



ಕರ್ನಾಟಕ ಸರ್ಕಾರ

# ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ

ಆರೋಗ್ಯ ಸೌಧ, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ನಿರ್ದೇಶನಾಲಯ,  
ಮಾಗಡಿ ರಸ್ತೆ, ಬೆಂಗಳೂರು -560 023



No. eh/Guidelines/20/2020-21

ದಿ: 20.01.2021

## ಅಧಿಕೃತ ಜ್ಞಾಪನ ಪತ್ರ


ದಿಷಯ: ಇಸಂಜೀವನಿ, ಇಸಂಜೀವನಿಓಪಿಡಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಕಾರ್ಯಕ್ರಮದ ಪರಿಷ್ಕೃತ  
ಮಾರ್ಗಸೂಚಿ.


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ರಾಜ್ಯದಲ್ಲಿ ಈಗಾಗಲೇ NHM ಅಡಿಯಲ್ಲಿ ಇಸಂಜೀವನಿ, ಇಸಂಜೀವನಿಓಪಿಡಿ ಟೆಲಿಮೆಡಿಸಿನ್ ಕಾರ್ಯಕ್ರಮವನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸಲಾಗಿದೆ. ಸದರಿ ಕಾರ್ಯಕ್ರಮವನ್ನು ಇನ್ನೂ ಹೆಚ್ಚಿನ ರೀತಿಯಲ್ಲಿ ಪರಿಣಾಮಕಾರಿಯಾಗಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಈ ಹಿಂದೆ ನೀಡಿದ್ದ ಮಾರ್ಗಸೂಚಿಯಲ್ಲಿ ಕೆಲವು ಬದಲಾವಣೆ ತರಲಾಗಿದ್ದು ಪರಿಷ್ಕೃತ ಮಾರ್ಗಸೂಚಿಯನ್ನು ಈ ಪತ್ರದೊಂದಿಗೆ ಅಡಕವಿರಿಸಿದೆ.

ಸದರಿ ಮಾರ್ಗಸೂಚಿಯನ್ನು ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಸಂಘದ ಗಮನಕ್ಕೆ ತಂದು ಪರಿಷ್ಕೃತ ಮಾರ್ಗಸೂಚಿಯಂತೆ ಕಾರ್ಯಕ್ರಮ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಸೂಚಿಸಿದೆ.

ಈ ಮಾರ್ಗಸೂಚಿಯು ದಿನಾಂಕ : 01-03-2020 ರಿಂದ ಅನ್ವಯವಾಗುವುದು.

  
ಅಭಿಯಾನ ನಿರ್ದೇಶಕರು

ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ  
ಬೆಂಗಳೂರು 

### ಪ್ರತಿಯನ್ನು:

1. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣಾಧಿಕಾರಿಗಳು,----- ಜಿಲ್ಲೆ
2. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಶಸ್ತ್ರಚಿಕಿತ್ಸಕರು/ ವೈದ್ಯಕೀಯ ಅಧೀಕ್ಷಕರು, ----- ಜಿಲ್ಲೆ
3. ಎಲ್ಲಾ ಜಿಲ್ಲಾ ಕುಷ್ಮರೋಗ ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು, ----- ಜಿಲ್ಲೆ

### ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ:

1. ಅಪರ ಮುಖ್ಯ ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿಗಳ ಅಪ್ಪ ಕಾರ್ಯದರ್ಶಿಗಳು,ವಿಕಾಸ ಸೌಧ, ಬೆಂಗಳೂರು.
2. ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರು.
3. ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ, ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರು
4. ಯೋಜನಾ ನಿರ್ದೇಶಕರು, ಆರೋಗ್ಯ, ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರು
5. ರಾಜ್ಯ ಕಾರ್ಯಕ್ರಮ ವ್ಯವಸ್ಥಾಪಕರು, ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ, ಬೆಂಗಳೂರು
6. ಮುಖ್ಯ ಆರ್ಥಿಕ ಸಲಹೆಗಾರರು ಹಾಗೂ ಮುಖ್ಯ ಲೆಕ್ಕಪತ್ರಾಧಿಕಾರಿಗಳು, ಎನ್.ಹೆಚ್.ಎಂ.
7. ಕಛೇರಿ ಪ್ರತಿ



# STATE OF TEXAS

County of \_\_\_\_\_



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## ORDER

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**Government of Karnataka  
National Health Mission,**



**Directorate of Health and Family Welfare Services,  
Arogya Soudha, Magadi Road, Bangalore -560 023**

## **Revised Telemedicine Guidelines**

Guidelines is a step by step process to empower District Administration and Doctors, hospital staff at various level for effective and efficient implementation of Telemedicine program

## Revised NHM Telemedicine Guidelines

Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance. It has been used to overcome distance barriers and to improve access to medical services that would often not be consistently available in distant rural communities.

