

**Authors:** K. Anand Sudhan, Project Coordinator, Sadguru Netra Chikitsalaya  
Sangeeta Pinto, PR Manager, ORBIS International

### **Description of the hospital**

The grand humanitarian vision of our founder Param Pujya Gurudev Shri Ranchoddasji Maharaj was to provide “*Food for the hungry, Clothes for the destitute, Sight for the blind*”. To enable his disciples to continue *Service to Humanity* in his absence, in future, Gurudev laid down the infrastructure by incorporating a Charitable Trust ***Shri Sadguru Seva Sangh Trust*** in the year 1968 under the Chairmanship of Shri Arvind N. Mafatlal. Ever since it’s existence it has been engaged in transforming the lives of thousands of people in the rural parts of Central India. SSST is the embodiment of compassionate spirituality and committed voluntary service complimented uniquely with modern infrastructure, technological advancement, new management approaches and an unwavering sense of mission.

Gurudev with his amazing foresight organized the first eye camp in 1950, a time when blindness control measures were unheard of even within the Government. In line with Gurudev’s vision, the Trusts eye care services were initiated with “Tara Netra Dan Yagna” (hospital based eye camps), which were being conducted successfully till recently.



65 camps have been held since and more than 6 lakh patients have been treated. Notable ophthalmologists and volunteers from Mumbai and Gujarat, who were followers of the Gurudev would service these camps.

Since the service population of the Trust came from the three most populous states of MP, Bihar and UP, and taking serious view of the magnitude of needless blindness in the three states, the Trust decided to enhance its services in eye care and established a 350-bedded state-of-the-art Eye Hospital—Sadguru Netra Chikitsalaya (SNC) in 2000. With 12 operation tables and technologically advanced equipment, the facility has taken up the onus of its responsibility with all seriousness and in 2004 had performed over 40,000 eye surgeries.

Today, SNC is striving hard to become the first Center of Excellence of, by and for rural India. The journey has been tough but SNC under the able leadership of Dr B. K. Jain, CMO for the last 20 years, has scientifically tried to address the issues that were impeding our march towards an avoidable blindness free Central India.



### **The problem Description**

From operating out of an old shed in the 1950s to delivering eye care from its state-of-the-art eye hospital developed in 2000, the road has been long and the challenges many. It is only in the past couple of years that the challenges were identified and systematically overcome. Some of these challenges were:

- Uncertain nature of financial support
- High turn over of Ophthalmologists and other qualified human resources
- Seasonal imbalance in service delivery (*95% of the workload in winter months*)
- Lack of public awareness regarding quality of service and new hospital
- Lack of advanced technology such as IOL (*only 20% of the surgeries were IOL*)
- Absence of Cost Recovery Model to generate sufficient revenue to cover operating costs (less than 50% cost recovery)
- Lack of modern management practices

A large proportion of the hospital services were provided at no cost to the patients. These costs were covered by donations offered by the volunteers of the founder *Gurudev*. About two-thirds of the operating expenses were dependent on external funding which had begun to look uncertain in the late nineties. Disparate workflow due to seasonal imbalances led to underutilization of production capacity and high unit cost of cataract surgery. Moreover, the hospital was perceived as the provider of free eye care services. Cumulatively, these problems were preventing the hospital from putting in its optimum best and seriously casting doubts on the viability of its operations.

### **The Solution**

SNC faced a unique situation. While the management wanted to improve its practices and in that was willing to re look at its policies, it was very clear that it did not want to deviate from *Gurudev's* mission of eye care with service for mankind.

*'All problems have solutions'* and that was proven beyond doubt when a team from ORBIS and AECS, Madurai visited SNC in 2000 to assess the hospital in the hope of turning it around. The team identified the problems (and the key areas which were supporting them), which needed to be overcome in order to have a viable enterprise. The team also recommended development of a detailed strategic plan for the hospital.

