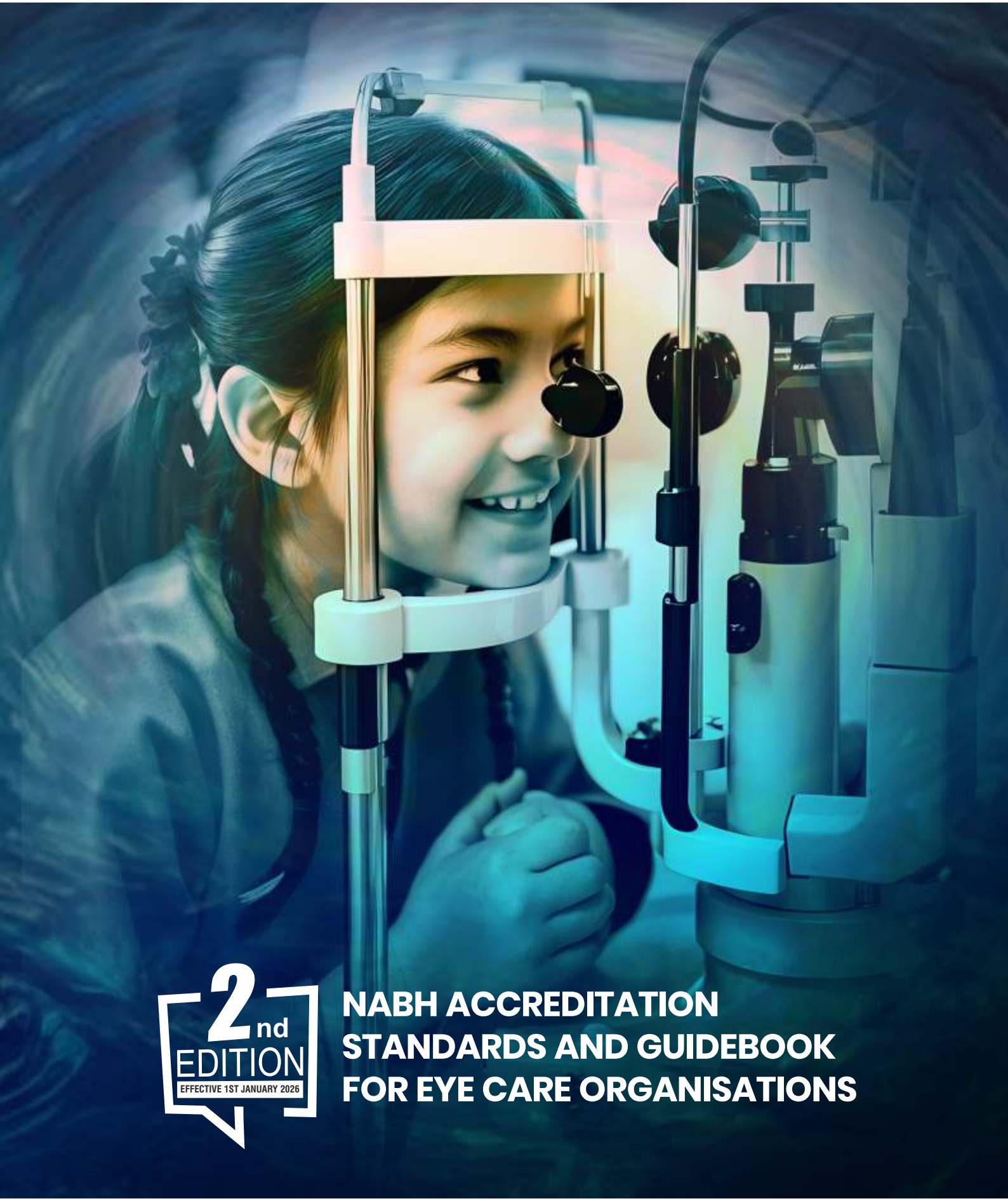
भारतीय गुणवत्ता परिषद्
QUALITY COUNCIL® OF INDIA
Creating an Ecosystem for Quality

राष्ट्रीय अस्पताल और स्वास्थ्यचर्या-प्रदाता प्रत्यायन बोर्ड
National Accreditation Board for Hospitals and Healthcare Providers



2nd EDITION
EFFECTIVE 1ST JANUARY 2026

NABH ACCREDITATION STANDARDS AND GUIDEBOOK FOR EYE CARE ORGANISATIONS

QUALITY : SAFETY : WELLNESS

National Accreditation Board For Hospitals and Healthcare Providers (NABH)

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ISQuaEEA | International Society for Quality in Health Care External Evaluation Association

National Accreditation Board for Hospitals & Healthcare Providers (NABH)

Awarded by ISQua EEA
following an independent assessment
against the
Guidelines and Standards for
External Evaluation Organisations,
5th Edition

The period of Accreditation for this Organisation
is from **June 2022** until **June 2026**

Prof Jeffrey Braithwaite, President

Ms Elaine O'Connor, Head of Operations

FOREWORD

National Accreditation Board for Hospitals and Healthcare Providers (NABH), is in its 20th year of creating an ecosystem of quality in healthcare in India. NABH standards focus on patient safety and quality of the delivery of services by the hospitals in the changing healthcare environment. Without being prescriptive, the objective elements remain informative and guide the organisation in conducting its operations with a focus on patient safety.

Over the years, successive NABH standards have brought about not only paradigm shifts in the hospitals' approach towards delivering the healthcare services to the patients but have equally sensitised the healthcare workers and patients towards their rights and responsibilities.

It is my privilege and pride to release and dedicate this 2nd Edition of Eye Care Organization Accreditation Standards of NABH to all healthcare workers. This edition is unique in its approach and has been presented based entirely on the suggestions made by various stakeholders. For the first time, the Objective Elements have been designed to be assessed as Core, Commitment, Achievement and Excellence.

The NABH hallmark methodology of ten Standards Chapters approach has been retained; There are a total of 302 objective elements out of which 77 are in Core category which will be mandatorily assessed during each assessment, 205 are in Commitment category which will be assessed during the final assessment, 12 are in Achievement category to be assessed during surveillance and 08 are in Excellence category which will be assessed during re-accreditation.

This objective methodology will aid any healthcare organisation in a stepwise to mature quality system covering the full accreditation cycle. The scoring methodology has been modified to a graded scheme to help recognise every progressive effort by the organisation in the implementation of the standards. The chapter on Continuous Quality Improvement is now replaced with Patient Safety and Quality Improvement to increase the focus on this critical aspect of healthcare. Each chapter now has a bibliography for reference, and this will provide organisations with a resource for taking quality beyond the requirements of the objective elements. Another important incentive to adopt these is the move towards a four-year cycle with a midterm surveillance at two years.

I sincerely hope that all healthcare organisations will certainly benefit from the collective efforts of Technical committee of NABH and practical suggestions of thousands of Quality Champions from India and abroad.

NABH remains committed to its mission of taking Quality, Safety and Wellness to the last man in the line.

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

ACKNOWLEDGEMENTS

I acknowledge the contributions of the following in preparing this 2nd Edition of Eye Care Organization Accreditation Standards of NABH.

Mr. Rizwan Koita, Chairman NABH, has been the guiding light throughout the development of this edition. I thank him for his active participation, support and invaluable suggestions.

I sincerely thank Mr. Chakravarthy T. Kannan, Secretary General of Quality Council of India for his succinct guidance and continuous support by making adequate resources available for this process.

I thank all board members of NABH in giving significant suggestions for betterment of the standards and the guidebook.

The Expert group comprised to revise standards, worked relentlessly and meticulously to accommodate the best practices in patient safety and healthcare quality, referred to innumerable academic references and incorporated suggestions as per industry norms and the best practices in Ophthalmic Society. The contributions made by all of the stakeholders in bringing this standard to reality is worth appreciating and commending.

My sincere gratitude to all members of the NABH-Technical committee for their time and effort in reviewing the standards. The thoroughness and attention to detail brought by the committee brings together the expertise across all domains. The dedication and expertise have been invaluable in ensuring the quality and accuracy of the work.

I profoundly thank all the members for playing a pivotal role in the development of this edition.

I thank all our passionate assessors, management of the hospitals, quality managers, clinicians, nurses and paramedics who gave us extensive feedback to improve upon the standards and their exhaustive interpretation.

I thank the officers at NABH Secretariat for working round the clock, to complete the work within time.

It is entirely due to the overwhelming participation, dedication, and diligence of all concerned that we could present this standard & guidebook in the current detail and format.

To all of you a sincere, heartfelt and profound - Thank you.

Jai Hind

Dr. Atul Mohan Kochhar
CEO, NABH

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About NABH

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of the Quality Council of India (QCI), set up to establish and operate accreditation programs for healthcare organisations. NABH has been established with the objective of enhancing the health system & promoting continuous quality improvement and patient safety. The board, while being supported by all stakeholders, including industry, consumers, government, has full functional autonomy in its operation.

NABH provides accreditation to hospitals in a non-discriminatory manner regardless of their ownership, size, and degree of independence.

International Society for Quality in Healthcare (ISQua) has accredited NABH as an organisation.

Vision: To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

Mission: To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon national/international standards, through process of self and external evaluation.

NABH Activities

NABH Accreditation Programmes: NABH offers accreditation to Hospitals, Small Healthcare Organisations, Digital Health, Blood Banks, Eye Care hospitals/clinics, Care Homes, Ayush (Ayurveda, Homeopathy, Unani, Siddha and Yoga and Naturopathy) hospitals, Medical Imaging Services, Dental Healthcare Service Providers, Allopathic Clinics, Ethics Committees and Panchakarma Clinics.

NABH Certification Programmes: NABH offers certification to Medical Laboratory, Nursing Excellence, Emergency Department, Stroke Center, Dental Healthcare Service Providers, Entry Level for Hospitals, Entry Level for Small Healthcare organisation, Entry Level Ayush Hospitals and Entry Level Ayush Centres.

NABH Empanelment: NABH offers empanelment program for CGHS, ECHS and Medical Value Travel Facilitator (MVTF)

NABH International: NABH has started its operations overseas under NABH International (NABH I). It offers all accreditation programs as being offered in India. The program is unique as in addition to the accreditation standards it requires compliance with local regulatory requirements.

Training and Education: NABH conducts Educational/Interactive Workshops, Awareness Programmes, and Programme on Implementation (POI) on a regular basis.

Scope and Purpose of the Standards

Scope of the Standards

These standards are applicable to standalone Eye Care Organization (ECO) provided the ECO fulfils the following requirements:

- Currently in operation as Eye Care Organization.
- Eye Care Organization should have implemented NABH standards in the Eye Care Organization for a minimum of three months.
- The organization that commits to comply with NABH standards and applicable legal/statutory/ regulatory requirements.

These standards are to be used by the whole organisation and not for a specific service within the organisation.

Purpose of the Standards

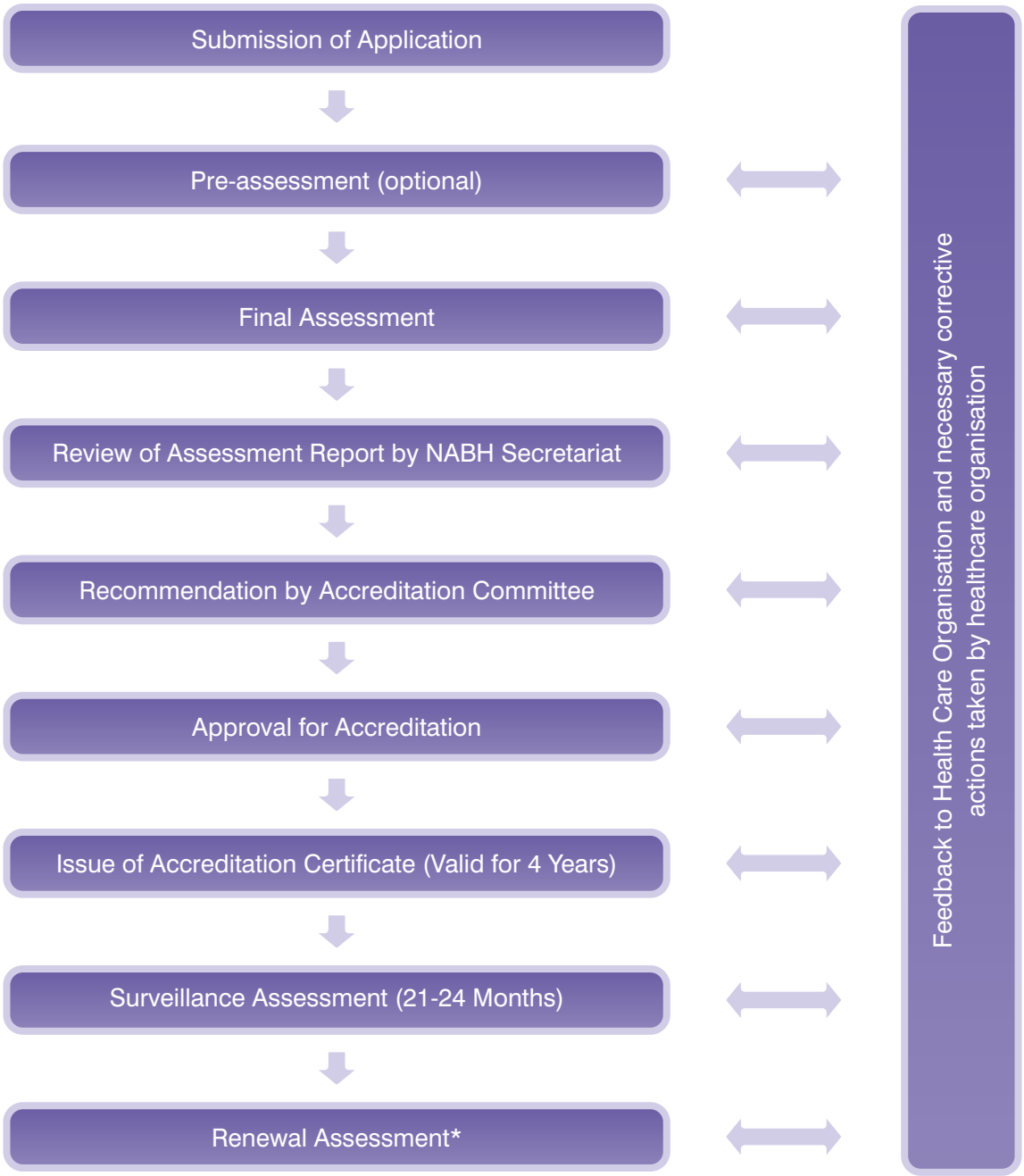
The aim of the standards is to achieve an acceptable level of performance with a view to:

- Improve public trust and community confidence that the organisation is concerned for patient safety and the quality of care;
- Ensure that the organization is sensitive to patients and their families, respect their rights, and involve them in the care process as partners;
- Ensure that the organisations provides a safe and efficient work environment that contributes to staff satisfaction and improves overall professional development;
- Provide an objective system of empanelment by insurance companies and other third parties;

In addition, these standards can also be used to:

- Guide the efficient and effective management of a HCO;
- Guide the organisation in the delivery of patient care services and in its efforts to improve the quality and efficiency of those services;
- Review the important functions of an HCO;
- Provide an opportunity to explore compliance expectations of standards and the additional requirements related to safety and regulation.

