of care quality and facilitates data-driven improvements. This includes accurate data collection, analysis, and utilization for performance enhancement.

This accreditation is not just a testament to the hard work and dedication of our multidisciplinary stroke team – including physicians, nurses, therapists, technicians, and administrative staff – but also reflects our institution's dedication to evidence-based practices and continuous quality improvement. Our commitment to maintaining the highest standards in stroke care ensures that our patients receive the best possible treatment and outcomes.

This achievement further strengthens CARE Hospitals, Banjara Hills position as a leader in stroke care within the region. We remain committed to delivering compassionate, cutting-edge stroke care and will continue to invest in the latest technologies and training to ensure we remain at the forefront of this critical medical field. We extend our gratitude to the NABH assessors for their thorough evaluation and valuable feedback. We are proud to be a NABH-accredited facility for stroke care and NABH full Accreditation reaffirming our dedication to excellence in patient care.



Journey of the Nursing Team in INFUZE Certification Assessment

The journey toward achieving the INFUZE Certification was not merely a process - it was a transformative experience for our nursing team. As a collaborative initiative between INS India and 3M, the INFUZE program set out to elevate infusion therapy standards, and for our nurses, it was a commitment to excellence, safety, and professional pride.

Phase 1: Building Awareness and Commitment: Our journey began with orientation sessions conducted by INS India, where the purpose and scope of the INFUZE program were introduced. The nursing leadership and clinical educators rallied the team around the mission: to improve IV therapy practices through standardization, competency building, and patient safety.

Phase 2: Training and Skill Development: Organised structured workshops focused on:

- Evidence-based infusion practices
- Aseptic non-touch technique (ANTT)
- Catheter-related bloodstream infection (CRBSI) prevention
- Proper documentation and site assessment

Our nurses actively participated, demonstrating eagerness to learn, revise protocols, and share knowledge across units.

Highlights:

- Over 60% of the nursing staff completed the training within the stipulated time.
- Peer-led refresher sessions helped reinforce concepts and build confidence.

Phase 3: Practice Implementation and Internal Audit

With the training in place, the team moved toward implementing improvements in real-time practice:

- Old IV policies were reviewed and aligned with INFUZE guidelines.
- Daily monitoring tools and checklists were introduced.
- Simulated audits were conducted to identify gaps and drive improvements.

The nursing team showed remarkable dedication - responding positively to feedback, adjusting workflows, and supporting each other in mastering new practices.

Phase 4: External Assessment by INS India The assessment team reviewed:

- IV site care and dressing protocols
- Staff competency and adherence to technique
- Infection prevention practices
- Documentation quality and policy alignment
- Privileges of INFUZE champions
- Escalation matrix
- Safety devices available in Organization



Our nurses showcased their knowledge, skills, and passion, leaving a strong impression on the assessors.

Post-certification, the team has embraced a culture of continuous improvement. Monthly audits, mentorship programs for new nurses, and feedback loops are now standard. INFUZE has become not just a milestone but a mindset.

“We are not just nurses giving IVs; we are professionals ensuring life-saving therapy is delivered with precision and care.” – Nurse Educator

Brucella Myositis with Retropharyngeal Edema: A Rare and Complex Presentation Managed at CARE Hospitals, Banjara Hills

Patient Overview

A 63-year-old male, known case of hypothyroidism, presented with fever, generalised weakness, difficulty in swallowing, and reduced speech. He had initially been admitted and managed at another centre, where investigations revealed Anaemia, Thrombocytopenia, and Retropharyngeal Edema or Abscess on CT Neck Angiography (CT-NAG). Despite treatment with antibiotics and supportive care, his condition deteriorated, with progressive Hypoxia and Bilateral Limb Swelling.

Clinical Challenge

On arrival at CARE Hospitals, Banjara Hills, the patient was in respiratory distress, requiring 4–5 L/min oxygen support and Non-Invasive Ventilation (NIV). His neurological status was concerning with 2/5 power in all four limbs, and he was dependent on Ryle's Tube feeding due to Dysphagia.

Initial investigations showed:

- Anaemia and Thrombocytopenia
- Mild Transaminitis (SGOT → SGPT)
- Low Globulins, elevated ESR (45 mm/hr)
- Normal TSH and Creatinine
- Negative TB Quantiferon Gold Test

Repeat imaging (CT-NAG and chest/abdomen) showed:

- Retropharyngeal Edema
- Bilateral central ground-glass opacities in the lungs

- Suspected right-sided psoas muscle abscess

Diagnostic Breakthrough

Aspiration of the suspected Psoas Abscess was attempted but not possible due to its deep-seated location. On detailed history taking, exposure to cattle and raw milk consumption was noted - raising clinical suspicion for Brucellosis, a Zoonotic Infection.