Government of Karnataka in collaboration with Indian Space Research Organization (ISRO) in the year 2004 started Telemedicine program to overcome geographical barriers, and to increase access to health care services.

Under NHM, Telemedicine program was further expanded to 347 Centers, i.e., 141 Taluk Hospital and 206 Community Health Centers. For this, the District Hospitals were proposed as hub centers during 2016-17 financial year. In this financial year NHM has approved to extend Telemedicine services to 1120 Primary Health Centers and 2032 Health and Wellness Centers with 38 District Hospitals as Hub centers, to provide quality and specialist consultation at their door step to cover rural population under Telemedicine services.

Telemedicine service is implemented using e-Sanjeevani application, developed by Centre for Development of Advanced Computing (CDAC-Mohali), with storage of data in cloud servers located at Mohali.

### **Objectives of Telemedicine**

- a) To provide specialized, quality medical advice for rural patients
- b) To mentor other medical staff about treatment procedures
- c) To monitor & follow up on patient condition
- d) To promote the proficiency of specialists and other health care personnel by means of teleconsultation and video conference-based training.
- e) To reduce waiting time in specialized Health care (follow-up visits in surgery)

### **Telemedicine Benefits**

- 1) Using telemedicine in peripheral health set-ups can significantly reduce the time and costs of patient transportation
- 2) Quality and better health care services for rural and remote patient can be provided by consulting specialist from urban areas.
- 3) Critical care monitoring where it is not possible to transfer the patient

- 4) It provides an opportunity for standardization and equity in provision of healthcare, both within state and across regions and districts.
- 5) A tool for disaster management
- 6) Hospital staff's skills can be enhanced through telemedicine program
- 7) Specialist consultation and advice for surgery and post-surgery can be availed at respective locations only.
- 8) Hospital doctors and Hospital Staff can get timely update on medical treatment techniques.

### **Purpose of Guidelines**

The guidelines are framed to act as the "Base Document" for Districts to implement telemedicine. Guidelines cover following critical aspects:

- a) Implementation of standardized Telemedicine application across the state
- b) Handholding to Districts to standardize the Tele-Medicine process
- c) Interoperable Telemedicine solution to Districts
- d) Defining minimum infrastructure to be provisioned at HWCs, PHCs, CHCs and HUBs for conducting Tele-Medicine services.
- e) Institutional framework for sustaining the telemedicine practice so that the intended benefits continue to reach the community.

### **Teleconsultations:**

There are two ways (application) of getting teleconsultations. One is MLHPs / ANMs or PHC or CHC doctors consulting specialists when they are not able to diagnose patients when they require any medical advice when patients have come to Sub-centres or PHC/CHC. And another is patient directly consulting doctors directly. Following are the two applications for teleconsultation.

1. **esanjeevani.in**: A Hub & Spoke model web application which can be accessed through URL : <https://esanjeevani.in> Middle Level Healthcare Provider (MLHP) working in Health and Wellness Centre or doctors working in PHC or CHC can consult specialists in Hub centres (District Hospitals) of the respective districts.

**Spoke Centre:** Spoke Centre is the site where the patient is present. Health and wellness center, primary health center (PHCs), Community health center (CHCs) and Taluka hospitals are called as spoke centers.

**Hub Centre:** District hospital, Medical Institutions and Super specialty hospitals are called as Hub centers, where the specialist / Super Specialist is present. Specialist/ Super Specialist can interact with the patient present in the remote site (HWC/PHC/CHC or TH) and view his reports, diagnose, treat and

monitor his progress. List of Hub centers (Telemedicine Specialty Centre) is given in Annexure I. Specialists who are working in the district hospitals / Medical Colleges (Sr Specialists, DNB Specialists, Sr Residents, Assistant and Associate Professors other existing specialists) should be utilized for telemedicine on non-OPD days during working hours for giving consultation. MBBS doctors should be appointed on contract basis as per NHM guidelines to provide consultation for MLHPs and number of doctors to be appointed for Hub Centres is given in Annexure II.