Overview of the NABH Accreditation Process



*For Renewal Assessment, the accredited hospital has to apply 6 months prior to expiry of validity of accreditation.

How to read the standard?

The standard focuses on the key points required for providing patient-centered, safe, high-quality care. The interests of various stakeholders have been incorporated into the standard. They provide a framework for quality assurance and quality improvement. The focus is on patient safety and quality of patient care. It sets forth the basic standards that organisations must achieve to improve the quality of care. The requirements have been divided into ten chapters. The first five chapters are “patient centric” and the last five chapters are “organization centric”. The ten chapters are:

1. Access, Assessment and Continuity of Care (AAC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patient Rights and Education (PRE)
5. Infection Prevention and Control (IPC)
6. Patient Safety and Quality Improvement (PSQ)
7. Responsibilities of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

Every chapter begins with an 'intent'. The intent states the broad requirements of what the organisation needs to put in place and implement to improve the quality of care. This is followed by the 'summary of standards' which lists all the standards of that chapter. The standards and objective elements are explained after the summary. A list of references is provided at the end of all chapters.

What is a standard?

A standard is a statement of expectation that defines the structures and processes that must be substantially in place in an organisation to enhance the quality of care. The standards are numbered serially, and a uniform system is followed for numbering. The first three letters reflect the name of the chapter and the number following this reflects the order of the standard in the chapter. For example, AAC.1. would mean that it is the first standard of the chapter titled 'Access, Assessment and Continuity of Care '.

What is an Objective Element?

It is that component of standard which can be measured objectively on a rating scale. Acceptable compliance with objective elements determines the overall compliance with a standard. The objective element is scored during assessments to arrive at the compliance. The objective element is numbered alphabetically in a serial order. For example, ROM.1.a. would mean that it is the first objective element of the first standard of the chapter titled 'Responsibility of Management'.

What is an Interpretation?

The interpretation provides guidance on what the organisation needs to do to ensure that the requirement(s) of the objective element is met. Where applicable, it provides references and suggests a specific methodology that the organisation needs to adhere to. The word 'shall/should' or 'will/would' is used to reflect a mandatory requirement. The interpretation also lists out desirable aspects for the organisation to implement, and the word 'can/could/may' is used to reflect this. During scoring, the desirable aspects are not considered, and they are only used to reflect on the overall achievement of the standard, which is reflected in the assessment report. At places, the interpretation would not be specific and would have used the words like 'adequate/appropriate'. This has been done keeping in mind the diverse nature of healthcare delivery and adhering to the intent of this standard which is to improve the quality of healthcare and at the same time, be feasible. The expectation is that whenever such a phrase has been used in the interpretation/objective element, the organisation shall base its practice on evidence-based/best practice. In some places, the interpretation has listed out examples. The examples are only illustrative in nature, and the organisation has the liberty to decide what/how to implement. However, the requirement of the objective elements would have to be adhered.

Core Objective Element

Certain Objective Elements in the standard have been designated as Core Objective Element. These are requirements that the organisation should have in place to ensure the quality of care or the safety of people within the organisation. CORE has been used to identify such Objective Element.

Levels

The rest of the Objective Elements have been divided into three levels, namely commitment, achievement, and excellence. This has been done keeping in mind the fact that quality is a journey and that accredited organisations need to improve constantly. Most of the objective elements would be at the commitment level, and these would form the basis for accreditation at the end of the Final assessment. The level of compliance with the standards placed at the achievement and excellence level would also count towards continued accreditation.

Other Sections Included in the Standard Book

- About NABH
- Scope and purpose of the standards
- Overview of the NABH accreditation process
- System Documentation
- Scoring
- Accreditation decision and maintenance of same
- Summary of changes
- Abbreviations
- Glossary
- Index

In the book, certain objective elements require mandatory system documentation. The same have been identified by the * (asterisk) mark. A detailed guide on documentation is provided in the next section.

System Documentation

Introduction

Documentation for systems is complicated and best left to specialists in this line, is a perception that is wrongly carried by even the organisations which have well established, functioning, and externally assessed quality systems. It is a notion that is far removed from the truth. An attempt is made here to clear the concepts of documentation and make it simple enough to be carried out by the staff who is responsible for executing various tasks in the organisation without depending on anyone else. This will keep the documentation closer to reality and flexible in the hands of the organisation. It will also reduce the dependence on external sources for creating documents that are many times far removed from reality.

Why do we need documentation?

The fundamental purpose of documentation is the standardization of actions across various departments and functional units in the organisation. Documentation is required for clarity on actions, continuity of systems, and information on the established system that is common to all levels of staff. Therefore, the documentation has various components:

- **Operation System Documentation:** It defines the procedures and processes that are required to be carried out in a standardised manner.
- **Quality system documentation:** The actions that are specifically required for activities that are related to the quality system and are not covered under operation system documentation
- **Specialized documents:** Safety System Documentation, business continuity documentation.

Type of documents

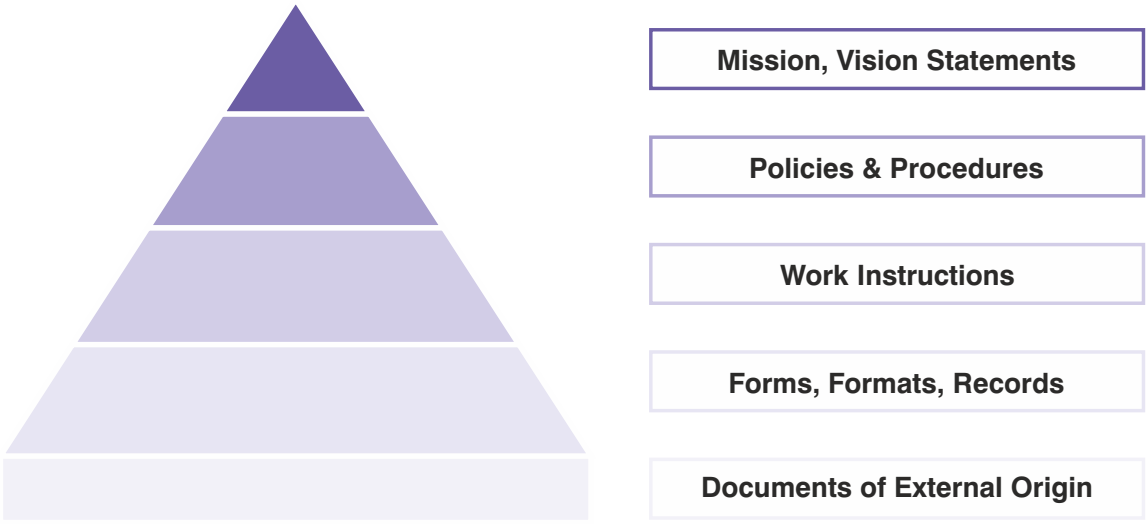
From the top level of planning to the level of maintaining records of activities, the documentation follows a general principle as below:

1. **Policy Documents:** Mission Statement, Vision Statement, Strategic plans, Policies which transcend time and act as guidance in the changing scenarios of the operational, legal, technologically changing environment in which the organisation conducts its activities. They are the principles on which planning is based while adapting to the changes.
2. **System Documentation:** Operational and quality system documentation to carry out the activities in conformance with the mission and vision statement. This includes what is commonly known as Standard Operating Procedures or SOPs.
3. **Work Instructions:** These are instructions in a detailed manner for executing tasks, including the physical steps to be carried out.

4. **Forms and Formats:** These are various forms and formats to capture information as a record of the execution of various activities. The records are filled forms. The forms, formats, and records can be in a physical or electronic form. These can be entries as numerical, text, image, sound, etc.

Many organisations add a fifth category to this as Externally Acquired documents such as licenses, statutory clearances, Legal contracts and Memoranda of Understanding, etc.

The documentation structure, if visualized as a pyramid, appears as below:



Vision Statement: Vision statement defines the direction that the organisation wants to chart.

Mission Statement: Mission statement defines the purpose of the existence of the organisation.

Policies: These are statements that transcend time to decide on the way the activities of the organisation will be executed. These statements connect mission and vision statements with the processes and procedures of the organisation. These may change over a relatively moderate time frame of a few years. Whenever these are developed or altered, the focus of this activity will always be guided by the mission and value statements forming a link between the mission and value statements and the actions on the ground which are documented through the Standard Operating Procedures.

Standard Operating Procedures: These documents define the steps that will be carried out to complete tasks or parts of tasks. These are also known as Operations Documentation or Operations Manual. These can be multiple manuals specific to departments or a group of related tasks and will have documentation for the processes & procedures related to the concerned department, a section or activity. The term standard refers to its being standardised for the time being and does not mean that it cannot be altered. Most of the organisations with actively followed systems will address review of these documents for correctness and adaptation at least once a year and sometimes even twice a year. It is essential that these documents are kept relevant to the requirements of alteration to processes and procedures that are necessary from time to time due to the improvements, change in technology, and changes to statutory norms, etc. The term standard, therefore, refers to its current relevance rather than its permanent nature and everlasting non-alterability. This is important to understand because many organisations have the reluctance to alter these documentations mistaking the word standard for unalterable, sometimes even after the processes have changed.

Forms and formats: For the capture of information in a complete and relevant manner, this must be done in a standardised manner. This is achieved through various forms and formats to maintain the records of activities. The forms can be a single page, multipage or a register in which the entries are made. The purposes can be from just capturing whether an activity was carried out, to a very elaborate capture of values related to many parameters related to the activity. Example of the former being tick marking when some action was carried out and the example of the latter being an elaborate record of the initial assessment of the patient on arrival to the wards. Records are filled forms and formats. Forms and formats can be altered through the set alteration process, but records cannot be altered. Forms, formats, and registers are also a part of the system of controlled documents and must have their identity. It is not always necessary to number each form, and this will depend on whether the organisation wants to assign a separate identity to each filled form. Such is rarely required.

Documents of External Origin: For the sake of making the documentation system inclusive, some organisations include documents of external origin. These are licenses, statutory documents, Memoranda of Understanding with various organisations, etc. These are not alterable.

Temporary Documents: Many notes, documents, records in an informal manner get created during the execution of processes. These help in reducing errors or are intermediaries to further calculations. These are not necessarily maintained in a set format and can be rough entries on notepads, diaries, etc. They need not be preserved if the information content does not have lasting importance and the final entry is anyway going to be made in a set format. Such documents do not form a part of the formal documentation system

Documentation related to processes and procedures

The documentation related to processes and procedures deals with operating procedures, quality system procedures, safety procedures, etc. This is the documentation that is commonly known as Standard Operating procedures or SOPs. This can be documented as steps which are numbered or bulleted or in the format of flow charts. Flowcharts use a method of commonly recognised symbols, such as a circle or ellipse for start or end of the process, rectangle for activity, diamond for decision making step, picture of rolled partially document for the steps where documentation is necessary, etc. Most word processing software applications have these symbols inbuilt for use.

Which processes should be documented?

The organisations sometimes fall into a dilemma about the extent of documentation that should be followed. There are some guidelines which can help. Though the list is not exhaustive, the following processes and procedures require documentation:

- Procedures which are required to be followed uniformly at various locations across the organisation
- Procedures which are required to be followed uniformly across time
- Procedures which, if not followed uniformly and correctly will increase the risk to patients, staff or visitors
- Procedures which, if not followed uniformly, can lead to serious consequences concerning the loss of material, time, physical damage, equipment, etc.
- Procedures which are complicated leading to either missing of some steps or risk of variation in their execution

- Procedures which are required to be followed uniformly in spite of high turnover of human resources
- Procedures which are specific to the organisation as against procedures which are universally accepted or that are part of standard curricula of those professionals who carry out these procedures.

How to develop documentation that is easy to follow?

The following steps can help in developing documentation that is easy to follow:

- Providing a clear plan of documentation architecture. This can be as a print map or in electronic form
- Using the uniform format for the visual appearance of the documents to cover their appearance, fonts, symbols, page layout, etc.
- Adding colour codes, font changes for different documents
- Participation of the staff that is involved in carrying out the activities in the development process for documentation
- Using the same language and form of the structure of language as per the users
- Using a direct form of speech (active) than the indirect form (passive)
- Providing Chapter Index or Index of words
- Sequencing activities as per their actual sequence of execution in time
- If necessary replicate the documentation related to specific processes and procedures within all relevant documentation with a clear reference to the original document
- Making relevant documents available at the location of use
- Keeping relevant documents available all days of the year and all times of day and night as per the requirements of execution of the activities.
- Removing obsolete documents from all locations, other than those retained for archiving

Controlled Documents

As mentioned before, the documents bring uniformity and clarity for the execution of activities in the organisation. It is, therefore, imperative that they are not altered without the knowledge of the creator or the staff who is specifically authorised for this. Such documents are known as Controlled Documents. All types of documents described above come under this category, except for the temporary document.

