

Establishment & Redevelopment of Operation Theatre Complex for Eye Care in Bangalore

Prepared For



**HDB FINANCIAL SERVICES LIMITED
MUMBAI**

Submitted By




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SURGICAL THEATRE COMPLEX

Donated by



Executive Summary

Physical verification of the Sankara Eye Hospital, Bangalore, established and run as a part of the nation-wide network of SKKMT (Sri Kanchi Kamakoti Medical Trust) reveals that all 4 Operation Theatres, OT Stores, Patient Anesthesia and Recovery Area, and Central Sterilisation Area are complete.

The physical verification reveals that all the establishment and re-development work undertaken with the support of HDBFS has resulted in creating a high aesthetic appeal according to Global Standards and ensuring a Sterile Zero infection environment critical for a success rate of surgeries done. Moreover, the funds were also extended towards increasing the number of OTs to cater to a larger number of patients. These works have been accredited by the NABH, which validates the quality of construction work and those of the medical equipment procured through the financial support of HDBFS to SKKMT.

Interactions with the Doctors revealed that most of the patients come to Sankara Eye Hospital for cataract surgery. Next to that, people visit the hospital for vitreoretinal diseases, corneal surgeries, glaucoma surgeries, and orbital & oculoplasty surgeries and lasik surgeries. Strabismus Surgeries, ICL/IPCL Surgeries, and lasers are also done in the Hospital.

The Hepa Filters, Medical Gas Systems, Central Room Monitor, Central Sterilization Department, all these facilities aim to provide high-quality eye care for all patients. All these Medical equipment have aided in providing an infection-free and sterile environment for the Patients.

Interviews with the Hospital administrators revealed that the operation theatres being established and re-developed with the support of HBDFS are aiding in more patients who need surgical intervention. The outreach teams continuously conduct Eye Screening Camps across various regions of Karnataka and the border regions of Andhra Pradesh and Karnataka. Patient's criteria to get surgery done in the non-paying category is assessed by checking the BPL card, Aadhar card, etc. When a particular patient is diagnosed with a certain eye ailment that requires surgical intervention, then he is counselled about the process of treatment. The Hospital arranges buses for Transporting the Patients to and fro the Hospital, and the Hospital provides them free accommodation, free food and free medicines, which would cost from a minimum of Rs. 30,000 to more than a Lakh rupees based on the type of surgery.

Interviews with the patients revealed that all patients are from rural communities of Karnataka, and all are under the BPL category. The patients expressed that they underwent serious challenges in carrying out day-to-day activities due to their failing eye vision resulting from one or other ailments of the eye. These patients have avoided or postponed treatment as they were unaware of where to go and get treatment. Even though some visited the Government Hospitals or Private Clinics for one time, they could not have follow-up visits or continuous treatment due to lack of resources, treatment cost being on top of the list. The patients stated that they were given counseling about their ailments, the course of treatment and surgery. Moreover, they also received support in other things like, travelling to and fro between hospital and home, and staying in the hospital during surgery. Patients were also given medical advice to be adhered to after the surgery like prescriptions, dosages of eye drops, time intervals etc.

It can be concluded that the financial support to SKKMT by HDBFS for carrying out the Infrastructural Development and purchase of medical equipment have resulted not only in creating more aesthetic appeal but also in ensuring a sterile, infection-free environment to the Hospital. The construction of the additional Operation Theatres has resulted in adding more capacity for patients to undergo surgeries. Surgeons of different sub-specificities are now able to carry surgeries in their respective operation theatres at a higher rate, parallelly. Earlier there was only 6 operation theatre, but now HDBFS support has resulted in 10 theatres overall, which has increased capacity by 66% leading to more number of patients to be operated daily. This seems to be a substantial increase in the percentage of surgeries done.

Chapter 1 : Introduction

HDB Financial Services (HDBFS) is a leading Non-Banking Financial Company (NBFC) that caters to the growing needs of Individual & Business Clients. Incorporated in 2007, HDBFS is a well-established business with strong capitalization. Its commitment towards society is manifested through various socially responsible initiatives, with the vision of being committed to identifying and supporting programs aimed at developing and advancing the community and in particular those at the bottom of the pyramid who are unequally endowed/ enabled and also reducing the negative impact of its operations on the environment. Towards this end, HDBFS has entered into an agreement with SKKMT for rendering financial assistance for establishing modern surgical theatres and supporting Medical Facilities.

The Principal Objectives of the Program are:

- To establish and re-develop four modern surgical theatres and supporting medical facilities, including a Central Sterilisation Department and Patient Anaesthesia and Recovery Area towards performing high-quality eye surgeries in the sub-specialties of cataract, cornea, retina, Glaucoma, Occuloplasty, and Pediatric Eye Surgeries.
- Perform 10,000 surgeries annually, of which 80% are from marginalized communities.

HDBFS has mandated SoulAce, a research and advisory firm operating in the CSR & Development Sector space in South Asia, to carry out the Social Impact Assessment of the above CSR Commitment to SKKMT. The present study is based on a systematic, objective assessment of the Social Impact created by HDBFS support to SKMMT through field visits, interviews with key stakeholders of the Project, observations, and critical analysis were prepared. The field visit was undertaken by SoulAce Team on 16.04.2021. Extensive discussions with the Key Stakeholders of Sankara Eye Hospital, Bangalore, were conducted prior to the visit to understand the nature of the project which aided in formulating the study instruments.

Chapter 2 : Research Methodology

Research can be stated as a logical and systematic search for new and valuable information on a particular subject matter. Social Science Research refers to the systematic activity of gaining new knowledge by following scientific principles and methods to minimize bias and subjectivity. It is opposed to writing something based on assumptions or speculations. Though specific facts can also be gained through common sense and based on general observation and hearsay but those facts will not be considered valid until they have been obtained through reliable source, which can stand the test of time. The defining characters of scientific research are objectivity, ethical neutrality, reliability, testability, and transparency.

Identification of the research problem provides the starting point of research, which is then defined and redefined through a proper Literature Review on the problem or deliberations with Research Guides and scholars in the area of interest. Each research problem is having a multitude of perspectives and dimensions. It is difficult to capture every minute detail in a Research Study in a go. Hence, we need to delimit the Research Problem into a measurable problem and formulate objectives, make decisions on the Research Design, Sample design and create research instruments to measure the phenomenon under observation, collect data through pre-designed instruments and then edit, code and tabulate the data, through which Analysis and Interpretation of the data become possible.

Every research needs to have a proper methodology to foresee problems that could arise in the course of research and dive into the research process in a proper direction without losing focus.

2.1. Adoption of a Quantitative Research Approach

Quantitative research studies provide numerically significant data and tend to assess data obtained in terms of frequency and percentages. The outcomes of a Quantitative Research Approach would be brief and precise but can uncover only the superficial and peripheral aspects of a subject matter. To obtain more profound insights into lived experiences, it is always good to adopt Qualitative Research Methods, which include tools like observation, Interviews, Focus Group Discussion, Case Studies, etc. This research study has adopted a Qualitative Research Approach to meet its objectives.

2.2. Rationale of using a Qualitative Research Approach

Under the conditions of a lack of manipulated study environment, it is advisable to adopt a Qualitative Research approach that allows one to retain the dynamic nature of interviews and group discussions. The Qualitative Research Approach is based on the following assumptions.

- **This study relies on Phenomenology**

Phenomenology relies on the narratives of “ Lived Experiences,” which are obtained through Interviews in which people are encouraged to share their survived experiences over a certain period. In the present study, the patients who underwent treatment and surgery at Sankara Eye Care have described their struggles due to poor vision, how they came to know about Free Eye Surgery, and their opinion of the entire process.

- **This study builds on Ethnographical approach**

This project involves establishing and renovating tangible operation theatres and surgical areas. However, the impact is not to be physically measured but socially measured as the study intends to undertake a Social Impact Assessment. The study has experienced challenges due to the difference in the nature of the input factors and output factors. The Input factors are physical in nature, while the outcomes are social in nature.

In order to overcome this challenge, the study adopted ethnography through which it tried to develop a “ Portrait of the patients” who underwent surgery at Sankara Eye Care Hospital, Bangalore. Apart from the Patients, the study also Interviewed Doctors in the Hospital setting, the nursing staffs and the Hospital Administrators apart from those who assist the outreach wing.

- **This study is Inductive in nature**

Qualitative studies depend on the deductions that are made on the ground. Qualitative studies are developed from ground realities and experiences rather than having pre-conceptions based on theoretical assumptions. This study is inductive as it builds on the experience undergone by the patients who underwent treatment at Sankara Eye Care.

2.3. Objective of the Study

The study intends to measure the Social Impact of the CSR project of HDBFS in which four modern surgical theatres and supporting medical facilities, including a Central Sterilisation Department and Patient Anaesthesia and Recovery Area, have been established and re-developed.