As per the predefined roaster Specialists should be posted on rotation. Roaster should be prepared by Hub Centre Nodal Officer (one among the specialist who is providing telemedicine consultation) on 1<sup>st</sup> of every month and should be shared with District Leprosy Officer (DLO), State telemedicine coordinator [ddehospital-hfws@karnataka.gov.in](mailto:ddehospital-hfws@karnataka.gov.in), [addehealth-hfws@karnataka.gov.in](mailto:addehealth-hfws@karnataka.gov.in), [snotmkar@gmail.com](mailto:snotmkar@gmail.com) and respective district spoke centres in advance. M.B.B.S doctors appointed for telemedicine service should assist Telemedicine nodal officer in preparing roaster and also should coordinate with spoke centres (HWCs, PHCs, CHCs and Taluk Hospitals).

Roaster to be Implemented		
Sl. No	Day	Specialist Availability
1	Monday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
2	Tuesday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
3	Wednesday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
4	Thursday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
5	Friday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
6	Saturday	Physician, Pediatrician, Gynecologist, Psychiatry, Surgery, ENT, Dermatology, Ophtalmology
7	Sunday	Physician, Pediatrician and Gynecologist

*gmh*

**Required Infrastructure for Hub centres** for each Specialist/MBBS doctor who is providing Teleconsultation (District and Tertiary Hospitals)

1. one Desktop or Laptop (3 to 4 depending on number of consultants providing teleconsultation each day in the Hub centre)
2. web cam (if Desktop is provided) (3 to 4 depending on number of consultants providing teleconsultation each day in the Hub centre)
3. Headphone with mic (3 to 4 depending on number of consultants providing teleconsultation each day in the Hub centre)
4. Internet connectivity with minimum 2mbps for all
5. One Printer for one Hub centre.

**Required Infrastructure for PHC**

1. one Desktop
2. one web cam
3. one Headphone with mic
4. Internet connectivity with minimum 2mbps for all
5. One Printer.

Specification for ICT equipment is given in annexure III as per GOI.

2. **esanjeevaniopd.in**: Through this application (App) patient can directly call doctor and can get specialist consultation or General consultation.

Doctors in Hub centre who is on teleconsultation duty or any specialist or MBBS doctor of the Health and Family Welfare Services who has registered in esanjeevani portal can provide teleconsultation services to patients. To utilize this service citizen should download the application in his/her mobile or through web browser in laptops can consult the doctor/specialists.

How to avail service is described in citizen manual and Doctors manual attached to this guidelines.

Doctors working in the department can register in esanjeevani portal by providing following information to State Nodal Officer Telemedicine (DD e-Health) by sending email to ddehospital-hfws@karnataka.gov.in, addehealth-hfws@karnataka.gov.in, snotmkar@karnataka.gov.in

*(Handwritten mark)*

Application for Registration for providing teleconsultation

Sl.No	Particulars	Description
1	Name	
2	Present working Institution and place	
3	KMC Reg. No	
4	Date of Birth	
5	Mobile number	
6	Speciality	
7	First KGID number as in pay slip	
8	Personal email id	
9	Specimen signature	
10	Bank account number as in pay slip or details as provided to govt with IFSC code	

Send details to [ddehospital-hfws@karnataka.gov.in](mailto:ddehospital-hfws@karnataka.gov.in) & [addehealth-hfws@karnataka.gov.in](mailto:addehealth-hfws@karnataka.gov.in).

**Financial Guidelines:**

- Funds are available under line item 17.2.1 for procuring above described Information and Communication Technology (ICT) equipment to HWCs, PHCs and Hub Centres. Districts has to procure according to KTTP act after taking necessary approval from DHS. District wise number of PHCs, HWCs and Hub Centers and fund allocated is described in Annexure II. Concerned districts has to procure within one month and start implementing Telemedicine services in those PHCs and HWCs listed in Annexure III. District Leprosy Officer as to take lead and complete procurement and supply within one and half month.
- Administrative medical officers have to procure the unlimited internet connectivity for telemedicine operations Rs.500 permonth can be utilized for unlimited Internet/data connectivity charges for each spoke/hub centers.
- DHO to recruit M.B.B.S doctor for Hub Centres on contract as per NHM guidelines. Number of doctors to be appointed for Hub Centres is given in Annexure II. The Renumeration for M.B.B.S doctor should be Rs.45000/- per month as per telemedicine guidelines. These renumeration can be born under line item 8.1.5.