Characteristics of controlled documents:

- Each document is named
- The purpose of the document is defined
- There is a date of creation of the document
- There is a date of approval of the document
- There is a date of review of the document
- There may be a date of expiry of the document
- Signatory for creation is defined.
- Signatory for approval is defined.
- The signatory for alterations is defined. This may be the same or different from the creator.

- Each page is numbered.
- The document may have a number assigned to it.

This information about the identity of the document may be contained in the form of a box at the top of the document. If put in this way, such a box is known as Control Box. It may be put at the top of the document without any box format. It is just that this form is an integral part of each Controlled Document. The staff designation signing the document with the corresponding signature is maintained at the bottom of the page. The dates related to the document may be mentioned at the beginning page of the document and may not be there on each page, though most organisations put it on each page. The alphanumeric identity, if assigned to such document must form a system that may include department, a section of the department, purpose or activity referred in the document, version number of the document, page number. The purpose of this exercise is to create a unique identity for each page of the controlled document. It is not mandatory to have an expiry date for the document.

An example of the control box is given below:

Name of Organisation	Document Code	Date of Issue	Date of next revision / validity

A similar box appears at the bottom of the page for the signatory, an example of which is given below:

Authorised by: Designation	Issue No./Version No./	Issued by: Designation
Signature		Signature

Body of Document

There are many formats for the documentation of the contents. One of them is given below:

Name of Organisation	Document Code	Date of Issue	Date of next revision / validity
Dept. Name/Process			

- Name of the Document:
- Purpose of the Process that is documented
- Start point
- End Point
- Procedure:
  Step 1: XXXXXXXXXXXX
  Step 2: XXXXXXXXXXXX
  Step 3: XXXXXXXXXXXX
  Step n: XXXXXXXXXXXX
- Related Records
- Related documents

Authorised by: Designation	Issue No./Version No./	Issued by: Designation
Signature		Signature

MANUALS

One category of controlled documents is manuals. Manuals are documents that are used by various departments as against the SOPs which pertain to a particular department. Some of the examples of manuals are which deal with various specific functions such as infection prevention and control, safety, quality, etc. If the departmental SOPs are vertical and restricted to a particular department, then the manuals are horizontal and are used across many departments. The format of the manual is similar to the SOPs but has reference or duplication of departmental SOPs that have relevance to the subject of the manual and are required to be duplicated for coherence and completeness.

Scoring

The objective elements stated in the standards are scored during the assessment. The same is also used for scoring during the self-assessment. The scoring is to be done using a five-point scale. When applying a score, use the following rationale to determine the level of compliance.

Score	Rationale
1	**No compliance** • No systems in place and there is no evidence of working towards implementation • None or little (≤ 20%) of the samples meet the requirement(s) of the objective element • Non-conformity exists
2	**Poor compliance** • Elementary (limited) systems in place and there is some evidence of working towards implementation • Minimal (between 21-40%) of the samples meet requirement(s) of the objective element • Non-conformity exists
3	**Partial compliance** • Systems are partially in place, and there is evidence of working towards implementation • Some (between 41-60%) of the samples meet the requirement(s) of the objective element • Non-conformity exists
4	**Good compliance** • Systems are in place, and there is evidence of working towards implementation • The majority (between 61-80%) of the samples meet the requirement(s) of the objective element • Non-conformity could exist
5	**Full compliance** • Systems are in place, and there is evidence of implementation across the organisation • Almost all (between 81-100%) of the samples meet the requirement(s) of the objective element • No Non-conformity

The basis for scoring shall be implementation. However, if there is inadequate/inappropriate system documentation, the score could be downgraded by one.

NOT APPLICABLE (NA) CRITERIA

There could be a few standards/objective elements that may not be applicable to some organisations. A standard/objective element may be described as not applicable when the statement/content of the element would never occur in the organisation. The organisation has to identify such standard/objective element before the assessment and inform the NABH secretariat of the same. During the assessment, the assessment team shall discuss the same with the organisation and a final list shall be arrived at.

Accreditation Decision and Maintenance of same

After the completion of the final assessment, the assessment team submits the report and the scoring sheet to the National Accreditation Board for Hospitals and Healthcare Providers (NABH). The organisation is expected to submit an action plan with timelines for rectifying the identified non-conformities. The action plan is reviewed by the assessment team, and a comment is placed indicating acceptance or non-acceptance.

The accreditation committee reviews the assessment report, the scoring sheet and the submitted action plan with timelines and the assessment team's comments regarding the same. Following the review, a decision is taken.

Accreditation decision criteria following the final assessment

For an organisation to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. The score for every core objective element must not be less than 4.
2. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
3. No individual standard should have more than one objective element scored as 2 or less.
4. The average score for individual standards must not be less than 4.
5. The average score for an individual chapter must not be less than 4.
6. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the final assessment, only the objective elements marked at 'core and commitment' level are considered for scoring. Hence, the overall compliance of 80% corresponds to a score of numerator (282x4) and denominator (282x5) i.e. 1128/1410 = 80%. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

Award

If the organisation meets the criteria listed above, the organisation will be awarded accreditation status for four years with effect from the date of the Accreditation Committee meeting when the result is formally approved.

Maintaining The Award

The standards are designed to measure and support the continual improvement of an organisation's operation. Continuing accreditation status will be subject to the outcome of the surveillance assessment and the re-accreditation assessment. The criteria for maintaining accreditation following these assessments are listed below.

Accreditation decision criteria following the surveillance assessment

For an organisation to continue to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
4. The score for every core objective element must not be less than 4.
5. No individual standard should have more than one objective element scored as 2 or less.
6. The average score for individual standards must not be less than 4.
7. The average score for an individual chapter must not be less than 4.
8. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the surveillance assessment, only the objective elements marked at 'core', commitment' and 'achievement' level are considered for scoring. The compliance of 80% of the 'core' and 'commitment' corresponds to a score of numerator (282x4) and denominator (282x5) i.e. 1128/1410 = 80%. In addition to the 'core' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (12x4) and denominator (12x5) i.e. 48/60 = 80%. Hence, the cumulative score for 'core', 'commitment' and 'achievement' for surveillance assessment corresponds to the numerator (294x4) and denominator (294x5) i.e. 1176/1470 = 80%. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

Accreditation decision criteria following the re-accreditation assessment

For an organisation to continue to be accredited by NABH, an overall compliance rate of at least 80% must be achieved, and the following rules must be met:

1. Overall compliance rate of at least 80% for objective elements at 'commitment' level.
2. Overall compliance rate of at least 80% for objective elements at 'achievement' level.
3. Overall compliance rate of at least 80% for objective elements at 'excellence' level.
4. Improvement in the score of objective elements from the previous assessment, which were scored as 2 or less.
5. The score for every core objective element must not be less than 4.
6. No individual standard should have any objective element scored as 2 or less.
7. The average score for individual standards must not be less than 4.
8. The average score for an individual chapter must not be less than 4.
9. Every objective element with a score of 3 or below should have an accepted action plan with timelines.

Note: The cumulative score obtained for all objective elements is considered for calculating the overall compliance. At the end of the re-accreditation assessment, all the objective elements marked at 'core', commitment', 'achievement' and 'excellence' level are considered for scoring. The compliance of 80% of the 'core' and 'commitment' corresponds to a score of (282x4) and denominator (282x5) i.e. 1128/1410 = 80%. In addition to the 'core' and 'commitment', the compliance of 80% of the achievement level corresponds to the score of numerator (12x4) and denominator (12x5) i.e. 48/60 = 80% and compliance of 80% of the excellence level, corresponds to score of numerator (8x4) and denominator (8x5) i.e. 32/40 = 80%. Hence, the cumulative score for 'core', 'commitment', 'achievement' and 'excellence' for re-accreditation assessment corresponds to the numerator (302x4) and denominator (302x5) i.e. 1208/1510 = 80%. In case of the not applicable objective element(s), the scoring is modified accordingly by excluding them from the numerator and denominator.

The table below summarizes the accreditation decision criteria.

	Final	Surveillance	Re-accreditation
Overall compliance (cumulative score)	≥80%	≥80%	≥80%
Commitment (cumulative score)	≥80%	≥80%	≥80%
Achievement (cumulative score)	NA	≥80%	≥80%
Excellence (cumulative score)	NA	NA	≥80%
Core Objective (individual OE score)	≥ 4	≥ 4	≥ 4
Average score for individual standard	≥ 4	≥ 4	≥ 4
Average score for individual chapter	≥ 4	≥ 4	≥ 4
Improvement in the score of OEs that have been scored ≤ 2 in the previous assessment	NA	Required	Required
Individual standard with OEs < 2 (number)	1	1	0
Accepted action plan with timelines for OEs with a score of ≤ 3	Required	Required	Required

Note: For OE with score ≤ 2 an action plan will be sought from the organisation including carrying out of risk assessment.

Feedback

NABH is committed to continually improve the standards for which all the stakeholders are encouraged to provide feedback on continuous basis. The feedback received from stakeholders will be helpful during the next revision of standards.

Your feedback is solicited on the standards, the objective elements, interpretation, scoring, assessment methodology, documentation requirement in terms of the following:

1. Relevance as per existing knowledge, principles, practices, protocols and technology
2. Ease of understanding of language and content
3. Amenability to be measured objectively
4. Their benefits in terms of safety to patient, employee, organisation, environment and community safety
5. The ease with which they can be implemented and achieved by the Healthcare organisation.

Summary of Chapters, Standards and Objective Elements

Accreditation Standards for Eye Care Organizations						
	Standard	Objective Elements	Core	Commitment	Achievement	Excellence
AAC	6	29	7	21	1	0
COP	10	52	10	34	5	3
MOM	5	25	3	22	0	0
PRE	6	32	6	24	2	0
IPC	5	29	11	18	0	0
PSQ	5	29	8	19	2	0
ROM	5	24	3	16	2	3
FMS	4	18	5	13	0	0
HRM	9	35	14	21	0	0
IMS	6	29	10	17	0	2
Total	61	302	77	205	12	8

SUMMARY OF CHANGES

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
AAC.1.	**AAC.1.**	**Standard language modified**
AAC.1.a	AAC.1.a	Language modified
AAC.1.b	AAC.1.b	Language modified
AAC.1.c AAC.1.d	AAC.1.c	Objevctive Element AAC.1.c merged with AAC.1.d
AAC.2.	**AAC.2.**	**Standard language modified**
AAC.2.a	AAC.2.a	No change
AAC.2.b	AAC.2.b	Language Modified
AAC.2.c		Deleted
AAC.2.d	AAC.2.c	Language modified
AAC.2.e	AAC.2.d	Language modified
AAC.2.f		Objective Element AAC 2.f added in interpretation of Objective Element AAC 2 d.
AAC.3. **AAC.4.**	**AAC.3.**	**Standard merged & language modified(AAC.4 with AAC.3)**
AAC.4.a	AAC.3.a	No change
AAC.3.a	AAC.3.b	Language modified
AAC.3.b	AAC.3.c	No change
AAC.3.c	AAC.3.d	No change
	AAC.3.e	New Objective Element
AAC. 4.b AAC. 4.c	AAC.3.f	Objective Element AAC. 4.b & AAC. 4.c merged & moved to AAC 3.f & language modified
AAC.5.	**AAC.4.**	**Standard language modified**
AAC.5.a	AAC.4.a	No change
AAC.5.b	AAC.4.b	Language modified

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
AAC.5.c	AAC.4.c	Language modified
AAC.5.d	AAC.4.d	Language modified
AAC.5.e	AAC.4.e	No change
AAC.5.f	AAC.4.f	Language modified
AAC.5.g	AAC.4.g	No change
AAC.6.	**AAC.5.**	**No change in standard**
AAC.6.a	AAC.5.a	No change
AAC.6.b	AAC.5.b	No change
AAC.6.c	AAC.5.c	No change
AAC.7.	**AAC.6.**	**Standard language modified**
AAC.7.a	AAC.6.a	Language modified
AAC.7.b	AAC.6.b	No change
AAC.7.c	AAC.6.c	No change
AAC.7.d	AAC.6.d	Language modified
AAC.7.e	AAC.6.e	No change
AAC.7.f	AAC.6.f	Language modified
COP.1.	**COP.1.**	**No change in standard**
	COP.1.a	New Objective Element
COP.1.a	COP.1.b	Language modified
COP.1.b	COP.1.c	No change
COP.1.c COP.1.d	COP.1.d	Objective Element merged
IMS.1.f	COP.1.e	Language modified

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
COP.2.	**COP.2.**	**No change in standard**
COP.2.a	COP.2.a	Language modified
COP.2.b	COP.2.b	No change
COP.2.c	COP.2.c	Language modified
COP.2.d	COP.2.d	Language modified
COP.2.e	COP.2.e	No change
COP.3.	**COP.3.**	**Standard language modified**
COP.3.a	COP.3.a	No change
COP.3.b	COP.3.b	No change
COP.3.c	COP.3.c	No change
COP.4.		**Standard deleted**
COP.5.	**COP.4.**	**No change in standard**
COP.5.a	COP.4.a	No change
COP.5.b	COP.4.b	No change
COP.5.d	COP.4.c	New Objective Element,Objective Element COP.5.d added in interpretation of Objective Element COP.4.c
COP.5.c	COP.4.d	No change
	COP.4.e	New Objective Element
COP.4.e		Deleted
COP.6.		**Deleted**
COP.7.		**Deleted**
	COP.5.	**New standard**
	COP.5.a	New Objective Element
	COP.5.b	New Objective Element