2.4. Research Design

The Research Design that is adopted for the study is Descriptive Research Design. A Descriptive Research Design is best suited when the intent is to narrate and portray the phenomenon without manipulating the variables in a controlled setting. Since the objective of the research study is to assess the social impact of the CSR support of HDBFS, it tries to find out how the poor non-paying patients are getting benefitted through the improved quality of eye care. It was made possible by establishing and re-developing hospital infrastructure without manipulating any of the variables. The study attempts to collect and collate the opinion of the key stakeholders, i.e., Doctors, Nursing Staff, Hospital Administrators, Outreach Workers, and non-paying patients.



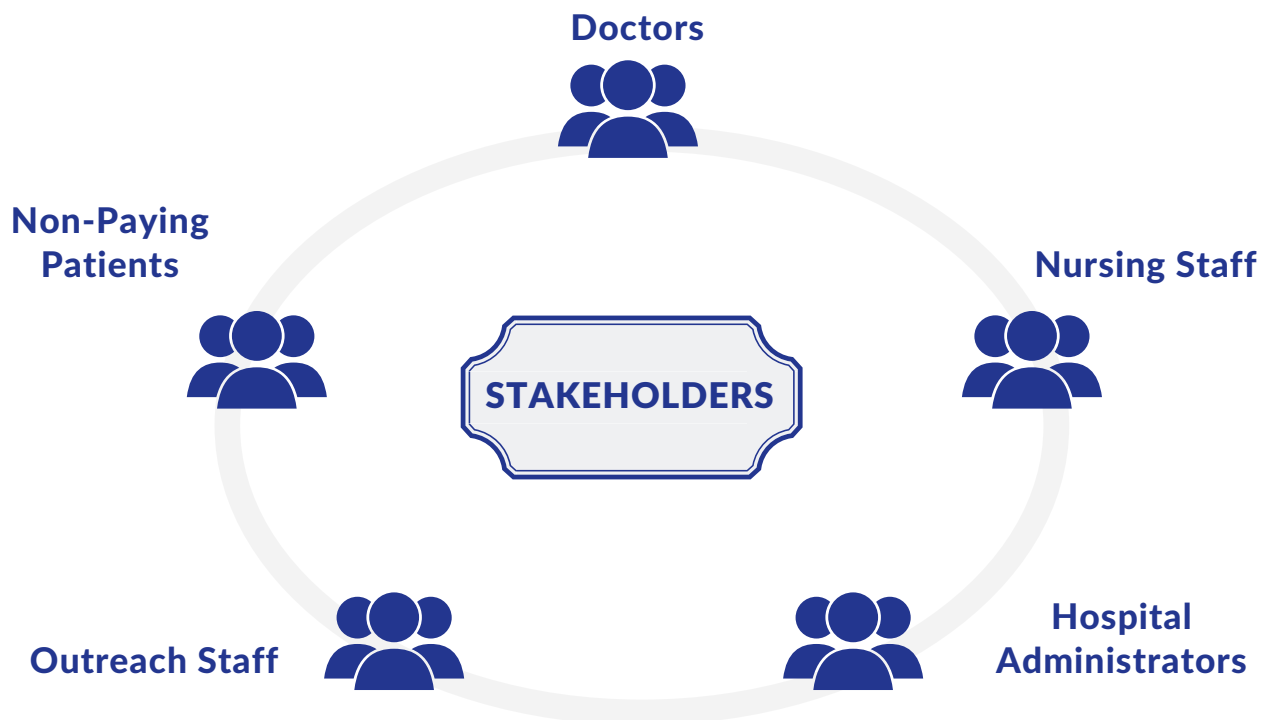
Interview with Sangeetha, Nurse

2.5. Sample Design

Since this is a Qualitative Study, Non- Probability Purposive Sampling is adopted. Purposive Sampling is one in which the respondents are chosen based on their experience with the subject under investigation. In this study, the Doctors of the Hospital, the nursing staff, the hospital administrators, and the outreach workers who know that the Treatment is provided for free to the non-paying patients are taken up to serve the purpose of the study along with the beneficiaries of the outreach work.

*The **non-paying patients** are those who are identified through screening in the free eye camps organized by Sankara Eye Hospital as a part of its strategy to bring in more indigent patients who cannot afford treatment or surgeries on their own, into its fold of services.*

2.6. Key Stakeholders Covered in the Study:



2.7. Tools of Data Collection

Primary data, which is first-hand information collected from the patients themselves, and the other key stakeholders, are used for the study.

Secondary data that consists of information from the websites, the Annual Reports of the Sankara Eye Hospital, documents about outreach work have also been compiled to render additional support to the primary data of the study.

2.8. Use of Structured and Semi-Structured Interviews

This study uses pre-designed instruments to record the responses of various stakeholders involved in the study. Towards this end, a set of structured Interviews in which Questions are pre-decided and templates designed based on that are used for the study. Flexibility to include new issues, point of views, perspectives arising out of the study is ensured through the use of semi-structured interviews where apart from the questions pre-decided questions arising out of discussion or interaction between the respondents and the research investigator is also used for the study.

2.9. Ensuring Commitment to Research Ethics

- **Informed Consent**

The respondents were informed about the pros & cons of their participation in the survey. The respondents were not forced to participate in the survey. They had their free will to participate in the study and could also hold back their responses if required. The research investigator must inform the respondents that they can withdraw anytime in between the survey if they choose to and there is no compulsion for them to answer all the questions if they feel delicate about answering any question.

- **Beneficence**

This research intends to benefit the respondents, and in this sense, the research has to put out recommendations that can be beneficial to the research in the future. The respondents who volunteered to participate in the research process should benefit in one or other way from the research.

- **Justice:**

The researcher should undertake research only with fair questions to all. He should not ask any irrelevant, personal or embarrassing questions to the respondents.

This research study was very cautious in abiding by the above ethical principles pertaining to Research.

2.10. Team Members Involved

- Shankar Narayan, Social Expert
- Renjit Mathew, Senior Consultant
- Arpita Chaudhuri, Senior Consultant
- Rahul Katyari, Project Coordinator
- Debanjana Bose, Editing

Chapter 3 : Project Background

This section discusses about HDBFS support to Sankara Eye Hospital and covers the organizational details of Sankara and key highlights of the project agreement between HDBFS and Sankara Eye Hospital.

Organization Profile & POC Details

History: In May 1977, inspired by the Sankaracharyas of Kanchi, Dr. R.V. Ramani and his wife, Dr. Radha Ramani set up a Primary Health Care Centre for the needy at Coimbatore. With the help of Doctors offering voluntary services and with the support of Coimbatore's Resident Community, the service grew to 9 Medical Centers around a 40-kilometer radius serving 1000 patients every day.

Beginnings/First Steps: In 1985, Dr. Ramani's attention was drawn to the tangible difference the "Gift of Vision" could make. More than 90% of blindness is preventable and curable. Sankara Eye Hospital was started with the mission to eradicate needless blindness, under the aegis of Sri Kanchi Kamakoti Medical Trust. In keeping with Mahatma Gandhi's dictum, 'India lives in the villages', in 1990, Dr. R.V. Ramani launched Gift of Vision - High quality, Cost effective, readily available eye care at the door steps of Rural India. With the support of Rotary International and Rotary Coimbatore Central, through a Health, Hunger and Humanity Grant for the first time in India the **Gift of Vision** programme was initiated.

Replicating Sustainable Model

Replicating the sustainable Model was the next big dream of Dr. R.V. Ramani. In 2002 a grand vision of replicating the sustainable eye care model across the country was envisaged. His relentless pursuit towards enabling sight for the less fortunate brought international support. Sankara Eye Foundation established in USA became an integral part of the Sankara's vision for National replication and led to the first replication outside Coimbatore in Guntur, Andhra Pradesh. Today with the strong commitment towards eradicating curable blindness, 11 Super Speciality Sankara Eye Hospitals have been set up across 7 states of the country.

National Replication

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Flagship Program

Launched in 1990, Sankara's Gift of Vision is a massive community outreach program through which Sankara has performed over 18 million free Sight-Restoring cataract surgeries so far and has become one of the major eye care providers in India. The Gift of Vision program operates by integrating with a community, capitalizing on pre-existing community networks, and a highly efficient patient care system. It aims to reach out to rural poor at their doorstep and provide free-of-cost eye care. It is one of the most far-reaching technologically enabled programmes, covering rural areas over a radius of 400m.

Sankara Eye Hospital Rural outreach camps are organized to identify beneficiaries with vision impairment. The identified beneficiaries are then brought to Sankara Eye Hospital, where they are examined, assessed, treated, medications were provided, and transported back to their villages the next day. The treatment transportation, medicines, and boarding are arranged completely against zero cost. The rationale for keeping the patients for an additional day is to monitor post-operative infection. After a month, rural outreach camps are conducted to provide treatment for post-operative complications. Free transport, meals, & accommodation for patients at the base hospital have helped them overcome the economic barrier and reach out to the community on a larger scale.