- Incentives will be credited to respective MBBS/specialist/Super specialty doctors through Direct Benefit Transfer (DBT) based on the number of consultations done as displayed in the esanjeevani application dashboard. Incentive will be paid from state after verification of records and performance.
- Specialists of Hub centres and also other doctors of the department providing teleconsultation will receive the incentive as follows for each consultation.

Qualification	Type of Consultation	Incentive per consultation
<b>MBBS</b> Pre/para Medical, Specialty (Anatomy, Physiology, Biochemistry, Pharmacology, , Forensic, Microbiology, Pathology, Community Medicine)	General Consultation	Rs 50/-
<b>Specialty</b> ENT, Ophthalmology, General Medicine, Surgery, OBG & Gynecology, Psychiatry, Paediatrician, Orthopedics.	Specialist	Rs 75/-
<b>Super Specialty</b> Cardiology, Neurology, Nephrology, Urology, Neurosurgery, Cardiac surgery, Pulmonology, Endocrinology, Neonatology, Gastroenterology and any other Super Speciality	Super Specialist	Rs 100/-

Incentive amount will be effective from date of issue of guidelines till further orders.

Estimated cost for ICT Infrastructure for PHCs and Hub centres (District and Tertiary Hospitals)

Sl. No.	Item Description as per Government of India GoI Guidelines with Specification.	Line item	Estimated Cost	Remarks
1	<b>Desktop with HD web Camera</b> Intel core I 5 4 <sup>th</sup> Gen or higher or equivalent GB DDR# 1333 MHZ or higher Memory expandable to 16 GB Integrated HD Graphics Card Gigabit 1 TB SATA II HDD 7200 RPM or higher with Minimum 2 SATA connectors on Motherboard Min 2x USB 2.00, 1xUSB 3.00, 1xVGA, 1x Headphone –out + Microphone –in Combo Jack, 1*RJ 45 Connector,	17.2.1	60000.00	New equipment to be provisioned under NHM RoP in case, this equipment are not available at PHCs and Hub

	Bluetooth 3.0, IEEE 802.11 b/g/n, Integrated Gigabit Ethernet LAN 10/100/1000. 21" All-in-one/LED Screen, pre-Loaded windows 10 pro with MS office (latest) and antivirus. Equipment should be comply with RoHS/WEEE requirements Web camera with HD 720p, built -in mic with noise reduction, Video capture: up to 1280 x 720 pixels, universal clip with OEM Software, USB compatible with windows, PLUG - AND- PLAY or Higher version of above specifications			centres.
2	<b>Pinter</b> Inkjet Printer All-in-One (Print, Scan, Copy) Connectivity -USB Pages per minute - min 5 pages Page size supported -A4, B5,A6, DL envelops Print resolution -Up to 1200 x 1200 rendered DPI (Black & white)		5000.00	One-time capex
3	Internet charges		4000.00	Rs. 500 for 8 months (Last mile connectivity)
4	<b>Headphone with Microphone</b> Windows® or Mac OS compatible with USB Frequency response: Headset: 20 Hz - 20,000 Hz Microphone: 100 Hz - 10,000 Hz Sensitivity: -40 dBV/Pa +/- 3 Db Plug-and-Play Noise-Cancelling Microphone		5000.00	
5	Total		74000.00	

**Estimated cost for ICT Infrastructure for HWCs:**

Sl. No.	Item Description	Line item	Estimated Cost	Remarks
1	Tablet devices		---	Already supplied under HWC programme line item 6.1.2.5.1
2	Pinter (Same Specification as above)	17.2.1	5,000.00	
3	Headphone with Microphone (Same Specification as above)		5000.00	

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	<b>Internet charges</b>		---	As provisioned under line item 6.1.2.5.1(Min. 2Mbps)
4	Total		10,000.00	

Under National Health Mission (NHM), Tablet devices to MLHPs, and multipara monitors for Taluk hospitals and CHCs have been already supplied. To avail data connectivity for these tablet devices there is budget under line item 17.6 and Circular number: e-sanjeevani/55/2019-20 dated 3-Jan-2020 has been issued to utilize available funds. As intimated in this circular locally they can opt for unlimited internet with good speed.