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
	COP.5.c	New Objective Element
	COP.5.d	New Objective Element
	COP.5.e	New Objective Element
	COP.5.f	New Objective Element
COP.8.	**COP.6.**	**Standard language modified**
COP.8 a COP.8 b	COP.6.a	Objective Element COP.8 a & COP.8 b merged & language modified
COP.8 c	COP.6.b	No Change
COP.8 d	COP.6.c	Language modified
COP.8 e	COP.6.d	Language modified
COP.8 f	COP.6.e	Language modified
COP.8 g	COP.6.f	Language modified
COP.8 h		Deleted
	COP.6.g	New Objective Element
COP.8 i	COP.6.h	Language modified
COP.9.	**COP.7.**	**No change**
	COP.7.a	New Objective Element
COP.9.a	COP.7.b	Language modified
COP.9.b	COP.7.c	No Change
COP.9.c	COP.7.d	No Change
COP.9.d		Deleted
	COP.7.e	New Objective Element
COP.9. e. & f	COP.7.f	Objective Element COP.9.e & COP.9.f merged
COP.9.g		Deleted
COP.9.h	COP.7.g	No change

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
COP.9.i		Deleted
COP.9.j & k	COP.7.h	Objective Element COP.9.j & COP.9.k merged & language modified
COP.10.	**COP.8.**	**No change**
COP.10.a	COP.8.a	No change
COP.10.b	COP.8.b	No change
COP.10.c	COP.8.c	No change
COP.11.	**COP.9.**	**No change**
COP.11.a	COP.9.a	No change
COP.11.b	COP.9.b	Language Modified
COP.11.c	COP.9.c	No change
COP.11.d	COP.9.d	Language Modified
	COP.10.	**New standard**
	COP.10.a	New Objective Element
	COP.10.b	New Objective Element
	COP.10.c	New Objective Element
	COP.10.d	New Objective Element
	COP.10.e	New Objective Element
MOM.1.	**MOM.1.**	**No change in standard**
MOM.1.a	MOM.1.a	No change
MOM.1.b	MOM.1.b	No change
MOM.1.c	MOM.1.c	No change
MOM.1.d	MOM.1.d	No change
MOM.1.e	MOM.1.e	No change
	MOM.1.f	MOM 2.f shifted to MOM.1 f
MOM.2.	**MOM.2.**	**No change in standard**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
MOM.2 a	MOM.2.a	No change
MOM.2 b	MOM.2.b	No change
MOM.2 c & d	MOM.2.c	Objective Element MOM 2.c & 2.d merged
MOM.2 e	MOM.2.d	Language modified
MOM.2.f		MOM 2.f shifted to MOM.1 f
MOM.3.	**MOM.3.**	**No change in standard**
MOM.3.a	MOM.3.a	No change
MOM.3.c	MOM.3.b	No change
MOM.3.b	MOM.3.c	No change
MOM.3.d	MOM.3.d	No change
MOM.3.e	MOM.3.e	No change
MOM.3.f	MOM.3.f	No change
MOM.3.g	MOM.3.g	No change
MOM.3.h	MOM.3.h	No change
MOM.4.	**MOM.4.**	**Standard language modified**
MOM.4.a	MOM.4.a	Language modified
MOM.4.b	MOM.4.b	Language modified
MOM.4.c	MOM.4.c	Language modified
MOM.4.d	MOM.4.d	No change
MOM.5		**MOM.5 moved to FMS.3**
MOM.6	**MOM.5.**	**No change in standard**
MOM.6.a	MOM.5.a	Language Modified
MOM.6.b	MOM.5.b	No change
MOM.6.c	MOM.5.c	No change
PRE.1.	**PRE.1.**	**No change in standard**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
PRE.1.a	PRE.1.a	Language modified
PRE.1.b	PRE.1.b	No change
PRE.1.c	PRE.1.c	Language modified
PRE.1.d	PRE.1.d	Language modified
PRE.2.	**PRE.2.**	**No change in standard**
PRE.2.a	PRE.2.a	No change
PRE.2.b	PRE.2.b	No change
PRE.2.c	PRE.2.c	No change
PRE.2.d	PRE.2.d	No change
PRE.2.e	PRE.2.e	No change
PRE.2.f	PRE.2.f	No change
PRE.2.g	PRE.2.g	No change
PRE.2.h	PRE.2.h	No change
	PRE.2.i	New Objective Element
	PRE.2.j	New Objective Element
	PRE.2.k	New Objective Element
PRE.3.	**PRE.3.**	**No change in standard**
PRE.3.a PRE.3.c	PRE.3.a	Objective Element PRE.3.a & PRE.3.c merged
PRE.3.b	PRE.3.b	No Change
PRE.3.d	PRE.3.c	No Change
PRE.3.e	PRE.3.d	Language modified
PRE.4.	**PRE.4.**	**No change in standard**
PRE.4.a	PRE.4.a	No change
PRE.4.b	PRE.4.b	No change
	PRE.4.c	New Objective Element

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
PRE.4.c	PRE.4.d	No change
PRE.4.d	PRE.4.e	No change
PRE.4.e	PRE.4.f	No change
PRE.5.	**PRE.5.**	**No change in standard**
PRE.5.a	PRE.5.a	Language modified
PRE.5.b	PRE.5.b	No change
PRE.5.c	PRE.5.c	No change
	PRE.5.d	New Objective Element
PRE.6.	**PRE.6.**	**No change in standard**
PRE.6.a	PRE.6.a	No Change
PRE.6.b	PRE.6.b	Language modified
PRE.6.c	PRE.6.c	No change
PRE.7.		**Deleted**
HIC.1	**IPC.1.**	**Standard language modified**
HIC.1.a	IPC.1.a	No change
HIC.1.b	IPC.1.b	No change
	IPC.1.c	New Objective Element
HIC.1.c	IPC.1.d	No change
HIC.2.	**IPC.2.**	**Standard language modified**
	IPC.2.a	New Objective Element
HIC.2.a	IPC.2.b	Language Modified
HIC.2.c	IPC.2.c	No change
HIC.2.b	IPC.2.d	No change
HIC.2.d	IPC.2.e	No change
	IPC.2.f	Stadard HIC.5 shifted as IPC 2.f as one Objective Element

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
HIC.2.e	IPC.2.g	No change
HIC.2.f	IPC.2.h	No change
HIC.2.g	IPC.2.i	No change
HIC.2.h	IPC.2.j	No change
HIC.3.	**IPC.3.**	**No change in standard**
HIC.3.a	IPC.3.a	Language modified
HIC.3.b	IPC.3.b	No change
	IPC.3.c	New Objective Element
	IPC.3.d	New Objective Element
HIC.3.d	IPC.3.e	No change
HIC.3.c	IPC.3.f	No change
	IPC.3.g	New Objective Element
HIC.4.	**IPC.4.**	**No change in standard**
HIC.4.a	IPC.4.a	Language modified
HIC.4.b	IPC.4.b	Language modified
HIC.4.c	IPC.4.c	No change
HIC.4.d	IPC.4.d	No change
HIC.4.e	IPC.4.e	No change
HIC.5.		**Standard deleted**
HIC.6.	**IPC.5.**	**No Change**
HIC.6.a	IPC.5.a	No change
HIC.6.b	IPC.5.b	No change
HIC.6.c	IPC.5.c	Language modified
CQI.1.	**PSQ.1.**	**No change in standard**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
CQI.1.a CQI.1.b CQI.1.f	PSQ.1.a	Objective Element CQI.1.a , CQI.1.b & CQI.1.f merged & language modified
CQI.1.c	PSQ.1.b	No change
CQI.1.d	PSQ.1.c	No change
CQI.1.e	PSQ.1.d	No change
CQI.1.f		CQI.1.f merged with CQI 1.a
CQI.1.g	PSQ.1.e	No change
CQI.2.	**PSQ.2.**	**No change in standard**
CQI.2.a CQI.2.b CQI.2.c	PSQ.2.a	Objective Element CQI.2.a,CQI.2.b,CQI.2.c merged Language modified
CQI.2.d	PSQ.2.b	No change
CQI.3.	**PSQ.3.**	**No change in standard**
CQI.3.a	PSQ.3.a	Language modified
CQI.3.b	PSQ.3.b	No change
CQI.3.c	PSQ.3.c	No change
CQI.3.d	PSQ.3.d	No change
CQI.3.e	PSQ.3.e	No change
	PSQ.3.f	New Objective Element
CQI.3.f	PSQ.3.g	Language modified
CQI.3.g	PSQ.3.h	No change
CQI.3.h	PSQ.3.i	No change
CQI.3.i	PSQ.3.j	No change
CQI.3.j	PSQ.3.k	No change
CQI.3.k	PSQ.3.l	No change
	PSQ.3.m	New Objective Element
CQI.4 .	**ROM 4.**	**Standard CQI.4 shifted to ROM.4**
CQI.5.	**PSQ.4.**	**Standard language modified**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
	PSQ.4.a	New Objective Element
CQI.5.a	PSQ.4.b	Language modified
CQI.5.b	PSQ.4.c	No change
CQI.5.c	PSQ.4.d	No change
CQI.5.d	PSQ.4.e	No change
CQI.6.	PSQ.5.	Standard language modified
	PSQ.5.a	New Objective Element
CQI.5.a	PSQ.5.b	Language modified
CQI.5.b	PSQ.5.c	Language modified
CQI.5.c	PSQ.5.d	No change
ROM.1.	**ROM.1.**	**No change in standard**
ROM.1.a	ROM.1.a	No change
ROM.1.b		Deleted
ROM.1.c	ROM.1.b	No change
ROM.1.d		Shifted to ROM.5 b
ROM.1.e	ROM.1.c	No change
ROM.2.h	ROM.1.d	Objective Element ROM 2 h shifted to ROM.1.d
ROM.2.	**ROM.2.**	**Standard language modified**
ROM.2.a	ROM.2.a	Language modified
ROM.2.b	ROM.2.b	No change
ROM.2.c	ROM.2.c	No change
ROM.2.d	ROM.2.d	No change
ROM.2.e	ROM.2.e	No change
ROM.2.f	ROM.2.f	No change
ROM.2.g		Objective Element ROM 2 g shifted to ROM.4.b

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
ROM.2.h		Objective Element ROM 2 h shifted to ROM.1.d
ROM.3.	**ROM.3.**	**No change in standard**
ROM.3.a	ROM.3.a	No change
ROM.3.b	ROM.3.b	No change
ROM.3.d	ROM.3.c	No change
ROM.3.c	ROM.3.d	No change
CQI.4.	**ROM.4.**	**No change in standard**
CQI.4.a	ROM.4.a	No change
	ROM.4.b	Objective Element ROM 2 g shifted to ROM 4 b
CQI.4.b	ROM.4.c	No change
	ROM.5.	**New standard**
	ROM.5.a	New Objective Element
	ROM.5.b	FMS 1.e shifted to ROM.5 b
	ROM.5.c	New Objective Element
	ROM.5.d	New Objective Element
	ROM.5.e	New Objective Element
	ROM.5.f	New Objective Element
	ROM.5.g	New Objective Element
FMS.1.	**FMS.1.**	**No change in standard**
FMS.1.a FMS.1.d	FMS.1.a	Objective Element FMS.1.a FMS.1.d merged & language modified
FMS.1.b	FMS.1.b	No change
FMS.1.c	FMS.1.c	Language modified
FMS.1.e		FMS 1.e shifted to ROM.5 b
	FMS.1.d	New Objective Element
FMS.2.	**FMS.2.**	**Standard language modified**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
FMS.2.a	FMS.2.a	Language modified
FMS.2.b	FMS.2.b	Language modified
FMS.2.c	FMS.2.c	Language modified
FMS.2.d	FMS.2.d	Language modified
FMS.2.e	FMS.2.e	No change
FMS.2.f	FMS.2.f	Language modified
FMS.2.g		Deleted
FMS.3.	**FMS.3.**	**No change in standard**
FMS.3.a	FMS.3.a	No change
FMS.3.b	FMS.3.b	Language modified
MOM 5 a	FMS.3.c	MOM 5.a shifted to FMS.3 c
	FMS.3.d	New Objective Element
FMS.4.	**FMS.4.**	**No change in standard**
FMS.4.a	FMS.4.a	No change
FMS.4.b	FMS.4.b	Language modified
	FMS.4.c	New Objective Element
	FMS.4.d	New Objective Element
FMS.4.c		Deleted
HRM.1.	**HRM.1.**	**No change in standard**
HRM.1.b	HRM.1.a	Part of Objective Element HRM.1.b merged with HRM.1 a
HRM.1.a	HRM.1.b	No change
	HRM.1.c	New Objective Element

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
	HRM.1.d	New Objective Element
HRM 5.a HRM 5.b HRM 5.c HRM 5.d	HRM.1.e	Standard & Objective Element HRM 5.a to 5.e merged & shifted to HRM 1.e
HRM.2.	**HRM.2.**	**No change in standard**
HRM.2.a HRM 2.b	HRM.2.a	Objective Element HRM.2.a merged with HRM.2 b
HRM.2.c	HRM.2.b	Language modified
	HRM.2.c	New Objective Element
	HRM.2.d	New Objective Element
HRM.3.	**HRM.3.**	**Standard language modified**
	HRM.3.a	New Objective Element
HRM.3.a		Deleted
	HRM.3.b	New Objective Element
HRM.3.b	HRM.3.c	Language modified
HRM.3.c		Deleted
	HRM.3.d	New Objective Element
	HRM.3.e	New Objective Element
HRM.4.	**HRM.4.**	**No change in standard**
HRM.4.a HRM.4.b	HRM.4.a	Objective Element HRM.4.a merged with HRM.4 .b & language modified
HRM.4.c	HRM.4.b	No change
HRM.5.		**Standard & Objective Element HRM 5.a to HRM.5.e merged & shifted to HRM.1e**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
HRM.6.	**HRM.5.**	**No change in standard**
HRM.6.a HRM.6.b	HRM.5.a	Objective Element HRM.6.a merged with HRM.6 b & language modified
	HRM.5.b	New Objective Element
	HRM.5.c	New Objective Element
HRM.7	**HRM.6**	**No change in standard**
HRM.7.a	HRM.6.a	Language modified
HRM.7.b	HRM.6.b	Language modified
HRM.7.c	HRM.6.c	Objective Element HRM.7.c split into HRM 6 c & HRM 6 d & language modified
HRM.7.c	HRM.6.d	Objective Element HRM.7.c split into HRM 6 c & HRM 6 d & Language Modified
HRM.8.	**HRM.7.**	**No change in standard**
HRM.8.a	HRM.7.a	No change
HRM.8.c	HRM.7.b	Language modified
HRM.8.b	HRM.7.c	No change
	HRM.7.d	New Objective Element
HRM.9.	**HRM.8.**	**No change in standard**
HRM.9.a	HRM.8.a	No change
HRM.9.b	HRM.8.b	No change
HRM.9.c	HRM.8.c	Language modified
	HRM.8.d	New Objective Element
HRM.10.	**HRM.9.**	**Standard language modified**
HRM.10.a	HRM.9.a	Language modified
	HRM.9.b	New Objective Element