Targeted investigations confirmed:

- Positive Brucella Serology
- Markedly elevated CPK levels
- EMG and NCS findings suggestive of Inflammatory Myositis

MRI of both thighs revealed severe Myositis, consistent with Brucella-Induced Muscular Inflammation.

Treatment & Recovery

A multidisciplinary treatment approach was adopted:

- Pulse Steroid Therapy
- Targeted antibiotics: Doxycycline and Rifampicin
- Continued IV antibiotics (Piperacillin-Tazobactam, Teicoplanin initially)

Gradual recovery milestones:

- Off Ryle's tube feeding in 1 month
- Regained full ambulation without support within 2 months
- PET-CT at 2-month follow-up showed resolution of myositis and normal metabolic uptake

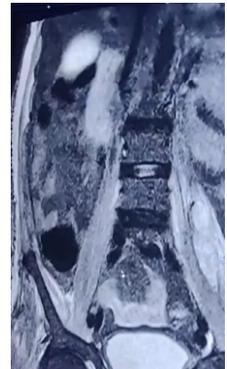


Dr H Guru Prasad

Associate Clinical Director and
Head of Department

Key Takeaway

This case exemplifies the critical value of thorough history-taking in diagnosing rare infectious causes of myositis, such as Brucellosis. Exposure to zoonotic sources like raw milk or cattle can guide the clinical suspicion toward underdiagnosed tropical infections. At CARE Hospitals, Banjara Hills, a collaborative, investigative approach led to accurate diagnosis and successful, non-surgical management of a rare and debilitating condition.



MRI suggestive of myositis

Severe Aortic Stenosis in an Octogenarian: Successful TAVR with First Use of MANTA Closure Device at CARE Hospitals, Banjara Hills

An 82-year-old male, Mr. Kutumbarao, with a known history of Hypothyroidism, presented to CARE Hospitals, Banjara Hills, with Complaints of exertional dyspnoea, Paroxysmal Nocturnal Dyspnoea, and Palpitations. On evaluation, his vitals were stable. ECG revealed Sinus Bradycardia with left bundle branch block and no significant ST-T changes.

Diagnostic Workup

Transthoracic Echocardiography showed Concentric Left Ventricular Hypertrophy, severe Calcific Aortic Stenosis, moderate Aortic Regurgitation, mild mitral regurgitation, and mild Left Ventricular Dysfunction. Holter Monitoring recorded a minimum heart rate of 31 bpm and a maximum of 98 bpm. It also showed first-degree AV block, Intermittent Atrial Fibrillation, Paroxysmal Supraventricular Tachycardia with short runs, and frequent Ventricular Ectopics with a burden of 5.3%.

Indication for TAVR

In view of Symptomatic Severe Aortic Stenosis in an elderly patient with multiple conduction abnormalities, the heart team decided to proceed with Transcatheter Aortic Valve Replacement (TAVR). After detailed counselling, the patient and his family consented to the procedure.

Pre-procedural Planning

A pre-procedural CT

Aortogram revealed an Aortic Annulus Diameter of 26 mm. The right and left Coronary Ostial heights were 15.9 mm and 10.7 mm respectively. Given the high calcium burden in the Tricuspid Aortic Valve avoid Annular Rupture, a self-expanding valve was chosen. A temporary pacemaker was inserted via the Right Femoral Venous Access.

TAVR Procedure and Vascular Closure

TAVR was successfully performed using a 29 mm Evolut PRO (Medtronic) Self-expanding Valve. The post-procedural mean gradient across the aortic valve was reduced to 14 mmHg. The femoral arterial access site was closed with an 18 Fr MANTA Vascular Closure Device- marking its first deployment at CARE Hospitals, Banjara Hills. The device achieved Rapid Haemostasis with no access-related complications.

Postoperative Outcome

The patient showed marked symptomatic improvement with reduced dyspnoea and a decreased need for diuretics. He remained



Dr Narasa Raju Kavalipati

Sr. Consultant Cardiology &
Director Interventional Cardiology

haemodynamically stable, with no evidence of conduction disturbances. He was monitored for one week with continuous Holter telemetry to assess for late-onset complete heart block; no such events were observed.

