

HR & Infrastructure Mapping Under Eye Care Service Delivery

User Guide

This User Guide is essentially the instructions to fill-up the tool. The user guide also is helpful to better understand the questions presented in the tool. The target audience of this User Guide are all eye care organizations, hospitals, institutions, individual practitioners etc.

This guide will help you minimize the chances of errors.

General Instructions:

- Use **latest** version of Google chrome/internet explorer to open and fill-up the data
 - In case the hospital has more than one branch (in the same district or state or outside), the tool has to be filled-in by each branch hospital separately in the respective district/state.
 - If Ophthalmology department is part of a multi-specialty hospital, then enter information pertaining to only the department of Ophthalmology and not the entire hospital.
 - Data has to be filled in Online only.
 - Once you click on the link to open online Tool, read the given notes carefully before proceeding to fill up the data
 - **Download** the HR and Infrastructure Mapping tool (in MS-WORD format)
 - First, review the Tool and fill-in the data in MS-WORD format
 - After the data is presented in WORD format, visit the web-link and then fill up the data online
 - Data quality is ensured through inbuilt validation checks. Therefore, in case the data you filled-in do not meet the criteria set in these validations, then submission of data cannot be done.
 - No data entry box should be kept empty. Enter 'zero' if data not available (Read all instructions carefully given in [BLUE](#))
 - All numbers to be filled in only in numeric mode
 - Click on **Submit** at the end after completion of filling up the data
 - For help at any time, please contact VISION 2020 INDIA Office at 011-6565 0577 (Monday – Friday, except national holidays) from 1000 – 1700 hrs.
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Instructions to fill-in the tool

Section A (Preliminary)

- **A1- Name of the Hospital/Institution/Organization**
 - Write the full name of your Hospital/Institution/Organization as it is registered (not simply how it is widely known). This is mandatory
- **A2- Address of the Hospital/Institution/Organization**
 - Write full address. If it is branch hospital, write the branch hospital address.
- **A3- State/Union territory**
 - State name is Mandatory
 - One state to be selected from drop downs
- **A4- District**
 - District name is Mandatory
 - One district to be selected from drop downs
- **A5- Telephone Number with STD Code**
 - Telephone number is mandatory (either landline or mobile)
 - Write STD code in 1st box and telephone number in 2nd box
- **A6- Email ID of Head of Ophthalmology Dept./ Head of the Hospital**
 - Write email ID
- **A7- Type of Hospital/Institution/Organization**
 - Select only 1 type that best fits for you/your institution. This is mandatory.
 - Lions Hospitals, Rotary hospitals, Red Cross hospitals, Christian Missionary hospitals etc. will come under the category of Charitable non-profit/NGO hospitals located in urban area OR Charitable non-profit/NGO hospital located in semi-urban/rural area (as per its location)
- **A8- Is the College/ Institution recognized by MCI for post graduation in ophthalmology?**
 - This section will not open if you choose Community Health Centre & Primary Health Centre in A7.
- **A9- Is the College/ hospital/ Institution recognized by the National Board of Examinations for Diploma and /or DNB of the N.B.E?**
 - This section will not open if you choose Community Health Centre & Primary Health Centre in A7.

Section B (Infrastructure)

- **B1- Functional Facilities**
 - Facilities are already listed
 - Number to be entered in numeric form and put zero if no facilities available
- **B2 & B3- Number of eye beds**
 - First check whether the hospital provides services that are (a) free (b) subsidized and (c) full paid. Govt. hospitals usually provides free services while NGO hospitals provide all three types of services while private hospital provides only the paid services.
 - Total of number of Eye Beds (Free, Subsidized & Free) mentioned in B2 must match with the total in B3 (Number of Eye Beds -Adult Male, Adult Female and Pediatric beds). Validation of this is inbuilt in the Tool.
 - Enter zero, if not applicable or do not have beds as per the sub-category
 - The two categories of eye beds - Subsidized and Paid, usually are not applicable to the government hospitals.
- **B4- Functional equipment status**
 - Status of equipments should be as on date of data entry
 - For each equipment, check the applicability to your hospital and click either applicable or not-applicable.
 - Equipment: Names are listed. However, in case you have more equipments, include them in "Others" and specify the equipment name
 - Number functional: Fill in the numbers
 - Number non-functional/under repair: Fill in the numbers
 - If you do not have any non-functional equipment, please enter zero. **For example, Yag Laser** – If you have only one Yag Laser and that is functional and do not have any non-functional Yag Laser, then you enter 1 in functional category against Yag Laser and enter zero in non-functional category.
 - Validation is inbuilt therefore make it sure to fill in correct data