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
HRM.10.b	HRM.9.c	Language modified
HRM.10.c		Deleted
	HRM.9.d	New Objective Element
IMS.1.	**IMS.1.**	**Standard language modified**
IMS.1.a IMS.1.d	IMS.1.a	Objective Element IMS.1.a merged with IMS.1.d & language modified
IMS.1.b IMS.1.c	IMS.1.b	Language modified
	IMS.1.c	New Objective Element
IMS.1.e	IMS.1.d	Language modified
IMS.1.f		Shifted to COP.1 e
IMS.2.	**IMS.2.**	**Standard language modified**
IMS.2.a	IMS.2.a	Language modified
IMS.2.b IMS.2.d	IMS.2.b	IMS 2 b & IMS 2 d merged & language modified
IMS.2.e IMS.3.a	IMS.2.d	IMS 3 a & IMS 2 e merged & language modified
IMS.2.f	IMS.2.e	Language modified
IMS.3.	**IMS.3.**	**No change in standard**
IMS.3.a		Shifted to IMS.2 d
IMS.3.b	IMS.3.a	No change
IMS.3.c	IMS.3.b	Language modified
	IMS.3.c	New Objective Element
IMS.3.d	IMS.3.d	No change
IMS.3.e	IMS.3.e	Language modified
IMS.3.f	IMS.3.f	No change
IMS.4.	**IMS.4.**	**Standard language modified**

1st Edition	2nd Edition	Remarks
Objective Element	Objective Element	Standard
IMS.4.a	IMS.4.a	Language modified
IMS.4.b		Deleted
IMS.4.c	IMS.4.b	Language modified
IMS.4.c	IMS.4.c	Language modified
IMS.4.d	IMS.4.d	Language modified
IMS.4.e	IMS.4.e	Language modified
IMS.5.	**IMS.5.**	**Standard language modified**
	IMS.5.a	New Objective Element
IMS.5.a IMS.5.b	IMS.5.b	Language modified
IMS.5.c	IMS.5.c	Language modified
IMS.5.c	IMS.5.d	Language modified
IMS.6.	**IMS.6.**	**No change in standard**
IMS.6.a	IMS.6.a	No change
IMS.6.b	IMS.6.b	No change
IMS.6.c	IMS.6.c	No change
IMS.6.d IMS.6.e IMS.6.f	IMS.6.d	Objective Element IMS.6.d,IMS.6.e IMS.6.f merged & language modified
IMS.6.g	IMS.6.e	No change

ABBREVIATIONS

ABC	Always, Better and Control
ACLS	Advanced Cardiac Life Support
ADL	Activities of Daily Living
ADHD	Attention Deficit Hyperactivity Disorder
ACLS	Advanced Cardiac Life Support
AERB	Atomic Energy Regulatory Board
AHRQ	Agency for Healthcare Research and Quality
AHU	Air Handling Unit
AIDS	Acquired Immuno Deficiency Syndrome
AIS	Automotive Industry Standards
ALARA	As Low As Reasonably Achievable
ANOVA	Analysis of Variance
ART	Assisted Reproductive Technology
ATLS	Advanced Trauma Life Support
BD	Bis in Die
BLS	Basic Life Support
BMW	Bio-Medical Waste
BP	Blood Pressure
CAPD	Continuous Ambulatory Peritoneal Dialysis
CATH	catheterization
CCTV	Closed-Circuit Television
CDC	Centres for Disease Control and Prevention
CEO	Chief Executive Officer
COO	Chief Operating Officer

COVID-19	Corona Virus Disease of 2019
CPR	Cardio-Pulmonary Resuscitation
CSSD	Central Sterile Services Department
CST	Continue same treatment
ABC	Always, Better and Control
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COVID-19	Corona Virus Disease of 2019
CPR	Cardio-Pulmonary Resuscitation
CSSD	Central Sterile Services Department
CST	Continue same treatment
CT	Computerised Tomography
DDMA	District Disaster Management Authority
DG	Diesel Generator
ECG	Electrocardiogram
ELV	Extra Low Voltage
EMR	Electronic Medical Record
EQA	External Quality Assurance
ERCP	Endoscopic Retrograde Cholangiopancreatography
ESG	Environment Social and Governance
ETO	Ethylene Oxide
ETP	Effluent Treatment Plant
FCU	Fan Coil Unit
FDA	Federal Drug Authority
FMEA	Failure Modes and Effects Analysis
FSN	Fast, Normal, and Slow-moving
G6PD	Glucose-6-Phosphate Dehydrogenase
GNM	General Nursing and Midwifery
HAI	Healthcare-Associated Infection
HAZMAT	Hazardous Material
HBTC	Hospital Blood Transfusion Committee

HCO	Healthcare Organisation
HDU	High Dependency Unit
HIRA	Hazard Identification and Risk Analysis
HIS	Hospital Information System
HISI	Hospital Infection Society-India
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HT	High Tension
HTM	Health Technical Memorandum
HVA	Hazard Vulnerability Analysis
	Heating Ventilation and Air Conditioning
HvPI	Haemo Vigilance Programme of India
ICD	International Classification of Diseases
ICMR	Indian Council of Medical Research
IPCN	Infection Prevention and Control Nurse
IPCO	Infection Prevention and Control Officer
ICU	Intensive Care Unit
ID	Identification Data
IP	In-Patient
IPCO	Infection prevention and control officer
IPD	In-Patient Department
IPHS	Indian Public Health Standards
IQC	Internal quality control
ISMP	Institute for Safe Medication Practices
ISO	International Organisation for Standardization
IT	Information Technology

IV	Intravenous
IVF	In Vitro Fertilization
LAMA	Leaving Against Medical Advice
LaQshya	Labour Room Quality Improvement Initiative
LASA	Look-Alike Sound-Alike
LASER	Light amplification by stimulated emission of radiation
LIS	Laboratory Information System
LPG	Liquefied Petroleum Gas
LT	Low Tension
MaPSaF	Manchester Patient Safety Framework
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDRO	Multi-Drug Resistant Organisms
MLC	Medico-Legal Case
MoU	Memorandum of Understanding
MoHFW	Ministry of Health & Family welfare
MRD	Medical Records Department
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus aureus
MSDS	Material Safety Data Sheet
MTP	Medical Termination of Pregnancy
MvPI	Materio-Vigilance Programme Of India
NABL	National Accreditation Board for Testing and Calibration Laboratories
NACO	National AIDS Control Organisation
NMC	National Medical Council
NDMA	National Disaster Management Authority
NFPA	National Fire Protection Association

NICU	Neonatal Intensive Care Unit
NRS	Notional Risk Screening
OP	Out-Patient
OPD	Out-Patient Department
OT	Operation Theatre
PALS	Paediatric Advanced Life Support
PC-PNDT	Pre-Conception and Pre-Natal Diagnostic Testing
PDSA	Plan Do Study Act
PHQ	Patient Health Questionnaire
PICU	Paediatric Intensive Care Unit
PPE	Personal Protective Equipment
POCT	Point of Care Testing
POPS	Paediatric Observation Priority Score
PREM	Patient-Reported Experience Measures
PROM	Patient Reported Outcome Measures
PT	Proficiency Testing
PvPI	Pharmaco-Vigilance Programme of IndiaQID
QR	Quick Response
RIS	Radiological Information System
RO	Reverse Osmosis
RTI	Right To Information
SBAR	Situation, Background, Assessment, Recommendation
SDMA	State Disaster Management Authority
SHEA	Society for Healthcare Epidemiology of America
SNOMED CT	Systematized Medical Nomenclature for Medicine–Clinical Terminology

SOP	Standard Operating Procedure
STG	Standard Treatment Guideline
STP	Sewage Treatment Plant
TID	Ter In Die
TLD	Thermo Luminescent Dosimeter
TPR	Temperature, Pulse and Respiratory Rate
TTI	Transfusion Transmissible Infections
UPS	Uninterrupted Power Supply
VED	Vital, Essential and Desirable
VRE	Vancomycin-Resistant Enterococci
WHO	World Health Organization

Chapter 1 Access, Assessment and Continuity of Care (AAC)

Intent of the chapter

Patients are well informed of the services that an Eye care organisation provides.

This will facilitate in appropriately matching patients, with the Eye care organisation's resources. Only those patients, who can be cared for by the Eye care organisation, are admitted to the Eye care organisation.

Emergency patients receive life-stabilising treatment and are then either admitted (if resources are available) or transferred appropriately, to Health care organisation that has the resources to take care of such patients.

Out-patients, who do not match the Eye care organisation's resources, are similarly referred to Health / Eye care organisations that have the matching resources.

Patients that match the Eye care organisations resources are admitted using a defined process. Patients cared for by the Eye care organisation, undergo an established initial assessment and periodic and regular reassessments.

Assessments include planning for utilisation of laboratory and imaging services. The laboratory and imaging services are provided by competent staff in a safe environment for both patients and staff.

These assessments result in formulation of a definite care plan. Patient care is multidisciplinary in nature and encourages continuity of care through well-defined transfer and discharge protocols.

This chapter ensures that patients are well-informed about the services provided by the Eye Care Organization (ECO).

Such information helps in aligning patient needs with the organization's capabilities.

1. Admission Criteria: Only patients whose needs can be met by the ECO are admitted.
2. Emergency Care: Patients requiring emergency care receive stabilizing treatments and are either admitted, if resources permit, or transferred to a suitable healthcare facility.
3. Referrals: Outpatients who require services not available at the ECO, are referred to appropriate healthcare providers.
4. Care Process: Admitted patients undergo a thorough initial assessment followed by regular reassessments. These evaluations include planning for laboratory and imaging services, provided by skilled professionals in a safe environment.
5. Care Planning: The assessments contribute to a comprehensive care plan emphasizing multidisciplinary approaches and continuity of care, supported by structured transfer and discharge protocols.

SUMMARY OF STANDARDS

AAC.1.	The ECO clearly defines and displays the range of eye care services it offers.
AAC.2.	The ECO maintains a well-documented process for registration, admission, and transfer of patients.
AAC.3.	Patients receive a detailed initial assessment upon admission, followed by consistent re-assessments throughout their care.
AAC.4	Laboratory services align with the ECO's scope of services and are available as required by the care protocols.
AAC.5.	Ophthalmic diagnostic and imaging services are available according to the scope of services of the ECO.
AAC.6	The ECO has a formalized discharge process that is documented and adhered to for all patients.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	**06**
Objective elements	**29**
CORE	**07**
Commitment	**21**
Achievement	**01**
Excellence	**00**

Objective Element	AAC.1.	AAC.2.	AAC.3.	AAC.4.	AAC.5.	AAC.6.
a	CORE	CORE	CORE	Commitment	CORE	Commitment
b	Commitment	Commitment	CORE	Commitment	Commitment	Commitment
c	Commitment	Commitment	CORE	Commitment	Commitment	Commitment
d		Achievement	CORE	Commitment		Commitment
e			Commitment	Commitment		Commitment
f			Commitment	Commitment		Commitment
g				Commitment		

Standards and Objective Elements

Standard

AAC.1.	The ECO clearly defines and displays the range of eye care services it offers.

Objective Elements

CORE **a. The eye care services provided are clearly and comprehensively defined.**

Interpretation: The services provided are clearly defined by management, and in tune with the scope of services listed in the application form. Each defined service should have appropriate diagnostics and treatment facilities with suitably qualified personnel who provide out-patient, in-patient and emergency cover. The scope of services may also contain outsource services, excluded services and affiliated services.

Commitment **b. Each defined service includes appropriate diagnostic and treatment facilities, supported by suitably qualified personnel who manage outpatient, inpatient, and ophthalmic emergency services.**

Interpretation: The organisation shall ensure, that before starting a service, suitably qualified medical and nursing staff are available to take care of patient's clinical needs. The said scope of service, shall have outpatient facility, inpatient facility and the consultant shall provide emergency cover. Appropriate infrastructure for diagnostics and treatment facilities, relevant to the scope of services, should be available for regular functioning.

Commitment **c. The defined eye care services are defined and prominently displayed and staff are oriented to these services.**

Interpretation: The services defined should be displayed prominently in an area visible to all patients entering the Eye care organisation. The display could be in the form of boards, citizen's charter, etc. They should be of permanent nature. Display in the form of brochures only is NOT acceptable.

Display should be at least bi-lingual (English and the state language/language spoken by the majority of people in that area). Care should be taken to ensure that these are displayed in the language(s) the patient from that region understands.

Relevant staff in the reception / registration, OPD, IPD and emergency services are oriented to these facts, through regular training programme or through

manuals. Records of all such training shall be available. Staff should be trained to know the different diagnostic modalities which are available in the centre. E.g. Field Analyser for Glaucoma or OCT for Retinal Diseases.

Standard

AAC.2.	The ECO maintains a well-documented process for registration, admission, and transfer of patients.

Objective Elements

CORE **a. Documented policies and procedures govern the registration and admission of outpatients, inpatients, and emergency patients. ***

Interpretation: Eye care organisation shall prepare document(s) detailing the policies and procedures for registration and admission of patients which should also include unidentified patients. All patients who are assessed including patient presenting with emergencies in the hospital shall be registered.