Timings:

For Specialists working on rotation in Hub Centres should provide consultation services as follows:

- Working days 9.00 AM to 5.00 PM
- Holiday 9.00 AM to 1.00 PM
- For other Department Specialists and MBBS Doctors who are registered in esanjeevani portal & willing to provide consultation services from 9.00 am to 9.00 pm all days

### **Roles and responsibilities:**

#### **District Health and Family Welfare Officer (DHO)**

- DHO is the telemedicine program executing officer.
- Will implement telemedicine program as per guidelines in all hospitals and Health and Wellness Centers as listed in Annexure III.
- Will provide adequate support in implementation of telemedicine program.
- Releases funds as per guidelines to get necessary infrastructure and other requirements for telemedicine project.
- Will conduct monthly review meeting on the implementation and performance of the telemedicine program. They should address the GAPS for betterment of the program.
- Will recruit M.B.B.S Medical officer on contract as per NHM guidelines for Hub Centres in his district.

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### **Director/Medical Superintendent/ District Surgeon (DS)**

- Shall provide the well-equipped Space for telemedicine operations (required electrical points without earthing issues, furniture's and Network points/LAN/Wi-Fi).
- Will designate one of the specialist doctors who is part of consulting team as telemedicine nodal officer for successful implementation of telemedicine program.
- Depute Specialists on rotation (roaster basis) to provide Tele-consultation.
- Raises request if any for telemedicine program implementation to National Health Mission (NHM) through District Health and Family welfare officer (DHO).
- Conduct monthly review meeting on the implementation and performance of the telemedicine program and address if any GAPS observed.

District Surgeon/Medical Superintend should provide the Monthly MIS report to DD e-Health for incentive processing.

### **District Leprosy Officer (DLO)**

District Leprosy Officer is the Nodal Officer for Telemedicine and plays a key role in implementation of telemedicine programme successfully across the district in HWCs

- Will monitor and supervise the implementation of telemedicine programme in the district.
- Will provide adequate support and guide to administrative medical officer and hospital nodal officer for the successful implementation of telemedicine program.
- Provide funds allotted under line item 17.2.1 for internet charges for telemedicine operations.
- Will communicate to DHO and DD e-hospital to avail adequate support in resolving the issues by intervening state officials (If required).
- Will visit the hospitals and review performance.
- Submit the monthly progress report to DHO and State (DD e-Health).
- Will conduct the trainings to staff based on the requirement.
- Will prepare Project Implementation Plan (PIP) every year for uninterrupted telemedicine services.
- Will ensure telemedicine program is operational in all the hospitals and HWCs.

### **Administrative medical Officers (AMO)/Chief Medical Officer (CMO)**

- AMO/CMO should provide well equipped room near OPD counter/Casualty counter which for telemedicine operations/If not available it can be operated with using the existing facility.
- Administrative Medical Officer / Chief Administrative Medical Officer should mandatorily designate one doctor as telemedicine nodal officer for successful implementation of telemedicine program.
- Will facilitate telemedicine programme.
- Help patients who need emergency specialty opinion which is not available or follow-up/ like heart attack, stroke and cancer patient consultation through telemedicine.
- AMO/CMO to coordinate with DLO as the one point of contact for issues/gaps related to telemedicine program.
- To provide necessary infrastructure for telemedicine program printer, Cartridges, banner can be purchased under line item 17.6.
- Display IEC material regarding telemedicine.
- Authentication on daily telemedicine services provided to patients.

### **District Surveillance Officers (DSO)**

District surveillance Officer should coordinate with District Leprosy Officer (DLO) regarding Telemedicine

- DSO should facilitate implementation of Telemedicine in Health and wellness Centres –HWCs
- Should supportive supervision and monitoring in implementation of Telemedicine in HWCs
- Will communicate to DHO and DD e-hospital to avail adequate support in resolving the issues by intervening state officials (If required).
- Will visit the HWCs and review performance.
- Submit the monthly progress report to DHO and State (DD e-Health).
- Conduct monthly review meeting on the implementation and performance of the telemedicine program and address if any GAPS observed.

**Taluk Health Officer:**

- THO is the telemedicine program executing officer in the taluk.
- Will implement telemedicine program as per guidelines in all hospitals and Health and Wellness Centers as listed in Annexure III.
- Will provide adequate support in implementation of telemedicine program.
- Releases funds as per guidelines to get necessary infrastructure and other requirements for telemedicine project.
- Will conduct monthly review meeting on the implementation and performance of the telemedicine program and address the GAPS for betterment of the program.
- Will monitor and supervise the implementation of telemedicine programme in the taluk.
- Provide funds allotted under line item 17.2.1 for internet charges for telemedicine operations.
- Communicate to DHO and DLO to avail adequate support in resolving the issues.
- Will visit the hospitals to check the performance.
- Will submit the monthly progress report to DLO.
- Will bring tonotice of DLO if any infrastructure/equipment requirement for telemedicine program implementation.