The 80: 20 Model

The model aims at providing World Class Eye care totally free of cost to 80% of the population and through paid services for 20 % which in turn subsidizes the total cost of treatment. Sankara Eye Hospital has adopted the 80:20 model from its inception, and it is the very essence of its existence. Under this adorable model, Sankara provides free eye treatment starting from diagnosing the poor patients through Eye Camps in rural communities, counselling the poor patients to take up appropriate treatment or surgeries as the need be, transporting the patients from their homesteads to the hospital, providing inpatient admission free of cost, getting the surgery done and leaving them back home.

Quality Eye Care has always been a major focus at Sankara Eye Foundation. Towards this end, the hospital continuously reinvents its policies and protocols periodically to ensure that we adhere to the best practices proven to yield the most sustainable and rewarding results to all our stakeholders.

AWARENESS PROGRAMS & INITIATIVES

India currently has over 15 million blind people against 39 million globally (*Ref: Annual Report, 2019-20, Sankara Eye Hospital*), which makes India home to the world's largest population of blind people. Over 52 million people are visually impaired, and 75 % of these cases are of avoidable blindness. Since the first Sankara Eye Hospital Foundation was laid in Coimbatore over the last 4 decades, the network has grown to 11 super speciality Eye Hospitals across 8 states in India. Each Hospital works as an epicenter of community outreach activity in its respective state. Sankara conducts outreach camps in the rural and semi-urban areas to raise awareness, screen and detect eye defects and ailments and provide appropriate treatment. Sankara is committed to bringing positive changes in the eye care sector by addressing the challenges of non-availability and non-affordability of quality eye care.

RAINBOW

In 1996, a highly innovative and result-oriented program for school children. Rainbow involves teachers, Optometrists, Eye surgeons, and parents in a phased manner.

GIFT OF VISION

This venture provides high-quality, cost-effective, and readily available eye care at the doorsteps of Rural India. The oldest community outreach program started in 1990. Gift of Vision is one of the most structured, technologically-enabled outreach programs that has covered Rural India. It has also reached out to the urban slums, tribal zones, and other remote areas across various states. "Sam Karothi Ithi Sankaram" True to the word "Sankaram," the Institution does not wait for the suffering people to come, instead it goes in search of the visually impaired and identifies them. They help these people to reach the base Hospital and provide timely treatment at zero cost.

Over 2 million free eye surgeries were conducted across 8 States in India. 29,000 Camps conducted in rural villages for 5.3 million people to get improved vision.

VISION CENTRES

Sankara Eye Hospital plans to establish a network of vision centres for providing primary eye care at the village level. These vision centres will be formed in a hub and a spoke model surrounding the tertiary of Sankara Eye Hospital. Each vision centre would serve a Rural Population of 50000 to 75000.

These centres are equipped with telemedicine connectivity with base hospital and these vision centres. They also provide optical services which will make them self-sustaining over a period of 2 to 3 years. Optometrists and field workers identified from these villages and trained extensively would be the Human Resource. Over 48,000 eye screenings were done. 39,000 Doctor's Consultation through Tele-Ophthalmology, 6,500 Spectacles dispensed, 2000 Patients underwent surgical intervention, 88% of the eye care needs were addressed in vision centers itself.

PROGRAM IMPACT

Since the year 1990, Gift of Vision has been one of the most successful and efficient programs in the sphere of community eye care. It has created a quantifiable impact on the lives of many.

- Five-fold increase in free eye surgeries performed annually from 20,000 to 150,000 .

- Tripled vision screening conducted annually in low-income rural areas from 120,000 to 370,000.
- Quadrupled the number of screening camps in rural communities from 500 to over 2,000 annually.
- Screened over 4.5 Million patients (As On DEC 2018)
- Performed over 1 million FREE eye surgeries (As on DEC 2016).
- Provided surgeries to more women (55%) than men (44%).
- Vision Restoration Rate: Currently, the program is executed through 10 Sankara Community eye care hospitals spread across 7 states of India.

The Principal objectives of the Project of Infrastructural Support to SKKMT by HDBFS are :


- Establish/ and redevelop four modern surgical theatres and supporting medical facilities (Central sterilization department and patient Anaesthesia,
- and Recovery Area) to perform high-quality eye surgeries in the sub-specialties of Cataract, Cornea, Retina, Glaucoma, Oculoplasty, and Pediatric Eye surgeries of SKKMT's eye care facility in Bangalore, Karnataka.
- Perform approximately 10,000 eye surgeries annually, out of which nearly 80% of patients shall be from the marginalized communities.

Sub-Specialties

Towards the aim of providing Quality Eye Care to its patients Sankara Eye Hospital, Bangalore, has the following Sub specialties which include the following:

Cataract & IOL clinics

Clouding of the eye's natural lenses, Cataracts are the primary cause of blindness around the



world and the leading cause of vision loss in people over the age of 40. Innumerable cataract surgeries have been successfully performed at Sankara. Patients have the choice to opt for customized lenses.

Cornea and refractive surgery

LASIK Sankara provides surgery for corneal diseases like Keratoconus, Dystrophy, Dry eyes, Infection/ Injuries and Correction of Refractive errors with Femto LASIK.

Vitreo retinal surgery

Sankara specializes in the medical and surgical treatment of disorders involving the Retina and Vitreous Humor.

Glaucoma services

This “Silent blinding disease” affects the optic nerve. Sankara provides state-of-the-art comprehensive Glaucoma care for adults and children including specialized Implants

Paediatric ophthalmology

Sankara’s exclusive Department for Children’s Eye Care, provides timely preventive and curative eye care for an array of eye diseases in children including Squint correction.

Oculoplasty & aesthetic services

An expert team of consultants at Sankara provides specialized reconstructive surgery of the periorbital and facial tissues which include the eyelids, orbit & lacrimal system.

Ocular oncology

Sankara’s has a dedicated team of oncologists and clinicians who specialize in the diagnosis and treatment of Ocular tumours like Retinoblastoma in Children with Brachy Therapy, Chemo and Surgery.

Ocularistry

Customized prosthetic implantation of a lost eye or a part of the face in children and adults.

Vision therapy - computer vision clinic

Evaluation and management of vision problems as a result of prolonged computer use and training for children with perceptual and binocular vision anomalies.

Assistive vision & rehabilitation

Rehabilitative services are aimed at helping economically weaker persons with permanent vision loss to lead an independent, dignified, and productive life – these include assistive devices, computer-based training, Braille for children and other learning activities to help improve their quality of life.

Eye banking & corneal transplant surgeries

More than 1,000 eyes are being received by Sankara Eye Bank network every year and utilized successfully in transplant surgeries.

*Data of Major achievements of Sankara Eye Care Clinic, Bangalore for the year 2019-20
(Ref: Annual Report 2019-20, Sankara Eye Hospital, Bangalore)*

i.	Specialty eye care outpatients	1,19,148
ii.	Surgeries Performed	11,852
iii.	Community eye care camps	243
iv.	Patients Screened	47,739
v.	Surgeries Performed	21,181

Table: Activity Schedule

Sr. No.	Activity	Reporting Period			
		Q1(2019)	Q2(2019)	Q3(2019)	Q4(2019-20)
		F-M-A	M-J-J	A-S-O	N-D-J
i.	Air conditioning, partition & ceiling works, civil works	✓			
ii.	Electrical & plumbing works	✓			
iii.	Interior works		✓		
iv.	Clean room monitor, Medical gas system, HEPA validation			✓	
v.	Air curtain			✓	
vi.	Reporting			✓	✓

Table: Budget of the Project

Sr. No.	Particulars (Project Components)	Amount (Rs.)
i.	4 nos. of operating theaters	Rs. 1,32,73,001/-
ii.	Central Sterilisation Department	
iii.	Patient Anaesthesia and Recovery Area	
iv.	OT Stores	

Chapter 4 : Project Impact

This Section discusses the impact arising out of the project of infrastructural support of HDBFS to SKKMT for the establishment and redeveloping of four modern surgical theatres and supporting medical facilities (Central Sterilization Department and Patient Anaesthesia, and Recovery Area) to perform high-quality eye surgeries in the sub specialties of Cataract, Cornea, Retina, Glaucoma, Oculoplasty and Pediatric Eye surgeries of SKKMT's eye care facility in Bangalore, Karnataka.