Key Takeaway

This case exemplifies the importance of multidisciplinary evaluation, precise imaging, and meticulous planning in the management of high-risk elderly patients with valvular heart disease. The use of advanced techniques such as self-expanding TAVR valves and next-generation vascular closure devices can ensure optimal outcomes even in complex anatomical and clinical settings.



From ICU to the Dance Floor: A Bariatric Comeback Story Sheikh Mohammed's Remarkable Recovery at CARE Hospitals, Banjara Hills

Patient Overview

Sheikh Mohammed, a middle-aged male and theatre owner from Kurnool, presented to CARE Hospitals, Banjara Hills, in a critical state. He weighed 192 kg with a Body Mass Index (BMI) of 71 and had not passed urine in two days. His oxygen saturation was dangerously low at 43% on room air. A known patient who had delayed bariatric surgery in the past, he now arrived with an urgent plea:

“Do it today, or I may not survive tomorrow.”

Clinical Challenge

The patient was in acute respiratory distress and faced multiple system failures. The surgical team was further challenged by his pre-existing Cirrhotic Liver, which added significant perioperative risk. His condition was compounded by a severely compromised pulmonary function and fluid overload requiring urgent medical management.

Critical Care & Preoperative Optimisation

Sheikh Mohammed was admitted to the Intensive Care Unit (ICU) for stabilisation. The team initiated a 10-day critical care protocol:

- Non-Invasive Ventilation (NIV) support
- Diuretics, IV fluids, and colloids
- Total Parenteral Nutrition (TPN)
- Electrolyte correction

His response was immediate:

- Day 1: Urine output resumed
- Day 8: Off oxygen support with 92% oxygen saturation on room air
- Total weight loss pre-operatively: 24 kg

Surgical Planning

After high-risk informed consent, the patient was taken up for Laparoscopic Bariatric Surgery, despite the complexities introduced by his liver condition. A skilled multidisciplinary team prepared for potential complications, ensuring all parameters were optimised before surgery.

Surgical Highlights

- Bariatric surgery completed successfully under general anaesthesia
- No intraoperative complications
- Smooth post-operative recovery

Postoperative Outcomes

Sheikh Mohammed demonstrated rapid and sustained improvement:

- 1 month post-op weight loss: 37 kg
- Significant improvement in breathing and mobility
- Returned to outpatient clinic energetic and joyful
- Resumed active lifestyle and shared videos of himself dancing, symbolising a powerful return to health

Key Takeaway

This case underscores the life-saving potential of timely



Dr Venugopal Pareek

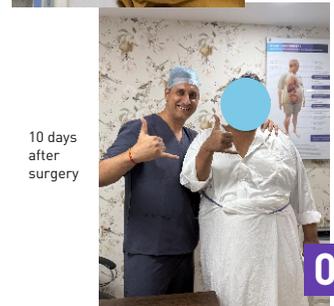
Sr. Consultant GI Laparoscopic, Bariatric & Robotic Surgeon

bariatric surgery, especially in critically ill, high-risk patients. With expert ICU management, multidisciplinary collaboration, and surgical precision, CARE Hospitals, Banjara Hills, helped a patient on the brink of collapse not only survive—but thrive.

At CARE, we believe in care that transforms lives, from emergency stabilisation to long-term recovery.



Before surgery



10 days after surgery

Whether every “Brought Dead” Patient must be registered as an MLC? Are there any exceptions to this? If so, is there any law with regard to the same?

This important medico-legal question often arises in emergency departments and clinical practice: Must every patient declared as “Brought Dead” be registered as a Medico-Legal Case (MLC)? Are there exceptions? Is there any existing law on the matter? Before addressing these questions directly, let’s consider a few real-life examples from my legal consulting experience:

- Patient A – A lung cancer patient, under palliative care at home, was brought to the hospital after a week. With no vital signs on arrival, he was declared Brought Dead.
- Patient B – A road accident victim, treated and discharged after intensive care, returned days later with breathlessness. He was found unresponsive and declared Brought Dead.
- Patient C – After a kidney transplant, he was stable at discharge but returned with bleeding at the surgical site. Despite efforts, he could not be revived and was declared Brought Dead.
- Patient D – A preterm infant discharged after NICU care was brought back unconscious and declared Brought Dead.
- Patient E – Following cardiac surgery, the patient was counselled on warning symptoms. Within 72 hours of discharge, he returned with respiratory distress and was declared Brought Dead.

