



**Government of West Bengal
Health & Family Welfare Department
Swasthya Bhawan, 3rd Floor, Wing-A
GN-29, Sector – V, Bidhannagar, Kolkata-700091**

Memo. No. 211- Secy(HFW)/2022

Date: 16/08/2022

Operational Guideline

Subject: Overhauling Cataract Surgeries mechanism at the govt. Hospitals

Cataract is the leading cause of reversible visual loss worldwide, responsible for 47.8% of blindness accounting for close to 20 million blind in 2020. In developed countries, cataract accounts for only 5% of the blindness while in developing countries 50-90% of the blindness is due to cataract. High prevalence with more than 80% of blindness is found in the age group of 50 years and above. In our country, result of national survey showed that number of people affected with cataract has reached a humongous figure of around 8.25 million in 2020. In India 3.8 million people develop blinding cataract every year while only 2.7 million cataract surgeries are done every year resulting into huge backlog of cataract. Patients who waited for more than 6 months for cataract surgery usually have loss of vision and a reduced quality of life. Data for West Bengal from January 2022 to July 2022 shows that while 421726 patients were detected for cataract surgery, only 282351 could be operated upon, resulting in a backlog burden of 33% patients. Quarterly figures show that we are adding around 40-50% cases on daily basis as backlog due to gross under-performance of surgeons. Review of individual eye surgeon performance during 1st quarter of 22-23 after considering state government target of 60 per month/surgeon shows that 15 of the 28 Health districts have not even reached state average of 54%, while in respect of MCHs, 09 out of 18 have fallen short of state average of 56% during same period. Above performance figures are even more disturbing, if we consider that 104 eye hospitals in govt.sector with 305 eye surgeons have performed **only 29866** cataract surgeries during 1st quarter of 22-23.

Now, in the light of grim scenario as depicted above, it has been felt essential to draw up surgery protocol for ensuring optimum level of performance by ESs with focussed strategy to clear all backlog burden more than 03 months old within 30 November 2022. These are as follows:

- I. Sustained GP-based and UPHC-based cataract screening camps are to be organised apart from the routine detection at the Vision Centres and at the eye OPDs. Daily full time Eye OPD should function in each hospital.

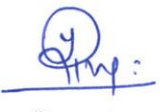


- II. Rural as well as the urban areas will be tagged with different eye hospitals. The NGO hospitals will also be tagged. This tagging will be done by concerned Dy CMOH-IIs in consultation with CMOHs.
- III. Detected cases will have time-bound service-completion; the maximum time limit is one month from the date of detection; till then he/she will be kept in touch/counselled by the tagged persons/hospitals. The BMOHs/ Health Officer-UPHC will have contact details of a nodal person at the eye hospital, who will arrange to keep the patient tracked for a time-bound completion of the service-cycle through the concerned ASHA/ANMs/frontline workers at the rural as well as at the urban areas. Each of the cases will be tracked till the post-operative follow up check-up from the time of detection.
- IV. Mobility support will be arranged for the need-based areas with bulk cases, as far as practicable.
- V. The line list (with phone number) of the patients should be shared with the BMOHs/ Health Officer-UPHC.
- VI. ASHA can act as **motivator** or **mobiliser** and she will be incentivised as per norm and for the role she has played. The motivators' incentive should be paid on time.
- VII. **Daily OT in two shifts:** Surgery shall be performed daily at least in two shifts each for at least 3 hours' duration: from 10 AM to 1 PM and from 1.30 PM to 4.30 pm. Evening OTs may also be planned, as per local need. At least 12 cataract surgeries have to be performed in each shift. Same or two different surgeons will perform in each shift. SOPs for the infection control should be strictly adhered to.
- VIII. The dedicated team of the nursing and the other support staff will be deployed by the hospital authorities. These staff will get oriented by the concerned Eye Surgeons.
- IX. Each Eye Surgeon will do at least 02 days full time OPD and 03 days full time OT every week. This may be revised by local authority after fresh assessment has been made, but only after all backlog cases have been operated upon. In case of his absence, the authority will try to keep the services available with alternative arrangement in place, in advance.
- X. At least 60 cataract surgeries per surgeon per month norm should be fulfilled in each tier of hospital. Each Eye Surgeon in any unit, including the RMO SR etc. but excluding the House Staff /PGTs, will be counted as an individual independent surgeon.
- XI. Refusal of patients especially for the patients sent from the camps/peripheral units will be viewed seriously. Concerned Superintendent will maintain record of such cases, if happened due to unavoidable circumstance, and ensure service completion from 07 days of refusal/ sent back.
- XII. Eye surgeons of Medical Colleges, at the districts as well as at Kolkata, will perform cataract surgery at other hospitals of the district / neighbouring districts on fixed days every week, wherever needed. While doing so, they will also mentor the local surgeons especially the Senior Residents and the chronically low performers to build up their skill/confidence. This will follow 'Adopt and Mentor' strategy. MCH-Other hospital tagging will be done at this end and communicated to all.

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- XIII. Travel and the refreshment etc. for such Mentor surgeons will be arranged by the districts where the cataract surgery will be performed.
- XIV. Strengthening of the OTs with the addition of 02 Op. microscopes, 2 OT tables, other cataract surgery related ancillary equipment/items etc. too will be arranged in a fast-track mode. Weekly monitoring of the essential logistics for cataract surgery to be done by the concerned Dy CMOH-I and Superintendent and in case of Medical Colleges, Dy Superintendent (Medical).
- XV. ACMOHs at the Sub-divisions will coordinate the entire process at their respective areas and will be in touch with the Dy. CMOH-2 & DPM-NPCBVI.
- XVI. The system of daily reporting for the key performances, especially for the cataract surgery performances, will be followed by all the units including the MCHs.
- XVII. Backlog burden of cataract surgery must not persist for more than 07 days after 30 November 2022.
- XVIII. Optimum utilization of NGOs must be ensured as they are critical stakeholders
- XIX. A Task force headed by the District Magistrate should be constituted at district level for monthly review of cataract surgeries and individual surgeons' performance in all district level government eye hospitals including MCHs.

This takes immediate effect and all concerned be informed for compliance.


Secretary,
Health & Family Welfare Department

16/08/2022

Copy forwarded for information and necessary action to:

1. Mission Director NHM and Secretary H&FW Department
2. Director of Health Services
3. Director of Medical Education
4. Sr. Special Secretary (HS), H&FW Deptt.
5. Director PHP, H&FW Deptt.
6. Director RIO
7. Principal / MSVP- All MC/MCHs
8. District Magistrate- All
9. Chief Medical Officer of Health -All
10. Joint Director NCD, H&FW Deptt.
11. Dy. DHS (NCD-II)
12. Dy. DHS (Administration)
13. PO I / PO II, National Health Mission
14. ADHS (Ophthalmology) and SPO NPCB&VI
15. Sr. PA to Secretary, H&FW Deptt.



Senior Special Secretary

H&FW Department