Sankara Eye Hospital, Bangalore-37

Medical Records Department

Speciality wise Surgery Data - 2020-2021

Sl.No	Surgeries	PAYING A-Block	NONPAYING C-Block	Total Surgeries	Remarks
1	Cataract Surgeries	3519	2597	6116	
2	Vitreo-Retinal Surgeries	1954	102	2056	
3	Corneal Surgeries	429	166	595	
4	Glaucoma Surgeries	123	61	184	
5	Orbital & Oculoplasty Surgeries	297	70	367	
6	Strabismus Surgeries	59	15	74	
7	LASIK Surgeries	366	0	366	} COSMETIC
8	ICL / IPCL Surgeries	46	0	46	
9	Others	466	44	510	
10	Lasers	0	53	53	
Total Surgeries		7259	3108	10367	

Sankara Eye Hospital, Bangalore-37

Medical Records Department

Clinical wise Statistics - 2020-2021

Sl.No	Month	In-Patient					
		A-Block PAYING		C-Block NONPAYING		Total	
		Admission	Surgery & Procedures	Admission	Surgery & Procedures	Admission	Surgery & Procedures
1	Apr-20	30	37	0	0	30	37
2	May-20	301	323	0	0	301	323
3	Jun-20	520	608	0	0	520	608
4	Jul-20	338	396	0	0	338	396
5	Aug-20	308	358	27	28	335	386
6	Sep-20	477	549	55	58	532	607
7	Oct-20	504	570	50	52	554	622
8	Nov-20	549	617	181	177	730	794
9	Dec-20	688	791	352	331	1040	1122
10	Jan-21	783	899	617	539	1400	1438
11	Feb-21	914	1013	1033	942	1947	1955
12	Mar-21	972	1098	1004	981	1976	2079
Total		6384	7259	3319	3108	9703	10367

Maintenance of Global Standards

Based on the Interviews with the Doctors and Hospital Administrators and field observations, it is recorded that the Sankara Eye Hospital is high in its aesthetic appeal, and global standards are maintained as per NABH.

Superior Quality of Hospital Environment

Patients and doctors are offered superior quality and hygienic environments conducive to treatment and surgeries.

Increase in capacity of surgeries done

Earlier, there were 2 complexes with three OTs on the paying side and 3 on the non-paying side. Now, there are 10 OTS. The capacity has increased now. The increased capacity has made possible the utilization of resources in an optimal manner. Thanks to the financial contribution to Sankara Eye Hospital for the establishment and redevelopment of four Operation Theatres and related structures and medical equipment.

Maintenance of a Sterile, Infection Free Environment

Medical equipment like clean room monitors & hepa validators have aided in ensuring a more sterile and infection-free environment in the hospital.

Medical and Surgical equipments are channelized

The OT stores have resulted in more space availability to segregate medical and surgical equipment properly. These stores are beneficial to the medical and paramedical staff handling the various Surgical Tools and devices.

Chapter 5 : Physical Verification

Physical verification of the Infrastructural Development was done at Sankara Eye Hospital by HDBFS and was carried out by SoulAce Research Team. SoulAce Research Team, Bangalore, visited Sankara Eye Hospital, on 16.04.2021. Following are the observations made by the team :

The Medical Gas System

Medical Gas System (MGS)-ensures gas is supplied regularly and the gas is replenished automatically. The moment the oxygen level drops to less than 20% the system rings an alarm. It is completely automated. Unlike the traditional one that is kept outside, MGS is inside the theatre. MGS maintains the oxygen, nitrogen level in the right proportion. Due to MGS, there is a central line, and it helps in conducting complicated and specialty surgeries that require general anesthesia. The environment is safe and conducive for the operative procedure, and sterility is assured. MGS is the most modernized in Sankara Eye Hospital.

The Medical Gas Systems were found to be well maintained, and they provide the optimal gas mix to the patients.



The right mix of essential gases is ensured by the Medical Gas System

Hepa Validation System (HVS)

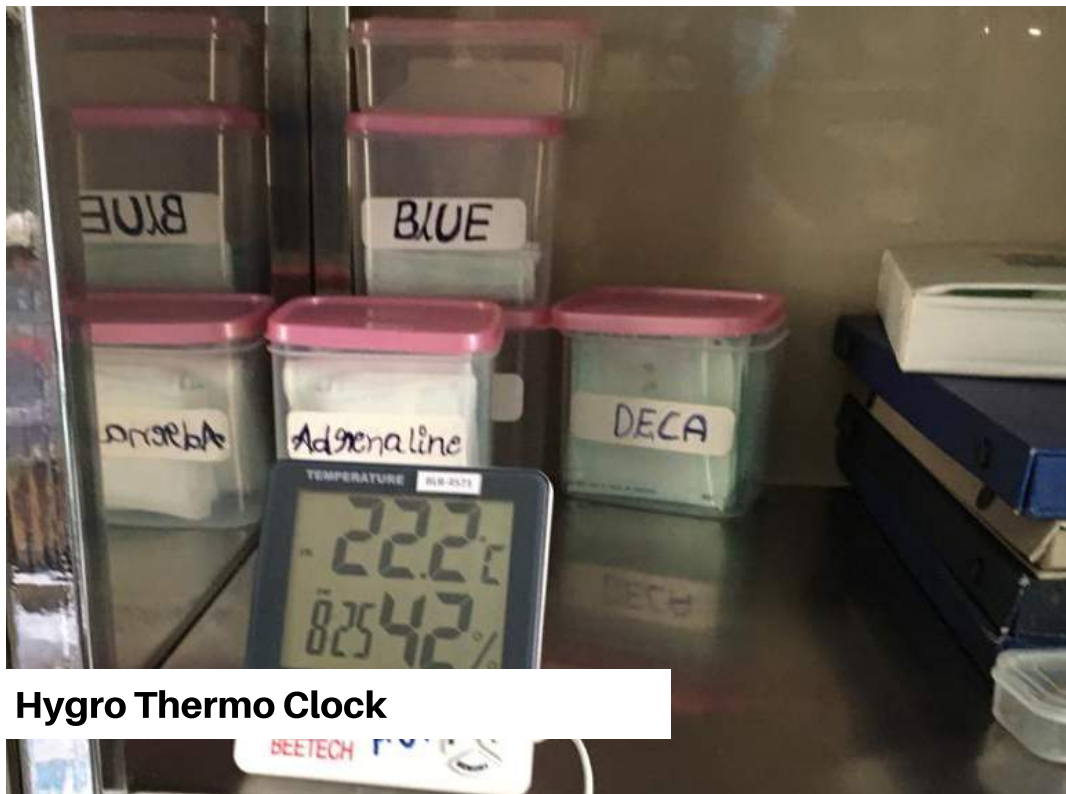


The right mix of essential gases is ensured by the Medical Gas System

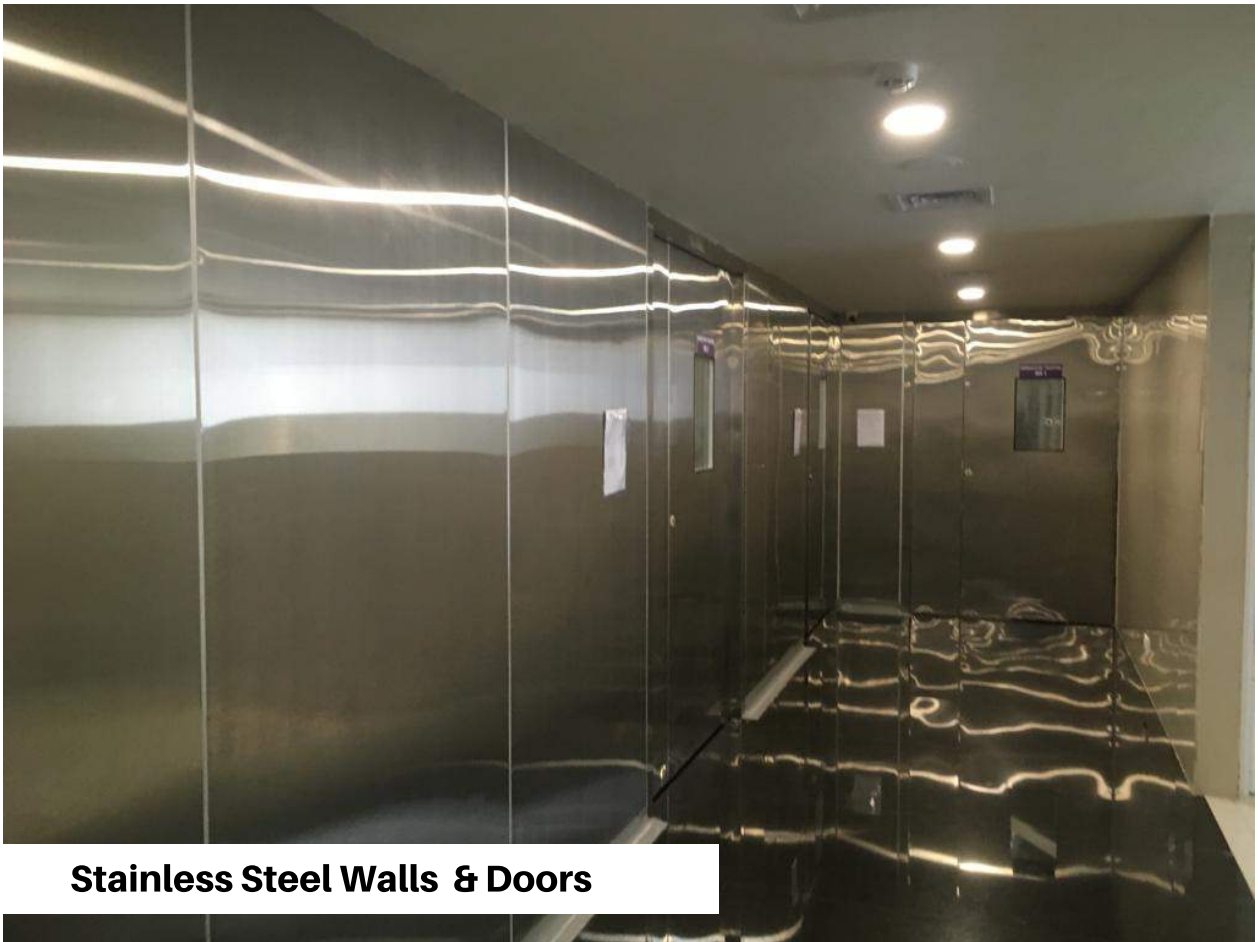
Hepa filters purify the air and ensure the environment is free from virus, corona virus, bacteria, and other germs. Basically, the air is changed frequently, which is then validated and certified. It keeps the operation theatre in a sterile environment. It is highly efficient. It reduces the Turn Around Time (TAT), thereby increasing overall efficiency, hence operations can be done. The capacity utilization is at its best and very high. HVS filters the air which comes into the theatre. The air quality inside OT is very important to keep bacteria and viruses at bay. All OT's are fitted with Hepa filters and the Hepa filters are not cleaned locally. Only specialist vendors are authorized to clean the same. It checks the air up to 3 microns and is validated every year. Thus, HVS keeps the environment safer and totally free from infection, and very safe for the smooth conduct of operations. HVS is a standard mandatory for a modern theatre, and it is validated every 3 months. If Hepa Filter is invalid the OT shuts off. Validation checks all the parameters and Hepa validation is done by the OT in charge. The Hepa Validation Systems were found to be well maintained, and they do help in maintaining the Sterile nature of the Operation Theatres.