- **Is MLC registration mandatory for every Brought Dead case?**

Technically, yes. In many hospitals, a Brought Dead status triggers MLC registration to rule out unnatural causes or criminal involvement. However, some experts in the medical community challenge this blanket approach. They argue that when the death is clearly due to a known medical condition with no suspicious elements, registering it as an MLC may be unnecessary. The cornerstone of MLC registration is clinical suspicion. If the treating physician has no reason to suspect foul play, trauma, or external factors—and the death aligns with the patient’s medical history—registration as an MLC may be both avoidable and unnecessarily distressing for the family.

- **Are there recognised exceptions?**

Yes. Patients under active treatment for a serious illness, with a predictable clinical trajectory and clear cause of death, may qualify as non-MLC cases. These exceptions are often recognised at the institutional level through protocols developed with legal teams and risk management. However, such exceptions must be handled cautiously. Detailed documentation is essential. Thorough hospital records, discharge summaries, and a clear death certificate help justify the decision not to



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register the case as an MLC.

3. Is there a specific law on this issue?

Currently, there is no specific legislation in India mandating MLC registration for all Brought Dead cases. In the absence of statutory clarity, the decision relies on clinical discretion, institutional policies, and local legal norms. This ambiguity underscores the need for hospitals to adopt comprehensive SOPs that integrate clinical, legal, and ethical considerations.

In conclusion, while the default approach is to treat Brought Dead cases with medico-legal caution, justified exceptions can be made based on sound clinical judgment and clear documentation. Hospitals are encouraged to develop consistent internal guidelines in consultation with legal advisors to ensure both compliance and compassionate care.

Dr. Rao, in the backdrop of above information, proposes to address the fourth issue as explained in the first newsletter in the forth coming issue.

India's Nursing Crisis Isn't About Numbers— It's About Retention

The World Health Organization's State of the World's Nursing 2025 report has issued a clear warning: India must recruit 1.5 million additional nurses by 2030 to meet its Universal Health Coverage (UHC) goals. At first glance, this may seem like a straightforward supply problem—more nursing colleges, more graduates. But those of us working in healthcare know the reality is far more complex.

As a surgeon and a long-time advocate for patient safety and nurse empowerment, I've seen firsthand the talent and commitment of Indian nurses. I've also seen how often they leave—not because they lack dedication, but because they feel undervalued, underpaid, and unheard in their own country. More seats in nursing schools will help little if the system they enter drives them away.

If India is serious about building a future-ready healthcare workforce, here are three transformative shifts we must make:

- Build a culture of dignity and respect: Nurses need psychologically safe workplaces where speaking up is encouraged and contributions are celebrated. Hospitals must institutionalise feedback systems, nurse recognition platforms, and shared governance councils that give nurses a voice in decisions that affect their work.

- Redesign career pathways for 21st-century care: Nursing roles must evolve beyond task-based routines. Hospitals and nursing councils should create structured tracks for clinical leadership, digital health roles, research, and policy advocacy. By embedding leadership and tech training into both college curricula and ongoing professional development, we prepare nurses to lead—not just follow.
- Align compensation with responsibility and expertise: We must reimagine compensation models that reward advanced practice, mentorship roles, rural service, and specialty skills. Linking pay to scope of responsibility and outcomes—not just years of service—can create an aspirational pathway for nurses to grow and stay within the Indian health system.



Dr Parivalavan Rajavelu

MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsForMed

We need to carefully plan how we are going to transform our nursing workforce – in quantity or in quality. The choices are clear: We can either lose our nursing workforce to systems abroad that value them more – or build a system in our hospitals that they feel safe to stay and grow.



When a Patient Walks Away, it is the Trust They Took With Them

It began like any other medical consultation. An acquaintance of mine, in his early fifties, was advised to undergo an angioplasty after routine tests revealed significant blockages in his coronary arteries. Concerned but cooperative, he went to a reputed cardiologist and underwent a thorough evaluation. The doctor explained the diagnosis and recommended angioplasty, setting a date for the procedure. The patient nodded, accepted the plan, and agreed to return.

But something changed over the next few days.

Still processing the idea of a procedure involving his heart, he sought a second opinion — not out of distrust, but for reassurance. This time, he met another cardiologist. The second consultation went differently. The new doctor explained the condition in language the patient could understand. He patiently answered questions, listened without interruption, clarified every doubt, and even addressed unspoken fears with calm empathy. There was no rush. There was no condescension. Just a conversation between a concerned patient and a caring professional.

By the end of the consultation, the decision was made—the patient switched doctors. The second cardiologist successfully performed the procedure. There were no complaints about the first doctor's skill, no dramatic

failures, and just one subtle but decisive factor: trust.