The procedures address out-patients, day-care, in-patients and emergency patients. All admissions must be authorised by a doctor. Additional documentation for foreign nationals shall be included.

A process to provide emergency care 'during non-working hours' must be in place.

Commitment **b. Patients are only admitted if the Eye Care Organization (ECO) can provide the necessary services.**

Interpretation: The staff handling admission and registration needs to be aware of the services that the Eye care organisation can provide. It is also advisable to have a system wherein the staff is aware as to whom to contact, if they need any clarification on the services provided. In case of emergency, life-saving treatment shall be initiated before any decision is taken regarding acceptance.

Commitment **c. Patient transfers, both incoming and outgoing, as well as referrals to other organizations, are managed appropriately.**

Interpretation: This shall address both transfer-in and transfer - out. Patients needing transfer-out include those who have come to the emergency but need to be transferred to another organization or those already admitted, but who now require care in another organization. It also includes patients being shifted for diagnostic tests. The transfer should be done in a safe manner which includes

pre-transfer stabilisation where appropriate, and equipment and monitoring required during the transfer. The staff accompanying shall be appropriately trained to manage medical emergencies during the transfer process

Achievement

d. Access to healthcare services within the organization is effectively prioritized based on the clinical needs of the patient.

Interpretation: Patients with clinical problem which warrant an earlier response, are identified and prioritised in all care settings. For eg. A patient with viral conjunctivitis should be given priority to prevent transmission to other patients or a patient waiting in the OPD who complains of giddiness, is seen as soon as possible. Similar prioritising may also be documented in case of sudden loss of vision, eye injuries including chemical burns, medical emergencies, vulnerable patients and immediate post-op patients.

All the staff handling these activities, should be oriented to the relevant applicable policies and procedures. Staff in these patient care areas should be trained about triaging in medical and ophthalmic emergency and diseases.

Standard

AAC.3.	Patients receive a detailed initial assessment upon admission, followed by consistent re-assessments throughout their care.

Objective Elements

CORE

a. During all phases of care, there is a qualified individual /team responsible for the patient's care that coordinates the care in all the settings within the organization.

Interpretation: The organisation shall ensure that the care of patient is always given by appropriately qualified and trained medical personnel (resident doctor, consultant and /or nurse). Although care may be provided by a team, the hospital record shall identify a doctor as being responsible for patient care.

Clear Assignment of Responsibility: At every phase of care, a specific doctor must be assigned and documented as responsible for the patient's overall care.

Qualified and Trained Personnel: The standard mandates that all healthcare personnel involved in patient care – whether resident doctors, consultants, or nurses – must have the requisite qualifications and training for the level of care they are providing.

Team-Based Care: There must be clear documentation within hospital records identifying the primary doctor responsible for each patient.

CORE

b. The Eye care organisation defines content of the initial assessment for the out– patients, day care, in-patients and emergency patients. *

Interpretation: The organization shall have a format for initial assessment of patients done in the OPD, day-care, emergency and in-patients.

In the emergency department, this shall include recording the vital parameters. For In-patients, this shall incorporate initial assessment by doctors and nursing staff and should cover history, examination, including vital signs and documentation of any drug allergies. It should mention the provisional diagnosis.

Every initial assessment shall contain the presenting complaints, Vision and salient examination findings (especially of the system concerned eg. cornea, glaucoma etc.).

Initial Assessment may be done using different formats in speciality clinics. However, it shall be the same in that particular area, e.g. In Retina department, this shall include noting Visual Parameters and retinal evaluation including Indirect Ophthalmoscopy. The format shall be designed to ensure that the laid-down parameters are captured.

For an admitted patient, if a detailed assessment has been done earlier (either in OPD or emergency on the same day), it need not be written in detail again. However, there shall be a comment linking the current inpatient initial assessment to the earlier assessment and the findings of all such assessments shall be reviewed and/or verified. Also, in this situation the detailed OPD information is made available in the inpatient record for future reference.

CORE

c. The Eye care organisation determines who can perform the assessment. *

Interpretation: The Eye care organisation determines who can do what assessment; this shall be in consonance with the law of the land and it should be same across the Eye care organisation. The Eye care organization shall define which aspects of the assessment can be done by allied health staff (Optometrists, Ophthalmic assistants, Ophthalmic nurse, Ophthalmic technicians etc.) and which aspects need to be done by the Ophthalmologists (e.g. Clinical evaluation, diagnosis, prognostication, formulation of care plan, prescription etc.). The Eye care organization shall also define which activities can be done independently by the different categories of allied health staff also define those activities wherein the allied health staff assist the ophthalmologists.

The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Time for Initial assessment of OP patients /Emergency

Monitoring shall include optometric, ophthalmic and general assessment.

CORE **d. The ECO establishes the timeframe within which the initial assessment must be completed.**

Interpretation: The Eye care organisation shall define and document the time frame within which the initial assessment is to be completed with respect to OPD / Emergency/ Indoor patients. The Time frame shall include Optometric, Ophthalmological and Medical assessment. The time frame shall be, from the time that the patient has registered to the time that the initial assessment by an ophthalmologist is completed.

Commitment **e. Outpatients are informed of their next follow-up appointment, as applicable. ***

Interpretation: This could be either in terms of a specific date or after a certain period (weeks/months) and shall be documented in the medical record / OP consultation sheet. This may not be applicable in cases where a patient has come for just an opinion or the patient's condition does not warrant repeat visits.

Commitment **f. Reassessments are conducted at appropriate intervals by a member of the medical team and are duly documented. ***

Interpretation: After the initial assessment, the patient is re-assessed periodically and this is documented in the case sheet. The frequency may be different for different areas / speciality based on the setting and the patient's condition. Reassessments shall also be done in response to significant changes in patient's condition. Eg. Patient with corneal ulcer or post op infection. Every patient shall be reassessed at least once every day by the treating doctor. Reassessments shall also be done for patients awaiting admission and day care patients (before discharging).

Standard

AAC.4.	Laboratory services align with the ECO's scope of services and are available as required by the care protocols.

Objective Elements

Commitment **a. Scope of the laboratory services is commensurate to the services provided by the Eye care organisation.**

Interpretation: The Eye care organisation should ensure availability of laboratory services commensurate with the healthcare services offered by it. The Eye care

organisation shall ensure that these services are available within the organisation or outsourced to an external agency. At the minimum, there should be facility for basic lab support and blood sugar assessment for providing emergency care to the patients.

Commitment **b.** **Qualified and trained personnel are responsible for performing, supervising, and interpreting diagnostic investigations, maintaining high standards of care.**

Interpretation: Laboratory personnel should be commensurate with scope of services. The staff employed in the laboratory should be suitably qualified (appropriate credentials degree) and trained to carry out the tests. Statutory requirements regarding authorised signatory shall have to be adhered to.

Commitment **c.** **Procedures for the requisition, collection, identification, handling, safe transportation, processing, and disposal of specimens are followed according to established written guidelines.**

Interpretation: The Eye care organisation has documented procedures for ordering, collection, identification, handling, safe transportation, processing, and disposal of specimens, to ensure safety of the specimen till the tests and retests (if required) are completed (observing standard and special precautions).

The Eye care organisation shall ensure that the unique identification number is used for identification of the patient. In addition, it could use another number (for example, lab number) to identify the sample. The disposal of waste shall be as per the statutory requirements (Bio-medical waste management and handling rules).

Commitment **d.** **Laboratory results are delivered within a specified timeframe. Critical results are communicated immediately to the relevant healthcare personnel to ensure timely intervention.**

Interpretation: The Eye care organisation shall define the turnaround time for all tests. The Eye care organisation should ensure availability of adequate staff, materials and equipment to make the laboratory results available within the defined time frame. The laboratory shall establish and document critical limits for tests which require immediate attention for patient management and the same shall be documented. The critical test results shall be communicated to the personnel concerned and this shall be documented. This shall also include critical results of outsourced investigations.

In case of electronic health systems, system generated critical result reporting can supplement the physical reporting of critical results.

Commitment **e.** **Laboratory tests that are not available within the Eye Care Organization (ECO) are outsourced to external laboratories that meet established quality assurance standards***

Interpretation: The Eye care organisation shall have documented procedure for outsourcing tests, for which it has no facilities. This should include:

i. A list of tests for outsourcing.

ii. Identity of personnel in the outsourced facilities to ensure safe and timely transportation of specimens and completing of tests as per requirements of the patient concerned and receipt of results at Eye care organisation.

iii. Manner of packaging of the specimens and their labelling for identification and this package should contain the test requisition with all details as required for testing.

iv. A methodology to check the performance of service rendered by the outsourced laboratory, as per the requirements of the Eye care organisation.

v. The Eye care organisation shall have MoU / agreement for the same, which incorporates quality assurance and requirements.

Commitment **f.** **The programme mandates regular calibration and maintenance of all laboratory equipments***

Interpretation: All measuring devices in the lab shall be subjected to periodic calibration and maintenance of equipment shall be documented. Traceability certificate(s) of all calibration done shall also be documented and maintained.

Commitment **g.** **Laboratory personnel are appropriately trained in safe practices and provided with appropriate safety equipment and / or devices.**

Interpretation: All the laboratory staff undergo training regarding safe practices in the laboratory. The training needs identification has to be done in tune with the job description of the staff. Adequate safety devices are available in the lab, e.g. PPE, eye wash facilities, dressing materials, disinfectants, fire extinguishers etc. It should also address safety issues at all levels. All laboratory personnel shall adhere to standard precautions at all times.

Standard

AAC.5.	**Ophthalmic diagnostic and imaging services are available according to the scope of services of the ECO.**

Objective Elements

CORE **a. Scope of the Ophthalmic Diagnostic and imaging services is commensurate to the services provided by the Eye care organisation.**

Interpretation: The Ophthalmic diagnostic and Imaging services shall be in accordance with the scope of services of the Eye care organisation. Imaging services shall have adequate space and equipment to meet its defined scope of services which shall include: physical space, Mechanical electrical and plumbing requirement, installation of the required equipments E.g. Lasik services shall include topography.

Commitment **b. The infrastructure (physical and equipment) and manpower is adequate to provide for its defined scope of services.**

Interpretation: Ophthalmic diagnostic Imaging services shall have adequate space and equipment to meet its defined scope of services which shall include

- Physical space
- Mechanical, electrical and plumbing requirements (MEP).
- Appropriate workflow

Reports should not get delayed due to lack of adequate equipment or manpower (including personnel authorised to report results).

Commitment **c. Ophthalmic Diagnostic and Imaging tests not available in the Eye care organisation are outsourced to other Health organisation(s) based on their quality assurance system. ***

Interpretation: the Eye care organisation has documented procedure for outsourcing tests (Ophthalmic diagnostics, ophthalmic imaging and non-ophthalmic imaging) for which it has no facilities. This should include:

i. list of tests for outsourcing,

ii. identity of personnel in the outsourced facilities to ensure safe transportation of patients and completing of imaging results,

iii. manner of identification of patients and the test requisition with all details as required for testing.

iv. The Eye care organisation shall have an MOU / agreement for the same, which incorporates quality assurance and requirements of this standard. E. g. Outsourced diagnostic and imaging services like OCT, ERG/VEP (only for retina and neuro - ophthalmology services), Corneal topography; outsourced non-ophthalmic diagnostics etc. X-rays, CT scan, MRI etc.

Standard

AAC.6.	The ECO has a formalized discharge process that is documented and adhered to for all patients.

Objective Elements

Commitment **a.** **A discharge summary is provided to all patients at the time of discharge, including those who leave against medical advice or upon request.**

Interpretation: The patient's treating doctor determines the readiness for discharge during regular reassessments. The same is discussed with the patient and family. The discharge summary shall be signed by the treating doctor or a member of his/her team. Patient/ family acknowledges the receipt of the same. This shall be documented in the case records.

Commitment **b.** **The discharge summary includes the patient's name, unique identification number, date of admission, and date of discharge.**

Interpretation: Self-explanatory.

Commitment **c.** **The discharge summary details the reasons for admission, significant findings, diagnoses, and the patient's condition at the time of discharge.**

Interpretation: The discharge summary should provide a complete narrative on why the patient was admitted, major clinical findings, final diagnoses, and the patient's status upon discharge.

Implementation: Educate doctors on documenting diagnoses using accepted medical terminology and keeping entries concise but informative.

Training records for staff on discharge summary documentation standards.

Commitment **d.** **The discharge summary documents result of investigations, any procedures performed, medications administered, and other treatments provided during the stay.**

Interpretation: Investigation reports may part of discharge summary or as annexure. Procedure performed should have only approved and accepted acronyms. It could also have the name of the primary physician and other consultants involved in the treatment.

Commitment **e.** **The discharge summary offers follow-up advice, medications, and detailed instructions on when and how to seek urgent care if necessary.**

Interpretation: Discharge summary shall also incorporate preventive aspects, where appropriate. The Eye care organisation ensures that the follow-up advice, medication and other instructions are explained to the patient and or relatives in a language and manner that they understand. Medical terms e.g. BD, TDS, QID should not be used.

This could be in the form of what medicines to take, when to consult a doctor or how to seek medical help and contact number of the hospital/doctor. The Eye care organisation should outline conditions regarding 'when' to obtain urgent care. For example, a post-op patient should report when having increasing pain, loss of vision or discharge from the operated eye. The Eye care organisation ensures that instructions about, when and how to obtain urgent care are explained to the patient and or relatives in a language and manner that they understand. The discharge summary for different Ophthalmic procedures would be different with reference to urgent care. For e. g. Cataract discharge summary will differ from a DCR discharge summary.

Commitment **f.** **In the event of a patient's death, the discharge summary includes the cause of death, providing a complete account of the case.**

Interpretation: In cases where the cause of death is not clear and a post mortem is being performed (e.g. MLC), the same shall be documented.

Chapter 2 Care of Patients (COP)

Intent of the chapter

The Eye care organisation provides uniform care to all patients in different settings. The different settings include care provided in outpatient units, wards, procedure rooms and operation theatre. When similar care is provided in these different settings, care delivery is uniform.