**Medical Officer of Health PHC:**

- MO is the telemedicine program executing officer of the PHC and HWCs.
- Will implement telemedicine program as per guidelines in all Health and Wellness Centers as listed in Annexure III of his area.
- Will provide adequate support in implementation of telemedicine program.
- Releases funds as per guidelines to get necessary infrastructure and other requirements for telemedicine project.
- Will conduct monthly review meeting on the implementation and performance of the telemedicine program and address the GAPS for betterment of the program.
- Will monitor and supervise the implementation of telemedicine programme in the PHC area.
- Provide funds allotted under line item 17.2.1 for internet charges for telemedicine operations.
- Communicate to THO and DLO to avail adequate support in resolving the issues.
- Will visit HWCs to check the performance.
- Will submit the monthly progress report to THO.
- Will bring to notice of THO if any infrastructure/equipment requirement for telemedicine program implementation.

## **Health and Wellness Center – M.L.H.P**

- Facilitate patients to get Tele-consultation.
- Will mandatorily attend telemedicine equipment usage and functionalities training.
- Help patients who need emergency doctors/specialty opinion and follow-up like stroke and cancer patient consultation etc, through telemedicine.
- Maintains records and report monthly to Medical Officer of PHC.

## **State level Telemedicine Coordinator**

- Telemedicine coordinator is the one point of contact for all hospital administration/staff if any support required in telemedicine implementation or Day to Day operation.
- They should coordinate with required hospital staff for implementations at all the levels of the health care services (DHs, THs, CHCs, PHCs, HWCs and Sub center)
- They should Intimate DD e-hospital and respective hospital staff on real time updates on implementation, Challenges and support required.
- They should train the trainers at district level and ensure the training activity conducted at DHs, THs, CHCs, PHCs, HWCs and Sub center and the report in this regard needs to be submitted to state and district level.
- They should prepare and provide Telemedicine manual for user guide at DHs, THs, CHCs, PHCs, HWCs and Sub centers
- They should coordinate with respective officers to provide necessary infrastructure to ensure telemedicine operations run smoothly.
- Telemedicine coordinator has to visit the locations pre-implementation to access the readiness of ICT equipment's.
- Telemedicine coordinator has to submit the monthly progress report to the state team (DD e-hospital) before 5<sup>th</sup> of consecutive month with activities planned for the next month.
- They should prepare the project implementation plan (PIP) every year
- Telemedicine coordinator is the one point of the contact for all coordination with CDAC Mohali.
- Monitoring roaster across the state to ensure smooth operations of the telemedicine program.
- Calculation of incentive based on MIS and processing through DBT

## Help Desk

Sl.no	Type	Name of application	Contact person name	Contact person number
1	Software Application	e-Sanjeevani	Karan Singh	9888510434 (Raise the issue through Whatsapp)
2	Co-ordination and facilitation	Telemedicine coordinator	Natesh	9449841160