Gas Pipeline



Hygro Thermo Clock



Clean Room Monitor - Ensures Safe and Sterile environment for Operations

Clean Room Monitor (CRM) is an extra device to know how safe and secure the environment is, and it ensures the surgeries are done in a sterile environment. It is one of the best available and the very latest. As it is the latest by Honeywell Automation it is directly linked to Air Handling Unit (AHU). The optimum temperature and humidity are maintained. The air changes 16 times per hour. The previous one requires manual intervention, and the current one is fully automated. The effectiveness is increased to a great extent as the latest CRM is digitally and technically compatible. The CRM is automated, it monitors, maintains, and appropriately documents the status with a ledger.

The air quality inside OT offers a conducive environment for patients, doctors, and staff as the air is appropriate and reduces the infection. CRM helps to maintain the adequate humidity of 40% to 50%, and the right temperature is 18 +/-, and it is well monitored, documented, and maintained with the help of CRM. The treatment outcome is surely improved as the Sankara Eye Hospital is adhering to NABH standards, and the temperature & humidity is well maintained.



Partition with Curtains



OT Outside View

Operation Theatres

After renovation, the OT complex has become of international standard. The hospital is able to offer superior quality treatment and surgeries, the image is highly appealing, and public perception is very high and positive. With the availability of additional Operation Theatre, a patient who gets admitted for surgery need not have to wait for a longer period for his turn, as more surgeries can be conducted parallelly. In the current scenario, along with cataract surgeries, even complicated surgeries/cases can also be performed. It can be clearly observed that the new OT complex facilities are far better as compared to the old OT. The air does not mix, and there are 6 Air handling units separately. Each OT is independent, hence, if an infected surgery is conducted in one OT, it will not affect the other.





Operation Theatre set-up



Microscope in OT

Patient Anesthesia and Recovery Area

Patient Anesthesia and Recovery Area is a very crucial part of the surgical process wherein patients who received Anesthesia are sent after the surgical procedure is complete to recover and wake up. It is a critical care unit where a patient's vital signs are closely monitored, and procedures of pain management and fluids are given. Trained nursing assistance is provided for patients to recover from the effect of Anesthesia.



Recovery Room

OT Stores



Rack 1



Rack 2

The OT stores are well maintained and are helpful to the Hospital by providing a proper space for organizing the medical equipment, accessories, Surgical aids, and instruments. The OT Stores are spacious and have separate racks for maintaining the medical items related to surgery. The OT stores are found to be very useful for the Surgeons, Doctors, and Nursing staffs.

Central Sterilization Department

Sterilization is very vital and critical for the success of all surgical procedures, and a Central Sterilization Department aids a hospital in providing a sterile atmosphere through which the goal of zero infection is ensured. The Central Sterilization Department was found to be well maintained.

Physical verification of the Sankara Eye Hospital evidences that all the Infrastructural work that SKKMT undertook is complete, like the OTs, OT Stores, Patient Anesthesia and Recovery Area, and Central Sterilisation Area.

The Physical verification reveals that all the establishment and re-development work undertaken with the support of HDBFS has created high aesthetic appeal according to Global Standards and ensures a Sterile Zero infection environment, which is critical for success rate of surgeries.

These works have been accredited by the NABH, which validates the quality of construction work and those of the medical equipment procured through the financial support of HDBFSS to SKKMT.



Clean Corridor with Stainless Steel covering

Chapter 6 : Analysis

This research study draws information from both primary and secondary sources to validate the objectives of the study.

This section contains:

- A.** Interviews with Doctors
- B.** Interviews with Hospital Administrators
- C.** Interviews with Nursing Staff and Outreach Staff
- D.** Interview with the Beneficiaries

Section A: Interviews with the Doctors



Interview with Dr. Mahesh Shanmugam

Dr. P. Mahesh Shanmugam, heads the vitreoretinal Ocular Oncologist and has been serving at Sankara Eye Hospital for 13 years. He said, “*There is increased awareness among people these days about ailment of the eye patients compared to the past and patients come to the hospital for treatment for Cataract, Diabetic Retinopathy, Retinal Detachment, Eye Tumour, Glaucoma etc. Generally poor people delay the treatment till it becomes very severe to the extent that they can not see, mainly because they cannot afford the treatment. But as quality eye care has been made possible by Sankara Eye Care, fully free of cost to the poor non- paying patients, they are getting the necessary surgeries done in time, which goes a long way in protecting their vision and enabling their quality of life. The clean room monitor provided by HDBFS helps maintain a good quality of air inside the Operation Theatre, appropriately so that infections through harmful pathogens suspended in the air can be limited. The clean room monitor also aids in maintaining optimum temperature and humidity in the operation theatre, which is crucial for successful eye surgeries as even minor infections can affect the outcomes of eye surgery. I can vouch that all the infrastructural support and the supply of medical equipment of global standards are very vital in ensuring a high quality of treatment to the poor non-paying patients. As the number of patients from the marginalized communities is turning bigger by the day, it is very important to have more operation theatres, which has been met by constructing 4 operation theatres with HDBFS support. HDBFS support has largely benefitted all the patients, both paying and non-paying, coming to the Hospital, but as we ensure that 80% are from the non-paying side, it is especially making a difference in their lives.*”



Interview with Dr. Umesh, CMO of Sankara Eye Hospital

Dr. Umesh, CMO of Sankara Eye Hospital, said, “ I have been with Sankara for the past 21 years. Most of the non-paying patients, almost 70 % of them coming here for treatment, come with the problem of Cataract. The rest, that is, 30% of the patients, also report problems like retinal correction, Glaucoma, etc. There are also children from poorer families who come here for Ocularistry, which is very vital in restoring the lost eyesight of the children. All the surgeries, particularly the eye surgeries, need to be carried out in a highly safe and sterile environment, free of any infection. During the Pre-Covid times, around 3200 surgeries used to be done in a month, but post the onset of covid, we can conduct only 60% of that number. During normal days, pre-covid times, 100 non-paying patients used to visit, but now, due to covid, only 20 to 30 patients visit the hospital. However, I hope the situation will change back to normalcy, and we will be able to serve more non-paying patients like before once the Pandemic scare is over. Overall I would say the contribution of Operation Theatres and the medical equipment have largely turned beneficial to all patients visiting the hospital.”



Interview with Dr. Saptagirish, Head - ORBIT & OCULOPLASTY, DEAN OF SANKARA ACADEMY OF VISION

Dr. Saptagirish, Head of Orbit and Oculoplasty has been serving Sankara Eye Hospital for the past 17 years and feels prideful in serving the poor, non-paying patients there. He said, “*Most significant problem that all patients report is that of Cataract and the decreased vision resulting out of it. The medical Gas system that is now installed is a key element for all hospitals, and the system provides vital medical gases for patient ventilation. The system separates Oxygen and Nitrogen from the air. The Hepa Filter provided by HBDFS is helpful in providing an atmosphere which is free of any harmful virus or bacteria suspended in the air. The system ensures that there are fewer infections that may happen in a not sterile environment. The oculoplasty surgery that is done here is entirely free of cost for poor non-paying patients. If the same treatment has to be carried out in some other eye hospital, it would roughly cost anywhere between Rs.1 Lakh to Rs.1.5 Lakh. As Sankara has been carrying it out for the poor patients, it has become hugely beneficial to them.*”

What is Oculoplasty?