Section C (Human Resources)

- **C1- Number of Human Resources**
 - Enter zero in boxes, if not available
 - Number of Practicing Ophthalmologist: Self explanatory
 - Number of Non Practicing Ophthalmologist: Write number of Ophthalmologists involved in other duties and/or not dealing with patients due to various reasons. This category is usually not applicable for NGO/private hospitals.
 - Number of Optometrists in working: These Optometrists are those who have Bachelors or Masters degree
 - Number of Ophthalmic Assistants/Refractionists/PMOA/Vision Technicians working

- Number of Opticians: People working in optical shops and making/fitting glasses. Govt. hospitals may not have this category of people working in their setting.
- **C2- Details of practicing Ophthalmologist:**
 - Include all specialties available and add rows as required
 - An Ophthalmologist may have specialty in more than one area, if so, include the person in all relevant specialties
Example - If one has specialization in Cataract and Glaucoma, then he /she need to be counted under both these specialties)
 - Enter zero, if not available

Section D (Physical Performance)

- **D1- Clinical Load OPD:**
 - Include all (free, subsidized and paid). Include hospital + outreach + new+ follow-up cases.
- **D2- Total Surgical Output:**
 - For each type of surgery listed, check the applicability to your hospital and click either applicable or not-applicable.
 - Enter code **999999** in case data is not available/not retrievable, but surgeries done as per your knowledge.
 - If you are mentioning "Others" category, then name of the surgery to be mentioned
 - Enter zero if surgeries not done in respective category
 - In case, one is filling Other category then name of the surgery to be mentioned clearly

Section E (Training)

- **E1- Whether your institution/organisation is currently offering any training program**
 - In case institution/ organization does not offer any training program select 'Not running'
 - In case institution/ organization is currently offering any training program select, **Running**. After you click Running, next options will open.
- **E2- If yes, Please fill this table below:**
 - Duration: Write in YYYY format. *Example*:2012
 - Number of students admitted per year; Consider for last academic year.
 - Year in which started: YYYY format
 - Recognized by which body/university: Write name of the body/university
- **E3- Whether your institution/organization currently offering post MS/MD Fellowship program:**
 - In case institution/ organization is *currently* not offering fellowship program select 'No'

- In case institution/ organization is *currently* offering fellowship program select, YES. After you click YES, next options will open
- Write name of fellowship program
- Duration: In YYYY mode
- No. of students Admitted per year: Consider for last academic year.
- Year in which started: YYYY format

- **E4-** *Total Number of teaching faculty in Ophthalmology*
 - Write number
 - Details of teaching faculty: Specialty is already mentioned. Specify the specialty if others to be included
 - Number of teaching faculty: Include both full time and part time faculty

- **E5 & E6-** *Is Ph.D. program available in Ophthalmology at your hospital/institution*
 - Click on yes or no
 - One you click on yes, next part (E6) will open. Write the number of students enrolled in this part. Consider for last academic year.

Section F (Eye Banking)

- **F1-** *Does your organization have Eye Bank Facility*
 - Click on yes or no. If you click on yes, next questions will open which is self explanatory

- **F2-** *Collection and Surgery*
 - Number of Cornea Collected/ received: Enter zero, if corneas not collected received
 - Number of Keratoplasty done: Enter zero, if not done

Section G (Research)

- **G1-** *Are any national/internationally funded projects being undertaken by the department of Ophthalmology in last 4 years?*
 - Click yes or no. Once you click yes, new table will open
 - Title of research project: Write the name
 - Source of funds: Mention name of funding agency
 - Year started: YYYY format
 - Total duration: Write number of years

- **G2-** *Publication of journals in the field of Ophthalmology by your institution/hospital*
 - Write number of national and international journals
 - Write zero, if not published

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