### 3.7 Hub Center specialty-wise details with contact numbers

Sl no.	District	Name of the MS/DS	Email id	Mobile No.
01	Belagavi DME	Dr.Husen Khaji	dsbelagavi-hfws@karnataka.gov.in	9449843158
02	Bidar DME	Dr.Ratikanth Swamy	dsbidar-hfws@karnataka.gov.in	9448469744
03	Bagalkote DH	Dr.Prakash Biradar	dsbagalkote-hfws@karnataka.gov.in	9449843160
04	Ballari DH	Dr.Basareddy	dsballari-hfws@karnataka.gov.in	9448024123
05	Vijayapura DH	Dr.Sharanappa Katti	dsvijayapura-hfws@karnataka.gov.in	9449843162
06	Chitradurga DH	Dr.Basavaraj H J	dschitradurga-hfws@karnataka.gov.in	9449843163
07	Chikkamagaluru DH	Dr.Mohan	dschikkamagaluru-hfws@karnataka.gov.in	9448885085
08	Chikkaballapura DH	Dr.Ramesh P V	dschikkaballapur-hfws@karnataka.gov.in	08156272388
09	Chamarajanagara DME	Dr.Krishnaprasad	dschamarajanagar-hfws@karnataka.gov.in	9845638929
10	Dharwad DH	Dr.Shivakumar	dsdharwad-hfws@karnataka.gov.in	9449843166
11	Dakshini Kannada DH	Dr.Sadashiva	dsdkannada-hfws@karnataka.gov.in	9449843167
12	Davanagere DH	Dr.Nagaraj	dsdavanagere-hfws@karnataka.gov.in	9449843168
13	Gadaga DME	Dr.D T Kari Gowda	dsgadag-hfws@karnataka.gov.in	9449843169
14	Kalburgi DME	Dr.Rudravadi	dsgulbarga@gmail.com	9449843170
15	Haveri DH	Dr.Nagaraj Naik	dshaveri-hfws@karnataka.gov.in	9449843171
16	Hassan DME	Dr.Krishna Murthy	dshassan-hfws@karnataka.gov.in	9886049815
17	Koppal DME	Dr.Danareddy	dskoppal-hfws@karnataka.gov.in	9448093472
18	Kolar DH	Dr.Narayanaswamy	dskolar-hfws@karnataka.gov.in	9449843174



19	Kodagu DME	Dr. Lokesh	dskodagu-hfws@karnataka.gov.in	9449843175
20	Mandya DME	Dr.Harish	dsmandya-hfws@karnataka.gov.in	9448323157
21	Mysore DME	Dr.Nanjundaswamy	krhmedicalmysore@gmail.com	9448025219
22	Ramanagara DH	Dr.Shashidhar	dsramanagara-hfws@karnataka.gov.in	9632348790
23	Raichur DME	Dr.Vijaya shankar	dsraichur-hfws@karnataka.gov.in	9448427601
24	Shivamogga DME	Dr.Raghunandan	dsshivamogga-hfws@karnataka.gov.in	9341232818
25	Tumkuru DH	Dr.veerabadraiah	dstumkur-hfws@karnataka.gov.in	9449843179
26	Uttar Kannada DME,	Dr.Venkatesh	dsukannda-hfws@karnataka.gov.in	9845613384
27	Udupi DH	Dr.Madhusudan Nayak	dsudupi-hfws@karnataka.gov.in	9449843181
28	Yadgir DH	Dr.Sanjeev Singh Raichurkar	dseyadgiri-hfws@karnataka.gov.in	9449078941
29	KCG General Hospital, Bengaluru	Dr.Venkateshaiah	mस्कghbengaluru-hfws@karnataka.gov.in	9844163041
30	Sir C V Raman General Hospital, Indiranagar, Bengaluru	Dr. RadhaKrishna	mscvrgbengaluru-hfws@karnataka.gov.in	9901713029
31	General Hospital, Jayanagar, Bangalore	Dr.Poornima	msjghbengaluru-hfws@karnataka.gov.in	9449210394

### Government Medical Colleges /Super Specialty Hospital


Sl.No.	Specialist Hub Centre	Name of the Nodal officer	Nodal officer email	Mobile No.
1	Jayadeva Institute of Cardiology, Bengaluru	Dr. Nagarajamoorthy	hk_gururaj@rediffmail.com	9986615811
2	Indiragandhi Institute of Child Health, Bengaluru	Dr Sanjeeva G N	sanju_gn@rediffmail.com	9945657034
3	Bowring and Lady Curzon Hospital, Bengaluru	Dr.Nagaraj P S	badanagaraja@yahoo.co.in	9945657034
4	NIMHANS, Bengaluru	Dr.Suresh Bada Math	nimhanstelemedicine@gmail.com	9480829477
5	Institute of Nephro Urology, Bengaluru	Dr Sreedhara.	drsreedharcg@gmail.com	9535246939
6	Kidwai Memorial Institute of Oncology, Bengaluru	Dr. Govardhan	govardhanhb@gmail.com	9971058822
7	Karnataka Institute of Diabetology, Bengaluru	Dr. Anil Kumar	r.anil_kumar@yahoo.co.in	9448057625

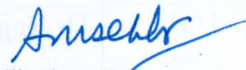
*Am*

8	Rajiv Gandhi Institute of Chest Diseases, Bengaluru	Dr. Arvind	Director.rgicd@gmail.com	9620972325
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Date: -01-2021

Place : Bangalore

  
Deputy Director  
(e-Health)

  
Mission Director,  
National Health Mission