This story is not about two cardiologists or a technical procedure. It is about what makes a patient choose one healer over another. More often than not, the answer lies not in credentials or hospital reputation but in the simple human experience of being heard, understood, and respected.

In healthcare, patients are not just looking for treatment but also for connection. They carry fear, uncertainty, and vulnerability into the consultation room. A physician's ability to hold that space with compassion and clarity can make all the difference. Trust is not built with a prescription pad or a stethoscope alone — it is built in the pause after a question, the patience to listen, and the care in communication.

When a patient walks away and does not return, it is easy to rationalize — perhaps they were indecisive, too anxious, or had unrealistic expectations. But sometimes, they were genuinely seeking not just another opinion, but a better conversation.

This case reminds us that medical decisions are not made without emotional experiences. How a healthcare provider engages with a patient, especially at moments of crisis, has lasting consequences. It can lead to loyalty or departure.

As clinicians and healthcare workers, we must remember



Dr Indu Arneja

Founder-Director of the Indian Institute of Healthcare Communication

that every patient is an opportunity not just to treat but to build trust. When patients walk away, they are not rejecting our knowledge—they are responding to how it was delivered.

In the end, patients go where they feel seen, heard, and safe. And if they choose someone else, it means someone else did that better.

Are you creating that experience, or leaving room for someone else to step in?

Takeaway:

In healthcare, trust is earned through clear, compassionate communication. Patients remember how you made them feel more than what you prescribed. If they choose to go elsewhere, it is often because someone else listened better, explained more clearly, and made them feel genuinely cared for.

The Mindfulness of Play: Finding Joy in Healthcare How Medical Clowning Fosters Presence, Joy and Healing for All Involved

In the fast-paced, high-stress world of healthcare, laughter might seem like a luxury and play an afterthought. Yet, in hospital corridors filled with uncertainty, fear, and fatigue, something remarkable happens when a red nose enters the room. Mindfulness - the practice of being fully present - is not easily found in hospitals. Patients often dwell in worry about diagnoses or recovery while caregivers and staff are caught in endless routines, managing crises and emotions. Medical clowning gently interrupts this pattern. With no intention to fix or solve, the clown simply arrives, with a curious eye, a silly prop and a readiness to respond.

At CARE Hospitals, Banjara Hills these shifts in presence are witnessed every Friday. In one pediatric ward, a staff clown noticed a young girl who hadn't smiled in days. She lay still and pale, disconnected from the world around her. The clown entered quietly, mirrored her posture with comic exaggeration, then slowly entered in a dramatic slump. The girl's eyes followed. The clown pretended to search for her missing smile, behind the curtain, under the bed, even inside a tissue box. A giggle broke the silence. It was her first smile in nearly a week. That moment wasn't planned. It is a deep trust in the present.

Elsewhere in the hospital, in a waiting area thick with tension, a group of caregivers sat in anxious silence. Their loved

ones were behind closed doors in surgery or treatment. A volunteer entered with wobbly steps. No words. Just a quiet, comic presence. A woman looked up, nudged the person next to her. A few smiles. Then laughter. For a few minutes, the atmosphere softened. The fear didn't disappear, but it loosened its grip.

These moments are the result of structured spontaneity. The Clownselors program at CARE Hospitals, Banjara Hills emphasizes training in emotional sensitivity, trauma-informed care and improvisational techniques that prioritize connection over performance. Clowns are taught to listen first, to walk into a room with no agenda and to let the energy of the space guide their play. Sometimes that means antics and songs. Other times, it means simply sitting beside someone in silence and offering presence without pressure.

The benefits are not limited to patients and caregivers. For the staff clowns themselves the work is unexpectedly transformative. One first-time clown, after a training session, reflected, "I thought I was here to bring joy to others. But I found myself slowing down, breathing deeper, paying attention. This is why clowning, at its core, is a practice in mindfulness. It asks the clown to be attuned and available, to respond without controlling, to connect without forcing. Medical clowning is not a diversion from



Sheetal Agarwal
Founder of Clownselors

care, it is CARE. It offers patients a sense of agency and relief. It offers caregivers brief but vital moments of levity and connection. And it gives clowns the opportunity to practice presence, empathy and human connection in its most immediate form.

The next time you hear unexpected laughter echoing through a hospital corridor, know that it is more than just a comic interlude. It is a sign that someone is being seen - that a moment is being shared. It is the mindfulness of play and it is quietly healing everyone in its path!



CARE SAMVAAD – Conversations That Heal

Shaping the Future of Health, One Conversation at a Time

This month on CARE Samvaad, our expert clinicians continued to break down complex health topics into accessible, actionable insights. Hosted by Mirchi Hemant, these episodes sparked meaningful discussions around modern healthcare solutions, myths, and patient empowerment.