Policies, procedures, applicable laws and regulations also guide care of vulnerable patients (elderly, physically and/or mentally-challenged patients, paediatric patients, patients undergoing moderate sedation, administration of anaesthesia, patients undergoing surgical procedures and research activities.

The standards aim to guide and encourage patient safety as the overall principle for providing care to patients.

SUMMARY OF STANDARDS

COP.1.	Care of patients is uniform and is guided by established standards & guidelines.
COP.2.	Emergency services including ambulance are guided by documented policies, procedures, applicable laws and regulations.
COP.3.	Documented procedures guide the care of patients requiring cardio-pulmonary resuscitation which is provided uniformly across the organization.
COP.4	Documented policies and procedures guide the care of vulnerable patients.
COP.5	Documented procedures guide the care of patients undergoing surgery of Local anaesthesia.
COP.6	Documented procedures guide the care of patients undergoing surgery under general anesthesia.
COP.7	Documented policies and procedures guide the care of patients undergoing Diagnostic / Laser / Surgical procedures.
COP.8	Documented policies and procedures guide organ transplant programme in the Eye care organisation.
COP. 9	Documented policies and procedures guide all research activities.
COP.10.	Optometry and optical services are provided in consonance with scope of clinical services.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	10
Objective elements	52
CORE	10
Commitment	34
Achievement	05
Excellence	03

Objective Element	COP.1.	COP.2.	COP.3.	COP.4.	COP.5.	COP.6.	COP.7.	COP.8.	COP.9.	COP.10.
a	CORE	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	CORE	CORE	CORE
b	Achievement	Commitment	Commitment	Commitment	CORE	CORE	Commitment	Commitment	Commitment	Commitment
c	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	CORE	Commitment	Commitment
d	Achievement	Commitment		Commitment	CORE	Commitment	CORE		Commitment	Excellence
e	Excellence	Commitment		Commitment	Commitment	CORE	Commitment			Excellence
f					Achievement	Commitment	Commitment			
g						Commitment	Commitment			
h						Achievement	Achievement			

Standards and Objective Elements

Standard

COP1.	Care of patients is uniform and is guided by established standards & guidelines.

Objective Elements

CORE

a. The organization has a uniform process for identification of patients and at a minimum, uses two identifiers (minimum UHID & Name of the patient).

Interpretation: The mechanism for identification of patients shall be uniform across the organization. For example, the use of ID bands with the patient's name and unique identification number. For any care related aspect, at a minimum, two identifiers shall be used. One of the identifiers shall be the unique identification number generated at the time of registration

Achievement

b. Care delivery is uniform for a given clinical condition when similar care is provided in more than one setting. *

Interpretation: Care shall be provided in consonance with standard treatment guidelines. (Issued by the state or preferred practice guidelines issued by the professional Medical Association)

The Eye care organisation shall ensure that patients with the same eye / health problems and eye care needs receive the same quality of health care throughout the Eye care organisation, irrespective of the category of the ward. eg. Camp wards.

Care delivery shall be applicable irrespective of the setting and category of the ward, and whether the patient is paying or non-paying, and/or is supported from a government/private insurance scheme or not.

Further, in case the Eye care organisation has separate OPDs for a different category of patients, the methodology for care delivery shall be uniform in all OPDs and wards.

Commitment

c. The care and treatment orders are signed, named, timed and dated by the concerned doctor.

Interpretation: Prescription formats shall incorporate the guidelines given by Medical Council of India. All hand written prescriptions shall be written in Capital letters. In case abbreviations are used, a standardised list of approved

abbreviations for medication orders shall be used throughout the organisation. Dangerous abbreviations shall not be used. A good reference is the Institution for Safe Medication Practices guidelines.

Achievement **d. Evidence based medicine and clinical practice guidelines are adopted to guide patient care whenever possible.**

Interpretation: These could be developed individually or it could be a part of the organisation 's quality-assurance programme. The organisation shall ensure that the programme is in consonance with good clinical practices. Good clinical practices include monitoring infection rates, re-surgery rates, etc. Clinicians are encouraged to consider the using evidence-based medicine for the provision of optimum care to the patients. Internationally accepted protocols of care are documented and accepted as the plan of care. SOPs and Work Instructions are available for guidance at workplace. Department manuals are perused and accepted as recommendations by heads of departments. A good starting point could be AIOS guidelines on infection control, Royal college guidelines and Preferred practice patterns issued by AIOS.

Excellence **e. Tele-ophthalmology facility is provided safely and securely based on written guidance.**

Interpretation: Whenever a telemedicine facility is used, the organization shall develop written guidance in consonance with prevailing laws and guidelines and implement the same. The written guidance includes protection of the patient's identity and confidentiality. Limitations of information and communication technologies should be explicitly addressed. The organization shall have a mechanism for appropriate data storage and retrieval. The organisation shall have an MOU with the service provider. Refer to Govt of India (GOI) guidelines e.g. Ayushman Bharat Digital Health Mission (ABDM) on telemedicine.

Standard

COP2.	**Emergency services including ambulance are guided by documented policies, procedures, applicable laws and regulations.**

Objective Elements

Commitment **a. Documented procedures ensure the care of patients arriving in the emergency department, including the management of medico-legal cases.**

Interpretation: There shall be an identified area in the organization, which is easily accessible to receive and manage emergency patients, with adequate and appropriate resources. These could include SOPs/protocols to provide the

general emergency care and ophthalmic emergencies. It shall address both adult and paediatric patients. The procedure shall incorporate identification, assessment and provision of care. All patients coming to the hospital, shall be provided with first aid before transferring them to another centre. For medico-legal cases the policy shall be in line with statutory requirements w.r.t. documentation and intimation to police. The organisation shall also define as to what constitutes an MLC (in accordance with statutory guidelines).

Ophthalmic emergencies: Categorize emergencies specific to eye care, such as acute vision loss, eye trauma, sudden onset of flashes and floaters, chemical injuries, and severe eye pain.

Identification and Triage: Provide guidelines for front-line staff to quickly identify potential ophthalmic emergencies.

Emphasize the importance of immediate triage and prompt escalation to your specialized team.

Communication Protocols: Establish clear communication channels within the hospital for emergencies, including contact details and a designated communication hub.

Emergency Room Preparedness: Detail the setup and resources required in the emergency room to handle ophthalmic cases efficiently. Ensure availability of necessary instruments, medications, and a dedicated ophthalmologist on call.

Referral Process: Clearly outline the steps for referring cases that require specialized attention beyond the emergency room.

Specify communication procedures between emergency staff and the ophthalmology team.

Documentation:Emphasize the importance of accurate and timely documentation of ophthalmic emergencies, highlight relevant parameters to be recorded for each case.

Training and Drills: Implement regular training sessions and drills for the emergency response team to enhance preparedness, include practical scenarios to simulate real-time situations.

Continuous Improvement:Establish a feedback loop for continuous improvement in handling ophthalmic emergencies.

Encourage regular reviews and updates to the guide based on feedback and evolving practices.

Commitment **b. Documented policies and procedures guide the triage of patients for initiation of appropriate care. ***

Interpretation: Initiation of appropriate care is guided by a triage and triage shall

be done only by Qualified or trained individuals – Doctors / Nurse / Optometrist. Triage mechanisms (for both ophthalmic and non-ophthalmic emergencies) need to be implemented to differentiate between true emergencies and those conditions that do not require urgent treatment. ECO has appropriate signages for the scope of emergency services (non-ophthalmic emergency). This should be based on good clinical practices. The triage should be part of routine day-to-day functioning of the eye care organisation. The criteria could be separate for trauma & non-trauma patients and for adults and children. For "triage" refer to the glossary. ACLS / BLS training and Disaster management training to be given for staff in emergency. They should also be trained in various codes. Competency evaluation and feedback to effectively care for emergency patients may also be done.

Commitment **c. Staff is trained on the procedures for care of eye emergency including general emergencies.**

Interpretation: All the staff working in the area should be oriented to the policies and practices through training as documented. Staff in emergency, ward and Operation theatres shall be trained in basic cardiopulmonary resuscitation.

Commitment **d. Admission, discharge to home or transfer to another organization is documented, and a discharge note shall be given to the patient.**

Interpretation: The organization shall maintain documentation to indicate if a patient who came to the emergency was sent home after providing initial care was admitted in an emergency for a short stay and then discharged/transferred to appropriate organization. The staff should have a clear understanding of the scope of activities of the organization and the procedure of referral and transfer to an appropriate another centre for patients who cannot be cared for in-house, after administering the due first-aid/ emergency care.

The discharge summary / transfer note shall contain salient clinical findings, Investigations done, treatment given, and condition at discharge/transfer. The basis/reasons for discharge or transfer should be documented.

Commitment **e. The ambulance(s) is appropriately equipped and manned by trained personnel.**

Interpretation: Ambulance services shall be in-house or outsourced. Ambulance should possess, at a minimum, basic life support capabilities. The ambulance, whether in-house or outsourced, will be managed by proficient personnel, appropriately equipped, and ensure availability of emergency medications on board.

Standard

COP.3.	Documented procedures guide the care of patients requiring cardio-pulmonary resuscitation are provided uniformly across the organisation.

Objective Elements

Commitment **a.** **Documented procedures guide the uniform use of resuscitation throughout the organisation. ***

Interpretation: The Eye care organisation shall document the procedure for same. This shall be in consonance with accepted practices. The Eye care organisation shall ensure that adequate and appropriate resources (both men and material) are provided on each patient care floor. Basic life support should be initiated as soon as a condition requiring CPR is identified. This is implemented in all areas of the hospital. The protocols could be displayed prominently in all critical areas such as emergency, OT, etc.

Commitment **b.** **Staff providing direct patient care are trained and periodically updated in cardio- pulmonary resuscitation.**

Interpretation: These aspects shall be covered by hands-on training which could be done by trainers from within or outside the Eye care organisation using established evidence-based protocols. All doctors, nursing staff and allied health professionals must at least be trained to provide basic life support.

Commitment **c.** **Events during a cardiopulmonary resuscitation are recorded.**

Interpretation: In the actual event of a CPR or a mock drill of the same, all the activities along with the personnel attended should be recorded. At the minimum, it will include timeliness of response, availability of manpower, equipment, drugs, and barriers if any. This could be done using the pre-defined procedural checklist and by monitoring whether the prescribed activity has been performed properly and in the right sequence. Events during cardiopulmonary resuscitation are recorded, analysed and appropriate corrective and preventive actions are taken based on this.

Standard

COP. 4.	Documented policies and procedures guide the care of vulnerable patients.

Objective Elements

Commitment **a. Policies and procedures are documented and are in accordance with the prevailing laws and the national and international guidelines. ***

Interpretation: The organisation shall identify the vulnerable patients. It could include (but not limited to) elderly, children, visually challenged, physically and/or mentally challenged, comatose, patients under sedation and anaesthesia etc. The procedure shall also include who is responsible for identifying these patients, risk management in these patients and monitoring of these patients (at least twice a day). All these patients shall be assessed for risk of falls and the same is documented.

Commitment **b. Care is organized and delivered in accordance with the policies and procedures.**

Interpretation: Organisation develops standard operating procedures (SOPs) for delivery of care.

Commitment **c. The organization identifies and manages vulnerable group.**

Interpretation: Written guidance for identification and management of vulnerable patients is developed in consonance with statutory requirements, national and international guidelines. Vulnerable patients should include, (but not limited to) elderly, children, differently-abled and / or mentally challenged, mentally ill, comatose, critically ill, patients under sedation and anaesthesia, pregnant women, patients on dialysis, patients receiving chemotherapy, etc. Who is responsible for identifying these patients, risk management in these patients and monitoring of these patients (at least twice a day) should be explicit in the guidance.

The guidance should include how informed consent is obtained from a vulnerable patient, and from the family or legal representative of a patient incapable of making an independent decision.

Refer to the glossary for a definition of "vulnerable patient".

Commitment **d. The organization provides for a safe and secure environment for the vulnerable group.**

Interpretation: The organisation shall provide proper environment taking into account the requirement of the vulnerable group. For example, safe access to restrooms, playroom for children, fall preventive measures for elderly, ramps with railings for disabled, etc.

Commitment **e. The organization identifies and manages patients who are at risk of Fall.**

Interpretation: A validated tool shall be used for the assessment of the risk of fall. Patients found at a risk of a fall shall be managed according to written guidance. A proper guide is "universal fall precautions"

Standard

COP. 5.	Documented procedures guide the care of patients undergoing surgery under local anesthesia.

Objective Elements

Commitment **a. Anaesthesia services are administered in a consistent and safe manner.**

Interpretation: The Eye Care Organization is mandated to document information concerning indications, the specific type of local anesthesia, and the corresponding procedure for its administration. This documentation ensures clarity and adherence to established protocols in the provision of local anesthesia within the organization.

CORE **b. The pre-anaesthesia assessment results in the formulation of an anaesthesia plan which is documented.**

Interpretation: The local anaesthesia plan should mention the pre-medications, type of anaesthesia, special requirements and anticipated post-anaesthesia care where appropriate. The preparation for patient by OT staff is based on the plan of anaesthesia. It is also documented in the OT list. All special requirements are also documented. There is a procedure in place to assess the patient's fitness for the procedure under local / topical anaesthesia and also regarding the patient's suitability for the same.

Commitment **c. Informed consent for administration of anaesthesia, is obtained.**

Interpretation: Patient and/or, family are educated on the risks, benefits, and alternatives of anaesthesia by the doctor administering the anaesthesia. This shall be separate from the surgery consent. Patients receive counselling specifically regarding the importance of cooperation in avoiding eye movement during topical anesthesia, contrasting it with the risk-benefit analysis of local anesthesia.

CORE **d. Patients are monitored while under anaesthesia.**

Interpretation: Local anaesthesia monitoring includes regular recording of heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation. The same should be documented.