Oculoplasty, also known as ophthalmic plastic surgery, is surgery with relation to the eye and its surrounding structures. Oculoplasty surgery may be performed to improve function, comfort and appearance for the following conditions

- Tear Drainage Problems
- Eyelid Malposition
- Skin Cancers of the Eyelid
- Problems of the Orbit (eye socket)
- Eyebrow Problems

Most of the times, an oculoplasty surgery is best for medical issues related to the eyes as well as the cosmetic appearance of the eyes and surrounding areas.

Who Needs an Ophthalmic Plastic Surgery?

Although your eye doctor is the best judge for suggesting you a surgery, the following are the symptoms which you may experience and know that you are in need of oculoplasty:

- Blinking of eyes more than necessary
- Eyelids Hanging Downwards (Ptosis)
- Twitching of eyes
- Wrinkles, scars or folds around the eyes
- Eyelids tearing in or out (Entropion/Ectropion)
- Blocked Tear Ducts (NLD Block)
- Tumors growing inside or surrounding the eye
- Blepharoplasty or excessive fat in eyelids
- Bulging Eyes
- The absence of an eye
- Orbit Tumors
- Burns of the eye

[Ref: eye7.in/oculoplasty]



Interview with Dr. Meena Menon, Head, Glaucoma Services

Dr. Meena Menon, HOD, Glaucoma Services has been serving Sankara Eye Hospital for the **past 15 years**. She was quite cheerful in serving the vast multitudes of poor patients visiting the hospital for various treatments and surgeries day in and day out. She said, *"Most of the patients come here for the purpose of cataract surgery. Other than that, people visit the hospital for retinal Diseases, corneal Geriatrics, and Ischemic Optic Neuropathy. There are diseases related to the cornea which become prominent as one age. Many people come for these ailments too. The operation theatres being established and re-developed with the support of HBDFS is proving helpful in catering to the needs of a huge number of patients who are visiting Sankara."*

An Overview on Retinal Diseases

Retinal diseases vary widely, but most of them cause visual symptoms. Retinal diseases can affect any part of your retina, a thin layer of tissue on the inside back wall of your eye. The retina contains millions of light-sensitive cells (rods and cones) and other nerve cells that receive and organize visual information. Your retina sends this information to your brain through your optic nerve, enabling you to see. Treatment is available for some retinal diseases. Depending on your condition, treatment goals may be to stop or slow the disease and preserve, improve or restore your vision. Untreated, some retinal diseases can cause severe vision loss or blindness.

The common types of retinal diseases are:

Retinal tear: A retinal tear occurs when the clear, gel-like substance in the center of your eye (vitreous) shrinks and tugs on the thin layer of tissue lining the back of your eye (retina) with enough traction to cause a break in the tissue. It's often accompanied by the sudden onset of symptoms such as floaters and flashing lights.

Retinal detachment: A retinal detachment is defined by the presence of fluid under the retina. This usually occurs when fluid passes through a retinal tear, causing the retina to lift away from the underlying tissue layers.

Diabetic retinopathy: If you have diabetes, the tiny blood vessels (capillaries) in the back of your eye can deteriorate and leak fluid into and under the retina. This causes the retina to swell, which may blur or distort your vision. Or you may develop new, abnormal capillaries that break and bleed. This also worsens your vision.

Epiretinal membrane: Epiretinal membrane is a delicate tissue-like scar or membrane that looks like crinkled cellophane lying on top of the retina. This membrane pulls up on the retina, which distorts your vision. Objects may appear blurred or crooked.

Macular hole: A macular hole is a small defect in the center of the retina at the back of your eye (macula). The hole may develop from abnormal traction between the retina and the vitreous, or it may follow an injury to the eye.

[Ref: <https://www.mayoclinic.org/diseases-conditions/retinal-diseases/symptoms-causes/syc-20355825>]

6.A.1. Highlights of the Discussions with the Doctors

- Most of the patients come to Sankara Eye Hospital for cataract surgery. Next to that, people visit the hospital for vitreo-retinal Diseases, corneal surgeries, Glaucoma Surgeries, orbital and & oculoplasty Surgeries, and Lasik Surgeries. Strabismus Surgeries, ICL/IPCL Surgeries, and lasers are also done in the hospital.
- The Hepa Filters, Medical Gas Systems, Central room Monitor, Central Sterilization Department all aid in providing in much needed quality eye care for all patients. All this Medical equipment has aided in providing an infection-free and sterile environment for the Patients.
- The operation theatres being established and re-developed with the support of HBDFS are aiding in more patients who need surgical intervention.
- After Covid 19, the hospital visitations from people got reduced due to the fear of catching infections in hospital set up. The Hospital visitations of patients will scale up once the pandemic is over.

Section B: Interviews with Hospital Administrators



Interview with Manoj Jeswani, Unit Head, Sankara Eye Care Hospital, Bangalore

Mr. Manoj Jeswani, the Unit Head, Sankara Eye Care Hospital, has been serving there for 6 years. He said, “ The Hospital caters to the needs of all patients requiring eye care, at the same time, we ensure that at least 80% of the patients are those who are below the poverty line and who can not afford to pay for quality eye care. Many poor patients do not get proper eye treatment at the proper time because they are not in a position to afford the treatment. We send our outreach teams across Karnataka and the border regions of Andhra Pradesh, bordering Karnataka, for screening and diagnosing poor patients. We do have a check at their PDS card, Aadhar card, etc., during the screening camp to see if they are eligible to get free treatment. If a particular patient is diagnosed, then he is counselled about the process of treatment. We arrange buses for Transporting the Patients to and fro the Hospital, and we provide them free accommodation, free food, and free medicines. Different surgeries cost differently and cost upward from Rs.25,000. The model is in the way, so that the patients pay the subsidized amount for treatment, especially for the non-paying patients. HDBFS has provided much infrastructural support to Sankara. More number of operation theatres, Hepa Filters, Medical Gas systems are now available thanks to their support. I would say we can provide treatment and surgery to more 40% non- paying patients because of these new infrastructural developments that have taken place due to HDBFS support.



Interview with Priya Sundaresan, Sr. Administrator

Ms. Priya Sundaresan, Sr. Administrator, has been with Sankara Eye Hospital for 12 years. She said that “ Sankara Eye Hospital (SEH) is catering to 80% of poor and marginalized patients in the non-paying category(free) and 20% in the paying category. Our field workers and camp organizers are sent to rural areas, especially of Karnataka and Andhra Pradesh. Non-paying patients have to provide their BPL card and Aadhaar card as proof. At the Campsite, basic documents are collected, and comprehensive screening is done. The reference form is given for registration, and the details are entered into the system. After that, the patients' medical records are generated and are provided with an ID card and a case sheet. As the examination of the patients are done, then they are shifted to SEH in hospital bus. They were given food 3 times and free accommodation. The treatment is given free to the poor patients, they are not even charged for the hospital bed. The cost of surgery ranges from Rs. 10,000 to Rs. 42,000 per eye depending on the case.

HDB has provided Infrastructural Support like OT complex, The entire OT, Microscope, Hepa Filter and HVS, Medical Gas System (Central Line), CSD, Clean Room Monitor, AC, Wheel Chair, Partition, Stainless Steel Doors, and Walls. The entire infrastructural support is given by HDB, which helped the hospital to enhance the capacity by 40%. The new modernized OT's and the renovated OT complex are far better than the previous one, and it helps in offering a better quality of service to patients. It acts as a comforter for patients, doctors, and the entire OT staff. Facilities like Hepa Filter, HVS, Medical Gas System, Central Sterilization Department (CSD), etc. makes the environment super hygienic and very conducive for the seamless operative procedure. The Anesthesia is better and even OT stores are more organized.

6.B.1. Highlights of Interviews with Hospital Administrators

- The Hospital caters to the needs of all patients requiring eye care, at the same time, the Hospital also focuses on ensuring that at least 80% of the patients are from those who are below the poverty line. Care is taken that lack of affordability does not compromise with the quality of eye care.
- The outreach teams continuously conduct Eye Screening Camps across various regions of Karnataka and the border regions of Andhra Pradesh and Karnataka.
- Patient's criteria to get surgery done in the non-paying category is assessed by checking the BPL card and Aadhar card, etc.
- When a particular patient is diagnosed with a certain eye ailment that requires surgical intervention, he was provided counselling about treatment.
- The Hospital arranges buses for Transporting the Patients to and from the Hospital and provides them free accommodation, free food, and complimentary medicines, which would cost from a minimum of Rs. 30,000 to more than a Lakh rupees based on the type of surgery done.
- More operation theatres, Hepa Filters, Medical Gas systems are now available, resulting in the provision of quality eye care to all patients.