The Future of Weight Loss: Robotic Surgery & Obesity Management

Dr Venugopal Pareek, Sr. Consultant – GI Laparoscopic & Bariatric Surgery, explores India's obesity crisis and how robotic bariatric surgery is reshaping outcomes. From prevention strategies to myth-busting, this episode delivers clarity on one of the most pressing health concerns today.

Understanding Cosmetic Surgery

Dr Annamaneni Ravi Chander Rao, Senior Consultant & HoD – Plastic Surgery, and **Dr Deepthi A**, Consultant – Plastic Surgery, address everything from breast augmentation to mommy makeovers. A must-watch for anyone curious about the safety, results, and realities of aesthetic procedures.

Understanding Heart Health

Dr Srinivasa Rao Maddury, Regional Clinical Director & Senior Interventional Cardiologist, offers a powerful look at heart health—from recognising early signs of heart attacks to understanding CKM syndrome and lifestyle changes that truly make a difference.

Robotic Surgery: Precision, Innovation & Patient Care

Four leading experts—Dr Manjula Anagani, Dr P. Vamsi Krishna, Dr Venugopal Pareek, and Dr Satish Pawar—come together for a powerhouse discussion on how robotic-assisted surgery is revolutionising gynaecology, urology, bariatrics, and cancer surgery at CARE Hospitals.

A heartfelt thank you to our distinguished doctors for lending their voices to these conversations. CARE Samvaad continues to bridge the gap between expertise and awareness—one episode at a time.



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for full video



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for full video



The Power of 1-on-1 Sessions

At CARE Hospitals, Banjara Hills, we believe in the impact of personalised development. A 1-on-1 session offers dedicated time for open dialogue, tailored guidance, and focused support—empowering individuals to work towards their goals with clarity and confidence.

These sessions help build trust, encourage honest feedback, and create actionable strategies for both personal and professional growth.

Because great outcomes begin with meaningful conversations.

Coffee with Leadership: Conversations that Connect

At CARE Hospitals, Banjara Hills, "Coffee with Leadership" is more than just a casual chat - it's an opportunity to bridge the gap between leaders and teams.

This informal yet impactful initiative encourages open dialogue, transparency, and trust in a relaxed setting, helping build stronger relationships and a shared sense of purpose across the organisation.

Because meaningful conversations lead to meaningful change.



Celebrating International Earth Day at CARE Hospitals, Banjara Hills

This Earth Day, we came together to reaffirm our commitment to protecting the planet and preserving its natural resources for future generations.

As part of the celebration, a fun and informative quiz was organised, with enthusiastic participation from the Housekeeping, General Administration, and Security teams. Out of 45 participants, we had 7 proud winners who showcased their eco-awareness!

Small steps lead to big change - and it starts with awareness.



Nurturing Visionary Leadership: The Great Leaders Programme at CARE Hospitals

At CARE Hospitals, we believe that great leadership is the cornerstone of great healthcare. In line with this philosophy, the Great Leaders Programme was recently conducted with an engaging and insightful session led by Mr. Kamal Kohli, a seasoned leadership coach and corporate mentor.

This specially curated programme is designed to build and strengthen essential leadership qualities—integrity, confidence, strategic thinking, and emotional intelligence. The interactive session encouraged participants to reflect deeply on their leadership styles, understand their influence on team dynamics, and refine their approach to decision-making.

Mr. Kohli's session focused on:

- Leading with authenticity and purpose
- Building high-performance teams
- Navigating change with clarity and confidence
- Developing a strategic mindset for long-term success

Participants shared enthusiastic feedback, noting how the session provided not just frameworks, but also real-world insights that could be applied across departments and teams.

As we continue to grow as a healthcare institution, programs like these are vital in empowering our people to lead with vision and impact, both within CARE Hospitals, Banjara Hills and in the broader healthcare community.

Because at CARE, leadership is not just about position—it's about purpose.



CARE Hospitals, Banjara Hills, Collaborates with UK Federation Board for Internal Medicine Training (IMT) Program

CARE Hospitals, Banjara Hills, has taken a major stride in advancing medical education with the launch of the Internal Medicine Training (IMT) Program — a structured, three-year postgraduate clinical training course in Internal Medicine. This programme is formally recognised and accredited by the UK Federation Board, making it a landmark step towards academic excellence and international standards in clinical training.

