

**WFPI tele-reading projects**  
**Indira Gandhi Institute of Child Health (IGICH)**  
<http://www.igch.org/index.html>  
**October 2012**

**Background-justification**

- a) Does the project involve a private or MoH facility? **Autonomous 250 bedded non-profit children's hospital in Bangalore, Karnataka (population 61 million). The hospital works in collaboration with WHO, UNICEF, the Ministry of Health and Family Welfare for India, and the central and state governments.**
- b) How was the project identified? **Dr Samantha Sannoppa, a pediatric pulmonologist based at GOSH, London, UK since 2001, has been on sabbatical in India, undertaking collaborative research projects and volunteering at IGICH. She contacted WFPI to see if systems could be set up for the transfer of skills and knowledge in pediatric imaging, notably chest radiology and complex pulmonology cases.**
- c) What are the facility's future plans for meeting imaging needs? **In the first instance, there is a plan to recruit a radiology fellow (a doctor who has had 3 years of postgraduate general radiology training) from December 2012. If it works out well, there is a potential to increase this to 2 fellows.**
- d) What is the patient load? **Below are the radiology numbers in a typical month at IGICH:**  
X-rays – 1019  
Ultrasounds – 537 – all done by the lone radiologist  
CT scans – 152 (Brain 84; Chest 34; Abdomen 12; Others 22)
- e) HR: what radiology teams are in place? Future training options? Supervision? **The radiology department is managed by one general radiologist – to date no sub-speciality pediatric training: Dr Ramesh RL. He is looking forward to working with WFPI and developing skills. While he may benefit from second opinions on pediatric chest x-rays, the main area of need is CT scans.**
- f) Is patient care affordable? (fee system?) **Yes, it is a free hospital. All investigations and treatment are completely free of cost to children under 6 years of age. Patients pay for some investigations such as CT chest based on their financial status.**
- f) Is infrastructure adequate? Power? Internet – band width, server reliability? **Yes**
- g) Are supply lines secured for medical materials and spare parts? **Yes**
- h) Is equipment sufficiently maintained? **Yes. All the equipment have an annual maintenance contract with the manufacturer.**

**Telereporting:**

- a) Are there existing active sites imaging children? **Yes**
- b) Are these sites digital? **Yes**
- c) Is there a telereporting system already in place? If yes, can we offer our volunteers to that system and what do we need to certify? **JPEGs sent out for voluntary opinions on an adhoc basis**
- d) What are our technical requirements? **We need a platform/cloud for workflow management ease. .**

**Project coordination:**

- a) Who is the WFPI coordinator? **Dr Cicero Silva, liaison with ISPR through Dr Manohar Shroff.** He/she supervises the project, maintains dialogue with the on-site team, ensures quality control, audits & reports, liaises with Prof Andronikou (head WFPI outreach) and other WFPI coordinators on improvements to systems and support, identifies/steers opportunities for research and publication and runs the volunteer telereporting team. NB WFPI volunteers can be fed into known platforms (eg Swinfen/MSF) over which the WFPI has access and oversight. Otherwise the WFPI coordinator holds the names unless express, fully informed permission is given by each volunteer to the contrary.

b) Who is the on-site coordinator? **Dr Ramesh RL.**

He/she produces films for tele-opinions, identifies needs, works with WFPI on improving systems and support, assists with audits and reporting, collaborates with the WFPI on research and publication and provides answers to practical and strategic questions about the facility/work.