Section C: Interviews with Nursing Staff of OTs and Outreach Wing

This section deals with the Role of Nursing Staff, as they form a crucial part in allaying the concerns of patients towards treatment and surgery. Their role is mainly supportive for both the patients and the Doctors. Their presence gives more comfort and consolation for the poor, less literate patients who have apprehensions in mind about how their surgery will get done. Interviews with some of the nursing staff of the OTs and the outreach wing are presented here.

The Role of Nursing Staff in Counseling patients

It is a generally known fact that patients who await any surgery have a lot of apprehensions about the outcome of the procedure, the amount of physical pain during and after the surgical procedure, financial crunch, etc. These fears could be more with patients who are not aware of the process involved, from admission to the hospital to take the surgery and get discharged from the hospital.

In the case of poor non-paying patients, as a first step, they need to be convinced to get out of their homes for treatment and sensitize them to how serious the condition of their ailment is. Here the role of the counselor becomes very much important.

Nursing staff in the hospital, nurses in the OT, and nurses in the community outreach wing act as counsellors in giving wise counsels and advises the patients about the basic information regarding the surgery, taking medicines, and the necessity to adhere to the prescriptions/ regular consumptions of medicines systematically.

Due to Covid-19 Pandemic, for non-paying patients, there are no counsellors as such, and nursing staff only act as counsellors by playing the dual role of taking care of both nursing and counseling the patients.

Role of the Counsellor in Hospital

At the hospital, counsellor plays a video about how surgery is performed. Counsellors cum Nurse give the patients their id card, take care of their food, leads them to the block room for injection, and later shifts them to the operation theatre for surgery. The patches are removed the next day, and takes them for the eye examination with the doctor. Post-surgery medicines are provided to the patients.

Role of the Counsellor while Discharging the patient

The need to adhere to the treatment regimen for the prescribed number of days after a surgery is a vital factor in deciding that the patient does not undergo any avoidable infections and complications arising out of it.

The Rural poor patients, mostly less literate, have to be clearly explained about the Dosage of eye drops, the Time interval in which they have to take eye drops, the frequency of eye drops, etc., that need to be taken for a certain number of days after the surgery. The nursing staff at the Sankara Eye Care clearly explain to the patients about the Treatment regimen that has to be followed post-surgery.

Role of the Counsellor while Discharging the patient

Before corona, the counsellors counsel around 100 to 150 patients. However, during covid times it is reduced to 30-50 per day.



SoulAce Team Member with a Surgeons in the Hospital



Interview with Roopa, Nursing Staff

Ms. Roopa, In charge of O.T said “ I am with Sankara Eye Care Hospital for the past 15 years. We do undertake extensive Outreach activities in rural areas, we do screening of the patients at the campsite and diagnose patients who require further surgical intervention. We collect documents for proof of their BPL Status. Mostly it is people with cataracts who come here for surgery. Most of the patients cooperate well with the surgery and treatment process. Only a few of them do not cooperate as they are fearful and suspicious about the likely effects of the surgery. But we do allay their fears, explaining well about the surgery process, build trust in them about the surgical procedure and get their complete consent for undertaking the surgery. The HDBFS Support has helped us to cater to the needs of more patients.”



Interview with Anu, Nurse

Ms. Anu, the Nursing staff at Sankara Eye Care Hospital said, *"Patients coming for surgery are not used to big hospital setup, scared of the very environment, scared about jab and afraid of surgery. The absence of attendants is also a concern for the poor and needy patients. But, we do allay their fears and motivate them during their stay, tell them about the surgery process, that it involves no pain, and that they will be safely left back to their homes."*



Interview with Rajini, Nurse & outreach staff

Ms. Rajini Nursing Staff is an enthusiastic participant in all outreach camps conducted by Sankara Eye Hospital. She says " when Patients visit the campsite, we have a process of registration for them where we note down the name, village, address of the patients, they undergo a series of eye screening just like what is done in the Eye hospitals and they are diagnosed for various ailments regarding the eye. We come across some patients in every camp site whose eye condition requires surgery.

Initially, the patients are apprehensive about the surgery, the amount of cost involved in it, who will take care of them during admission in the hospital, and counsel them on all these areas. Once the patient is brought to the hospital a case sheet is opened for each patient, they are provided with ID cards. They are given hospital bed and food free of cost. Extensive assessments again happen in the hospital to see whether a patient is eligible for surgery and it does not involve any risk to the patient later. If a patient is medically fit according to the practitioner's evaluation, surgery is done and after the surgery the patient is kept in observation for a day. While discharging they are explained of all the dosages that have to be taken. They are explained about the need to wear protective goggles during the recouping period, which is usually 15 days and then the need to wear power glasses according to the need. The Patient is dropped back in their homesteads. Thus, their entire pickup from home to leaving them back home is entirely taken care of by Sankara Eye Hospital.

6.C.1. Key Highlights of Interviews with Nursing Staff

Process of Treatment for a Non-paying patient:

Extensive Outreach camps are conducted in rural areas of Karnataka where patients are screened at the campsite. Those who need surgical intervention are transported to Sankara Eye Hospital (SEH) bus and brought to the base hospital. They are freshened at the restroom. Boarding and Lodging are taken care of by SEH. Patient files are prepared by entering the details into the computer. Once the files are ready the patient is made to meet the doctor and the clinical evaluation of the eye is done.

The next day, the anesthetics will check the patient's fitness by checking their diabetes and blood pressure levels. If found fit, the file is signed as fit for surgery and they are shifted to the block room for anesthesia and later moved to the OT. After the verification of the patient's name and age the doctor examines the right and left eyes and conducts the surgery. Later they are moved to the recovery area. Eye-drops are prescribed and later the patient is shifted to the ward. The patient BP is checked, the medicines are prescribed, checked for any pain, and later moved to the room. Second-day post the surgery, the patient is examined by the doctor and if found stable then orders of discharge is given.

Patients Waiting Time:

To see the doctor, there is no waiting time. Patients are taken care of completely by the hospital staff.

Total Number of Days at Hospital:

A patient visiting the hospital today will be admitted the same day, the surgery is done the next day and will be discharged the following day. So, a total of two days of stay for in-patient treatment.

Counselling:

At the campsite, counselling is done by the nursing staffs. At the hospital, extensive counselling is done for surgery. Counselling of patients is done pre and post the surgery by the hospital staff round the clock.

Permission to Attendants/Bystander:

Allowed only for handicapped/disabled patients, wheel chair bound patients, single-eyed patients. Children in the age group of 0-18 years are allowed with one attendant to accompany them.

Major Ailments:

Poor and marginalized patients are mainly visiting the hospital for major ailments like the cataract, cornea, retina, oculoplasty and glaucoma. However, 80% are due to cataracts.

Nurses Role in the Entire Treatment Process:

At the campsite, they assist the doctor in checking the vision and also in conducting the surgeries. A nurse checks the files, eye marking, lens checking of patients apart from majorly assisting the doctor in operation.

As a nurse and in charge of OT a nurse has to check the file/register, maintain and manage the inventory of the OT. The nursing staff prepares the room, keeps the block room ready for anesthesia, checks for any other problem and clear the file for surgery. OT-in-charge nurse prepares the schedules and arranges the doctors and nurses for a particular operation.

Facility:

A total of four OTs are sponsored and maintained by HDB. The facilities are of international standards with utmost importance given to a clean and sterile environment free of bacteria and viruses. Sankara Eye Hospital offers complete clinical assessment, evaluation, surgical and medical intervention completely free of cost.

Challenges:

No major challenges. Some patients are non-cooperative due to fear, absence of attendants, unaware of surgeries and systematic medication procedures. However, Counselling is done to allay the fear from the minds of the Patients.

Section D. Interviews with Non-paying Patients

This section deals with case studies of non-paying patients. These patients had earlier attended the Free Eye Screening Camp held at the Sai Baba Eye Hospital, in Mandya. All of them, are from the underprivileged sections of the society and got screened for one or other eye ailment requiring surgical correction.

Case Study of Kempamma

Kempamma, 63 yrs. , female, hails from Mandya District of Karnataka. Her daily life is filled with challenges, with a meager wage of Rs.100-150, which her aged husband fetches home and that too was not regular. Her children are married and live in poor circumstances thus cannot give her support for the treatment. Her husband does all odd jobs despite his age and she thought it is better to bear the pain caused by her cataract than to pester him to take her to the eye doctor. With her eyesight failing by the day, she was finding it very difficult even to have a clear view of anything. She fell down twice due to her failing vision, and visited the Government Hospital.