Aligned with the CARE Group's vision of nurturing the next generation of healthcare professionals, this institution-based IMT programme is designed to offer comprehensive clinical exposure across a range of complex and varied patient profiles. Upon successful completion, candidates will be eligible for the prestigious MRCP (Member of the Royal College of Physicians) qualification — a globally respected credential that opens professional pathways both in India and abroad.

Why this matters:

- Raises the bar for internal medicine training to global benchmarks
- Reinforces CARE Hospitals' standing as a premier centre for clinical education and research
- Empowers aspiring physicians in India with an internationally recognised qualification
- Builds long-term clinical leadership and capacity within the healthcare system

Dr Nikhil Mathur, Group Chief of Medical Services, CARE Hospitals, shared:

“This initiative reinforces our commitment to academic leadership. The IMT Program will produce clinicians of the highest calibre who are equipped to meet global standards in patient care and medical ethics.”

Dr Ajit Singh, AVP & Medical Head, CARE Hospitals, Zone 1, added:

“Our collaboration with the UK Federation Board marks a proud moment for CARE Banjara Hills. We are shaping a new generation of internal medicine specialists with world-class training, clinical exposure, and mentorship.”

By introducing the IMT Program, CARE Hospitals continues its journey to become a centre of excellence not only in clinical care but also in transformative medical education — empowering future leaders and redefining healthcare across borders.

CARE Hospitals Partners with StudyMEDIC to Launch Global Medical Training Programmes

In a significant academic collaboration, CARE Hospitals, Banjara Hills, has joined hands with StudyMEDIC, a globally recognised medical training organisation, to serve as a clinical training hub for internationally renowned qualifications, including:

- MRCP (Internal Medicine)
- MRCOG (Obstetrics & Gynaecology)
- FRCR (Radiology)
- MRCS (General Surgery)
- MRCPCH (Paediatrics)

Under this partnership, StudyMEDIC will guide and enrol aspiring candidates, while CARE Hospitals will deliver hands-on clinical training, case-based discussions, and personalised mentorship within a structured three-year pathway. The training model follows a progressive format:

- Part 1: MCQ-based theoretical assessment
- Part 2A: MCQs, case illustrations, and image interpretation
- Part 2B (PACES): Practical and viva-based clinical assessment

This integrated approach ensures participants are not only well-prepared academically but also clinically adept in real-world hospital settings.

StudyMEDIC has recognised CARE Hospitals as one of the leading healthcare brands in India, which is why it has entrusted CARE with the authority to conduct and coordinate such prestigious training programmes.

Dr Ajit Singh, AVP & Medical Head, CARE Hospitals, Zone 1, noted:

“This partnership marks a new milestone in our academic vision. We’re not only equipping doctors for international qualifications but also enriching the clinical ecosystem with global standards of education and care.”

Dr Nikhil Mathur, Group Chief of Medical Services, CARE Hospitals, added:

“With this initiative, CARE is poised to become a centre of excellence in medical education. Our consultants and mentors are committed to shaping the next generation of globally competent clinicians.”

Key Highlights of the Programme:

- Exposure to diverse clinical cases across specialities
- Mentorship by leading consultants and academic faculty
- Opportunities to contribute to international publications and conferences
- A robust framework to build high-quality clinical manpower

Through this initiative, CARE Hospitals continues to strengthen its role as a leader in medical education and research—nurturing talent, advancing knowledge, and delivering healthcare that meets the highest global benchmarks.

CARE Hospitals, Banjara Hills Introduces First AI-Powered, Non-Invasive Therapy in Telangana & Andhra Pradesh for Complex Neurological, Urological, and Gastrointestinal Conditions

CARE Hospitals, Banjara Hills, is proud to announce the introduction of an innovative AI-powered, non-invasive therapy for complex neurological, urological, and gastroenterological conditions — a first in Telangana and Andhra Pradesh.

Developed in collaboration with JOGO Health, a Johnson & Johnson JLABS-incubated innovation, this therapy uses wearable EMG sensors combined with artificial intelligence and real-time biofeedback to promote neuroplasticity and support functional recovery.

Clinically validated through partnerships with Harvard Medical School and the Mayo Clinic, this advanced therapy is now integrated into the care protocols at CARE Hospitals, Banjara Hills. Our senior consultants and clinical teams are leading its adoption to provide cutting-edge treatment options for our patients.

This breakthrough reflects our unwavering commitment to patient-centric innovation, blending clinical expertise with global research to bring the best, safest therapies to those we serve.