Chief Medical Officer Dr. B.K. Jain along with the Trustees attended a Vision Building workshop at Aravind Eye Care System, Madurai. They were exposed to practices of Aravind, which found their basis in High Quality, High Quantity and Low cost surgery. The outcome of the workshop outlined key strategic areas that needed to be adopted by SNC to fulfill its quest of becoming a Center of Excellence for rural India. These were:

- Retention strategies for doctors
- Recruitment of professionals in key management areas
- Introduction of multi-tier paying system
- Outreach camps in summer months
- Promotion of 100% IOL surgeries
- Training of administrative and managerial staff
- Introduction of sub-specialty services

The strategies converged at one point and that was creating a sustainable eye care delivery system wherein, revenue would be generated from paying patients, while free care would be provided to those who could not afford the cost. Modern management practices and new clinical goals like 100% IOL were the first few steps in ensuring delivery of quality services. Training programs were organized for two Ophthalmologists from SNC at Aravind to ensure compliance with successful 100% IOL surgeries as well as for managerial staff in eye hospital management.

Focus was also given on optimum utilization of resources. Since the eye care services of Sadguru has been initiated as camp services in the winter months and so had been the case for the past 50 years, rural persons had developed a mindset that only eye surgeries performed in winter months resulted in good vision. To overcome this problem eye camps were planned in summer months in the service areas to provide eye care to those who can neither access nor afford them and also for optimum utilization of the available resources as well as infrastructure.

SNC was able to successfully change its management systems, keeping its philosophy constant because of the support and encouragement it received from farsighted International agencies like ORBIS International and SEVA foundation. ORBIS has walked SNC through the process of setting up its pediatric eye care services and supports capacity building of the institute in this field through equipment, infrastructure and clinical and management trainings. SEVA, on the other hand, shares with SNC the broader vision of streamlining its workflow through outreach camps. The partnership has helped introduce quality systems in service delivery and supported the capacity enhancement of the institute.

### **The Result of Change**

From 2000 onwards, the hospital began to show marked improvement in all the defined core areas and some remarkable achievements (*see Table: 1*) highlighted the short span of 2000-2004. Statistics clearly bring out that the new strategies of introducing fees-for-services based on local paying capacity, conversion to ECCE-IOL surgery from an exclusively ICCE surgical facility, and initiation of outreach community cataract screening programs to address seasonal imbalance in patient uptake of services, had enhanced the hospital's capacity for high quality services, stronger outreach and financial sustainability.

<b>Pre-status</b>	<b>Current status</b>
High turn over of skilled manpower	20 Ophthalmic surgeons and highly skilled management professionals
<b>23525</b> cataract surgeries with <b>55 %</b> surgeries being Non IOL	<b>35776</b> cataract surgeries with <b>98%</b> being IOL
<b>1971</b> surgeries in summer months	<b>6033</b> surgeries in summer months
<b>69%</b> cost recovery	<b>100%</b> cost recovery
<b>1%</b> paying patients	<b>11%</b> paying patients
Only Cataract services	Cataract, Pediatric Ophthalmology, Glaucoma, Occuloplasty, Low Vision and Medical retina.

Introducing fees-for-services did not make a lasting dent in the patient volume as was initially feared. A comparative analysis of SNC outputs prior to the Vision Building Workshop and the targets set during the Workshop in Madurai and the subsequent achievements showcases the quantum of improvement in cost-recovery, number of surgeries achieved, percentage of non-IOL to IOL surgeries, rise in paying patients and the gradual increase in the uptake of cataract surgical services during summer months.

SNC now recovers 100% of its total operating costs and has attained financial viability. Donations are used for building up capital infrastructure. Surgical costs retrieved from patients who can afford and providing of free services to the underprivileged has affected sustainability in services. The difference in the services of paying and non-paying patients lies in the peripherals while the surgical management remains same. Of the total surgeries performed at SNC in 2003-04, 15% of the surgeries are now being performed in summer months through outreach camps conducted in villages. Today the hospital has a total of 20 ophthalmic surgeons as consultants. New management practices brought in standardization of work procedures, better utilization of human resources and improved efficiencies as well as improvement in the quality of eye care services delivered.

With all these changes, SNC embarked on its transition from an institute enmeshed in only utilizing organizational resources for operating costs to one that utilized organizational resources for capital expenditures, new developments and most importantly, for expanding service delivery to reach the underserved.

Growth never stops and SNC has chalked out its broad strategic plan to evolve into a Centre of Excellence (COE) in Central India by 2020 with the ability to deliver comprehensive eye care services, with facilities for research, education and rehabilitation as its hallmark. It is also working closely with the Government of Madhya Pradesh to form Vision 2020 State Chapter so as to strengthen the overall eye care service delivery scenario in the state with the aim of eliminating needless blindness in the state by the year 2020.