Kempamma

Despite knowing that she had a cataract, she was not in a position to make follow-up visits. As she came to know about the eye camp conducted by Sankara Hospital, she was filled with the hope that her cataract can be cured. She was informed about the free eye surgery at Sankara Hospital and was assured that her travel, stay and treatment will all be covered by the hospital. She was relieved and immediately gave consent for the surgery. She shared "I thank Sankara Eye Hospital for making me see the world. I need to live and support my husband with good eyesight to do all things at home. If not for Sankara's timely rescue, I would have got totally blind. "

Case study of Anne Gowda

Anne Gowda, 65 yrs., Male from Mandya District is an Agricultural Labourer. His wages being dependent on farm activities, were not steady and with whatever paltry sum of Rs.150- 200 that he gets for a day's labour, he was tending to the needs of his family of 5 members. For the past two years, he was finding it difficult to carry on farm work, as his eyesight was not as good as it used to be. He was sensing problems with his night vision, because of which he was finding it difficult even to walk within his rooms. He wanted to check the problem with his vision, but he was afraid that it would involve a huge amount of money that was above his means. Going to the hospital for a day meant loss of livelihood for a day and he was just delaying his hospital visit to the extent possible when he chanced to take part in the Eye Camp organized by Sankara Eye Hospital.



Anne Gowda

There at the camp, he was explained about the available facilities in transportation, food & lodging. He could not believe that all these would be done free of cost. He got assurance and hope to restore his vision again. He finally decided to visit SEH and got his cataract surgery done.

— “ —

He said *“The Doctors and Nurses at Sankara were very cordial to me. The nurses counseled me regarding the surgery and I was also informed about the dosages that I have to take post-surgery. I would not have done this surgery, had it not been the camp conducted by Sankara.”*

— ” —

Testimony of Puttamma

Puttamma, 65 yrs, Female from Mandaya says, "My husband goes to work and runs the family. I do not know about how much he earns. But we struggle to meet the needs of our family. My vision got blurred I fell down few times and I completely stopped going out of my home. I did not want to ask my husband to take me to the eye hospital, because I know that he does not have enough money to spend for my treatment .

My neighbors told me one day, that there is an eye camp at Sai Baba eye hospital, and she was going to the camp and asked me to come along with her for a checkup. There at the camp, they checked me and told me that I have a cataract and that I have to get the surgery done. They will provide me glasses and medicines to take, all free of cost. They also did not charge anything for the bed or for the food. They did the surgery well and I feel that I will be able to see it like before. "



Puttamma

Testimony of Nazeer Ahmed

Nazeer Ahmed, 60 yrs., Male from Mandya says *"I own a tea shop and I manage to earn Rs. 10,000 to Rs.12,000 a month. But that is hardly sufficient to run my family in today's rising costs. I was having severe pain in my eye, and wanted to go and see an eye doctor. My neighbours suggested on seeing the whiteness in my eyes that I may be having cataract and asked me to go and see an Eye Doctor. But the fear of leaving the tea shop closed for a day, or two for visiting the doctor, spending money in going and coming back home, and the costs of surgery if any that would be required, made me put off my plans to see the doctor. Fortunately, I had the chance of attending the Eye Camp conducted by Sankara, and I think it was a good decision that I made to have my surgery done.*



Nazeer Ahmed

They brought me here by their bus with others like me in need of eye surgery. After coming to Sankara I stayed here for a day and they did all the tests and took me for the surgery. The surgery went on well and they told me that I have to wear protective glasses for 15 days and also told me of eye drops that I need to take in right intervals throughout the day. They told me I have to wear a power glass after that. I thank Sankara for the surgery and all the arrangements they made for it. "

Testimony of Devaiah

Devaiah, 75 yrs. Male from Mandya says, " I work as a daily wage earner. I do whatever jobs I get and manage to earn anywhere between Rs.200-300/- per day. Some days I do not get any work to do and still not able to rest at this age because I need to run my family. I was having blurred vision, for the past one-two years and it was getting worsening day by day. But I did not have any idea about what should I do. I was afraid of the cost involved and also of the travel from my home to the hospital and back. Because of my poor vision, I fell many times, especially at the night, and by god's grace, I did not get injured by falling. My friend told me about they are conducting an Eye Camp at the Sai Baba Eye Hospital.



Devaiah, (Mandya)

The Sankara people who were there were very hospitable to me, they told me that my eye condition needs surgery for a cataract. I was initially worried about how I can travel to Sankara Eye Care in Bangalore. They counselled me by saying that I need not worry about travel or accommodation and everything they will take care of. They did like what they said. I was brought here by their Bus and they made us good arrangements for staying and getting the surgery done. They guided me very well in the entire process. I thank them for my Cataract Surgery and I hope it will give a good vision to me so that I will be able to carry on my daily routine myself without having to depend on anyone else."

Testimony of Bibijaan

Bibijan, 77 yrs, Female from Mandya District Says “ I was having poor vision and pain in eye some times. Earlier I used to have good eyesight, but for the past 6 months, I was feeling I could not see properly. I thought It was because of old age and nothing can be done about my vision problem. I came to know of the free eye camp which was conducted at Sai Baba Eye Hospital, where a relative of mine took me to get my eyes checked. They told me that I am having a cataract and that it could be corrected by getting surgery done. I was quite apprehensive of the cost involved but the nurses at the camp explained to me that it is a completely free surgery and I do not have to spend anything. They did the surgery well.



Bibijaan

They told me I have to wear black glasses for two weeks' time and I was told I do not have to pay for that too. They will give me free medicines like eye drops which I have to put in regular intervals. I thank Sankara for the surgery.”

6.D.1. Highlights of the Interviews with Patients

- The patients are from rural communities of Karnataka, and all are under the BPL category.
- The patients expressed that they underwent serious challenges in carrying out day-to-day activities due to their failing eye vision resulting from one or other ailment of the eye.
- These patients have avoided, postponed treatment as they did not know where to go and how to go to an eye hospital for treatment or surgery. Even as some visited the Government Hospital or a private clinic for one time, they were not able to have follow-up visits or continuous treatment due to lack of resources. Many had put off their plans for surgery fearing its costs.
- The patients stated that they were given counseling about their ailments, the course of treatment and surgery, Travelling to and fro hospital and home, and staying in the hospital during surgery.
- Patients were also given medical advice to be adhered to after the Surgery, like prescriptions, dosages of eye drops, time intervals, etc.,
- Patients expressed their happiness and gratitude towards Sankara Eye Hospital and all of them attribute that their surgery is only possible due to the free services provided by Sankara Eye Hospital, Bangalore.


Conclusion

This research study concludes on the note that all the Infrastructural work that was undertaken to be done by SKKMT with the financial support of HDBFS, which has resulted in the construction of 4 operation theatre at Sankara Eye Hospital, Bangalore along with the medical, surgical equipment, as envisaged in the M.O.U between both organizations are completed in accordance with the best possible standards. A sterile, zero-infection environment has also become possible due to the above support, which is helping the hospital in providing a high quality of eye care to all its patients and in particular the non-paying patients. The non-paying patients who can not afford quality eye care are getting the same standard of treatment as the paying patients and HDBFS CSR support has contributed to this in a good measure.

Interactions with the Doctors reveal that there is a capacity enhancement due to the availability of additional operation theatres, which allows surgeons of more sub-specialties to undertake surgeries parallel in different theatres, which reduces the waiting time for a surgery to get complete. The additional theatres mean more surgeries per day and lesser waiting time for patients to get their turn for surgery.

Interactions with the Hospital administrators revealed that the operation theatres being established and re-developed with the support of HBDFS are aiding in taking in more patients who need surgical intervention. The outreach teams are continuously engaged in conducting Eye Screening Camps across various regions of Karnataka and the border regions of Andhra Pradesh and Karnataka. This is done for the purpose of bringing in more non-paying patients to benefit from the free eye care treatment and surgeries provided by Sankara Eye Care Hospital, Bangalore.

The study reveals that all patients who are in the non-paying category are from rural communities of Karnataka, and all are under the BPL category. These patients have undergone serious challenges in carrying out day-to-day activities due to their failing eye vision resulting out of one or other ailment of the eye. The eye camps have provided the much-needed surgical intervention for timely rescue of their deteriorating vision because these patients have avoided, postponed treatment as they did not have much cues about treatment nor hopes for the same. The non-paying patients expressed their satisfaction towards the entire process beginning with



participation in free eye camp, getting diagnosed of an ailment, being counseled for the surgery, traveling to the hospital, getting admission, to having the surgery done and counseled of the post- operative care that has to be taken.

Thus the study finds that the Support for Infrastructural Development of the 4 Operation Theatres along with related structures and equipment, will go a long way in catering to HDBFS's commitment towards society as manifested through its various Socially responsible initiatives. Such CSR initiatives will aid HDBFS to convert its vision of identifying and supporting programs aimed at Developing and advancing the communities into a reality. These programs are sure to enhance the Quality of life of those at the bottom of the Societal pyramid who are unequally endowed/ enabled.