World Health Day 2025: Healthy Beginnings. Hopeful Futures

At CARE Hospitals, Banjara Hills, World Health Day 2025 was more than just a date on the calendar — it was a heartfelt reaffirmation of our values, mission, and purpose that guide every step of our healthcare journey.

The occasion was marked by the regional launch of the CARE Sangam Community Card, a landmark initiative that strengthens our commitment to accessible, lifelong care for individuals and families from all walks of life. This card represents more than access — it is a promise to stay connected with the communities we serve, from the very first consultation to ongoing care across generations.

We were honoured to welcome Shri Dr RSV Badrinath, former DCP (Vigilance) and Secretary General of Hyderabad's largest RWA Federation, as our Chief Guest. Also present was Mr. Varun Khanna, Group Managing Director of QCIL, whose leadership propels our mission forward, energises our teams, and adds lasting meaning to moments like these.

The event featured the unveiling of inspiring art installations dedicated to the journey of healing — a tribute to our caregivers and the continuum of care at every stage of life. We also recommissioned our Wellness Center, reopening it with renewed dedication to preventive health and holistic well-being.

From purposeful launches to deeply personal reflections, World Health Day at CARE Hospitals reminded us what truly matters: care that uplifts, leadership that inspires, and a profound, enduring bond with every community we serve.

Here's to health that begins with hope — and care that never ends.



The Robotic Edge 2025: Redefining Surgical Innovation at CARE Hospitals, Banjara Hills

CARE Hospitals, Banjara Hills, proudly hosted The Robotic Edge 2025—a landmark event that brought together cutting-edge technology and clinical expertise to showcase the future of surgery and artificial intelligence in healthcare. The event served as a powerful platform to explore how robotic precision and AI integration are reshaping modern medicine. The inauguration ceremony was graced by Mr. Varun Khanna, Group Managing Director of QCIL, along with special guests, actress Ms. Priyanka Jawalkar and film director Mr. Venky Atluri. They were joined on stage by Dr Ramesh, Managing Director, Aster Ramesh Hospitals; Mr. Vinod Raman, Group CIO, QCIL; and Dr Ajit Singh, AVP & Zonal Medical Head, CARE Hospitals, setting the tone for a day dedicated to futuristic thinking and clinical transformation.

A major highlight of the event was the presence of CARE's senior clinical leaders who led insightful sessions on robotic advancements across specialties.

Dr Manjula Anagani, Clinical Director and Head of CARE Vatsalya – Woman and Child Institute, shared her expertise on robotic applications in gynaecology.

Dr P. Vamsi Krishna, Senior Consultant & Head of Department – Urology, demonstrated the role of robotic systems in complex urological procedures.

Dr Venugopal Pareek, Senior Consultant – GI Laparoscopic & Bariatric Surgery, discussed how robotic precision is enhancing bariatric outcomes.

Dr Satish Pawar, Senior Consultant & Head – Surgical Oncology, highlighted the transformative potential of robotics in cancer surgery.





Participants experienced hands-on robotic console sessions, gaining practical exposure to next-gen surgical technology. The keynote address by global AI expert Dr Srinivas Padmanabhuni offered compelling insights into the synergy between AI and robotics in real-world clinical settings, underlining how these technologies are reshaping diagnostics, decision-making, and patient care.

The day concluded with a powerful fireside chat titled “Robotics and the Future of Surgery”, which sparked conversations around the ethical, practical, and clinical implications of this evolving landscape.

The Robotic Edge 2025 was more than a conference—it was a vision of what’s to come. At CARE Hospitals, Banjara Hills, we remain committed to leading beyond human hands, beyond limits, and beyond imagination.

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, Vishakhapatnam, 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

Avadhani Vavilala

Our personal experiences are only detailed since the attendant is me and the patient is my wife.

B Suresh

Very Good hospitality. Doctors and Medical staff are very professional and polite. And security, house keeping staff doing their work very dedicatedly. Overall the treatment and everything was good. Literally we felt like home. Taking care of patients time to time checkups and follow-up are excellent.

Murali Krishna Dasika

Consulted DrK. Narsaraju garu, Cordioallogist for general check up. He is very cooperative, friendly and gave appropriate suggestions for upkeep of health.

AWARDS



ACCREDITATIONS



ACHIEVEMENTS

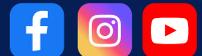


Did you know that the human body has more bacterial cells than human cells?

In fact, bacterial cells outnumber human cells by about 1.3 to 1!

These trillions of microbes play crucial roles in digestion, immunity, and even influencing mood and cognition — making our microbiome an essential partner in health.

Follow us on



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