Commitment **e. The type of anaesthesia and anaesthetic medications used are documented in the patient record.**

Interpretation: It shall have the details of the anaesthesia given. Variations in local anesthesia, such as transitioning from topical to subconjunctival, subtenon to peribulbar, and other supplementary approaches are to be documented.

Achievement **f. Adverse anaesthesia events are recorded and monitored.**

Interpretation: At the outset, the Eye care organisation shall define the various adverse anaesthesia events to local anaesthesia. These essentially are adverse events following the administration of local anaesthesia. The documentation and monitoring of intra-operative adverse events encompass the change in anaeshesia plan.

The hospital should have a mechanism to ensure that all adverse events are captured. It could do the same by incorporating in the anaesthesia record a heading for the same. All such events are documented and monitored for the purpose of taking corrective and preventive action. All such occurrences are then discussed for prevention.

Standard

COP. 6.	**Documented procedures guide the care of patients undergoing surgery under general anesthesia.**

Objective Elements

Commitment **a. Anaesthesia services are administered in a consistent and safe manner.**

Interpretation: The Eye Care Organization shall maintain comprehensive records outlining the following aspects:

Indications: Clear documentation specifying the reasons and conditions warranting the use of general anesthesia in eye care procedures.

Type of General Anesthesia: Detailed information about general anesthesia chosen for a given procedure including selection of anesthesia agents and techniques tailored to the patient's needs

Procedure for Administration: This includes pre-anesthetic assessments, the actual administration process, and any post-anesthetic care considerations

CORE

b. The pre-anaesthesia assessment results in the formulation of an anaesthesia plan which is documented.

Interpretation: Depending on the PAC a plan for anaesthesia is documented on PAC form. The plan should mention the pre-medications, type of anaesthesia, special requirements and anticipated post-anaesthesia care where appropriate. The preparation for patient by OT staff is based on the plan of anaesthesia signed by anaesthetist. It is also documented in the OT list. All special requirements are also documented.

Commitment

c. A pre-induction assessment is performed and documented.

Interpretation: This shall be done by an anaesthesiologist, just before the patient is wheeled into the respective OT. Any planned changes to the anaesthesia plan shall be documented. When anaesthesia needs to be provided on an urgent basis, the pre-anaesthesia assessment and pre-induction assessment may be performed immediately following one another, or simultaneously.

Commitment

d. Informed consent for administration of anaesthesia, is obtained.

Interpretation: Patient and/or, family are educated on the risks, benefits, and alternatives of anaesthesia by the anaesthesiologist. This shall be separate from the surgery consent.

CORE

e. Patients are monitored while under anaesthesia.

Interpretation: Anaesthesia monitoring includes regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end tidal carbon dioxide. The same should be documented.

Commitment

f. Post anaesthesia monitoring is documented, and patients are discharged from the recovery area based on objective criteria.

Interpretation: This shall be done in the recovery area/OT and include monitoring of vitals, till the patient recovers completely from anaesthesia and shall be done by an anaesthesiologist or a trained medical staff.

Commitment

g. The type of anaesthesia and anaesthetic medications used are documented in the patient record.

Interpretation: It shall have the details of the anaesthesia given. Any change in anaeshesia plan shall be documented.

Achievement **h. Intra-operative adverse anaesthesia events are recorded and monitored.**

Interpretation: At the outset, the Eye care organisation shall define the various adverse anaesthesia events. These essentially are adverse events following the administration of anaesthesia. The hospital should have a mechanism to ensure that all adverse events are captured. It could do the same by incorporating in the anaesthesia record a heading for the same. All such events are documented and monitored for the purpose of taking corrective and preventive action. All such occurrences are then discussed for prevention. Equipment/procedure/staff/material error to be noted and corrected.

Standard

COP. 7.	Documented policies and procedures guide the care of patients undergoing Diagnostic / Laser / Surgical procedures.

Objective Elements

Commitment **a. Clinical procedures as well as procedures done in operation theatres are done in a consistent and safe manner.**

Interpretation:

- The decision to perform a procedure shall be based on the clinical needs of the patient, in consonance with standard treatment guidelines and/or sound clinical practice for the given condition/procedure.
- A qualified medical practitioner decides if the procedure is indicated. Qualified personnel order, plan, perform and assist in performing procedures. It is preferable that a brief assessment is done prior to performing a clinical procedure.
- The organization could conduct clinical audits of various procedures to achieve the best possible outcomes.
- There shall be written guidance available on who will perform which procedure.
- This shall include the list of procedures (including surgical procedures) as well as competency level for performing these procedures.

Commitment **b. Surgical patients have a preoperative assessment, a documented pre-operative diagnosis, and pre-operative instructions provided before surgery and documented.**

Interpretation: This shall be applicable for both routine and emergency cases. This shall be done by the member of the operating team.

Commitment

c. Informed consent is obtained by the doctor prior to the procedure.

Interpretation: The consent shall be taken by the person performing the procedure or a doctor of his/her team. In case the procedure is being done by a person in training, it shall specify the same. All such procedures shall be supervised by the treating doctor.

If there is a change in clinical status/expected outcomes after consent, but prior to the surgery, the same is explained to the patient/family and is documented. In case, the procedure is changed intra-op (and was not planned or an explicit consent taken for the same) a fresh consent needs to be taken.

CORE

d. The documented policies and procedure exist to prevent adverse events like wrong site, wrong patient and wrong surgery.

Interpretation: Procedure should be available for preventing adverse events like wrong patients, wrong site, wrong procedure, wrong surgery by a suitable mechanism for surgery and all procedures. The Eye care organisation should be able to demonstrate methods to prevent these events, e.g. identification tags, badges, cross-checks, time-outs etc. This may be done through a customised checklist also. Refer to WHO "Safe surgery saves lives" initiative.

Commitment

e. The procedure is done adhering to standard precautions.

Interpretation: The components of standard precautions include hand hygiene, appropriate use of PPE, cleaning and disinfection of equipment, and needle-stick and sharp injury prevention. Appropriate preparation of eye and the use of disinfected/sterilised instruments is ensured.

The layout/practices of the operation theatre should be such that the mix of sterile and unsterile patients does not happen or if it is not possible, the mix is reduced to the bare minimum.

Commitment

f. Procedures / Operation notes, Post procedure monitoring and post-operative care plan are documented accurately in the patient record.

Interpretation: This note provides information about the procedure performed, postoperative diagnosis and the status of the patient before shifting and shall be documented by the surgeon/member of the surgical team. At a minimum, it shall include the surgery performed, name of the surgeon (s), name of anaesthesiologist, salient steps of the procedure and the key findings intra-op. If it is documented by a person other than the chief operating surgeon the same shall be countersigned by the chief surgeon.

A member of the operating team documents the post- operative care plan. The plan shall include advice on post-operative medicines, application of eye drops, etc.

Commitment **g. Appropriate facilities, equipment, instruments and supplies are available in the operating theatre.**

Interpretation: The organization shall ensure that the operating theatre complex has facilities for pre-op holding, changing rooms, hand-washing, operating rooms, waiting area for relatives, storage area, collection area for waste and linen and recovery room (where applicable). In addition to the equipment required for anaesthesia and surgery, there shall be equipment for resuscitation, radiation protection (where applicable) etc. Instruments shall be in working condition. The organization should have a mechanism to verify the same. This could be obtained through feedback from surgeons/ anaesthesiologists. The supplies to the OT are commensurate to the scope and complexities of the surgery.

Achievement **h. The organization shall implement a quality assurance programme.**

Interpretation: The written guidance for quality assurance could be developed individually or it could be a part of the organization's overall quality-improvement programme. The organization shall monitor care outcomes. For example, intra-operative mishaps such as vitreous loss, posterior capsular tear, nuclear drop, intraoperative bleeding, laser related complications like flap loss, FFA related adverse reactions etc. The organization's assurance programmes shall also include aspects like pre-operative preparation, antibiotic prophylaxis, adherence to set procedure(s) to prevent adverse events.

The quality assurance programme includes surveillance of the operation theatre environment. Surveillance activities include the daily monitoring of humidity. Pressure differential and temperature; and at least six-monthly monitoring of the integrity of the filter. Also, the efficacy of OT cleaning and disinfection processes shall be monitored.

For air-conditioning of OT refer to the guidelines issued by NABH.

Standard

COP. 8.	**Documented policies and procedures guide organ transplant programme in the Eye care organisation.**

Objective Elements

CORE **a. The organ transplant program complies with all legal requirements and is conducted in an ethical manner.**

Interpretation: The Eye care organisation shall ensure that the required regulatory licences are in place and enrols with the organ donation programs at

the central /state level. Specific permissions are also taken prior to these transplants under the provisions of the applicable Act (HOTA). The Eye care organisation also ensures that the relevant medical professionals have been permitted by the appropriate authorities to participate in the organ transplant program. The Eye care organisation shall ensure that the requisite reports are submitted to the appropriate authorities in a timely manner. The program incorporates guidelines from national bodies such as Eye banking association of India and the All-India Ophthalmological Society regarding various aspects such as Eye bank, Donor eye harvesting, Donor tissue handling and storage, Donor tissue usage, promotion of Eye donation, etc.

Commitment

b. Documented policies and procedures guide the organ transplantation program. *

Interpretation: The Eye care organisation shall prepare broad guidelines for the organ transplant programme in consonance with current and established good practices. The guideline includes the process to be followed, responsibilities and monitoring mechanisms.

CORE

c. The Eye care organisation ensures education and counselling of recipient and donor through trained / qualified counsellors before organ transplantation.

Interpretation: The Eye care organisation ensures that qualified / trained counsellors are available to counsel the recipient about the proposed organ donation. Doctors and counsellors educate and counsel the recipient on the benefits and possible risks to make informed decisions.

Standard (If applicable)

COP. 9.	Documented policies and procedures guide all research activities.

Objective Elements

CORE

a. Documented policies and procedures guide all research activities in compliance with regulatory, national and international guidelines. *

Interpretation: Any research undertaken in the hospital falls under this ambit. This includes both funded and non-funded, clinical and basic research, and also student studies eg. MS, DNB., Post doctoral research studies. International guidelines include: International Conference on Harmonisation (ICH) of Good Clinical Practice (GCP) and Declaration of Helsinki Somerset (1996) and Ethical Guidelines for Biomedical Research on Human Subjects (ICMR-2000).

Commitment b. **The Organisation has an ethics committee or have a MOU with external ethic committee to oversee all research activities and has the powers to discontinue a research trial when risks outweigh the potential benefits.**

Interpretation: An ethics committee should be framed in the hospital to monitor activities undertaken by various providers.

For adherence to ECO guidelines, it is imperative to establish an ethics committee within the organization to supervise research activities. Alternatively, collaboration with an ethics committee from a nearby medical college or hospital can be pursued.

The committee has the powers to discontinue a research trial when risks outweigh the potential benefits. The committee is registered with appropriate authority as per current requirements. Refer to Schedule Y of Drugs and Cosmetics Act and to ICMR guidelines.

All research activities are undertaken only after undergoing review and approval from a registered ethics committee.

Commitment c. **Patients informed consent is obtained before entering them in research protocols.**

Interpretation: This shall be done in a language that the patient understands, and also incorporates the risk, benefit, responsibilities of the organisation toward the subject and rights of the patient.

Commitment d. **The Rights of the research participants are protected.**

Interpretation: Patients are informed of their right to withdrawal from research at any stage and also of the consequences (if any) of such withdrawal. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the care to the organization's services.

This shall be done in a language that the patient understands.

Standard

COP. 10.	**Optometry and optical services are provided in consonance with scope of clinical services.**

Objective Elements

CORE a. **Optometry and optical services are aligned and integrated with overall patient care and are documented in the patient record.**

Interpretation: Care shall be provided as per the optometry plan of care, which is individualised as per the clinical needs of the patient. Wherever a patient care plan has been developed, the optometry plan shall be aligned with the same. Uniformity and continuity of care should be practised.

Components of optometry care plan include:

- Assessment, Plan of care,
- Implementation of care,
- Evaluation,
- Modification of plan of care as may be required.

The documentation includes all optometry-related care.

Commitment **b. Assignment of privileges for optometry and optical services is done as per current good clinical practice guidelines.**

Interpretation: Assignment shall be based on the patient's clinical requirements, the competence of the optometry staff, and shall align with the guidelines laid down by regulatory and professional bodies in this regard.

Infrastructure and Equipment: Regularly update and maintain state-of-the-art equipment for precise diagnostics.

Ensure a conducive environment in optical and optometry units, promoting patient comfort and safety.

Commitment **c. Optometrist and optical services are provided with appropriate and adequate equipment for providing safe and efficient optometry and optical services.**

Interpretation: There shall be an adequate number of vision charts, retinoscopes, autorefractors, tonometer, and other basic equipment/ gadgets Necessary for functioning in the designated area.

Excellence **d. Optometry and optical services are provided under supervision by Ophthalmologists.**

Interpretation: Care of patients in specific clinical situations shall be guided by best optometry clinical practices.

Training and Certification: Conduct regular training programs for optical staff to stay updated on the latest advancements. Encourage and support staff in obtaining relevant certifications.

Excellence

e. The eye care organization ensures quality assurance for optometry and optical services.

Interpretation: Patient-Centric Approach: Implement patient feedback mechanisms to continuously improve services.

Emphasize effective communication and patient education for better understanding and compliance.

Standardized Protocols: Develop and follow standardized protocols for optical and optometry examinations.

Regularly review and update protocols based on emerging best practices.

Documentation and Record Keeping:

Maintain accurate and comprehensive patient records for continuity of care.

Ensure proper documentation of procedures, prescriptions, and follow-up plans.

Continuous Quality Improvement (CQI): Establish a CQI program for ongoing evaluation and enhancement of optical and optometry services.

Encourage a culture of continuous learning and improvement among the staff.

Chapter 3

Management of Medication (MOM)

Intent of the chapter

The Eye care organisation has a safe and organised medication process. The process includes policies and procedures that guide the availability, safe storage, prescription, dispensing and administration of medications.

The standards encourage integration of the pharmacy into everyday functioning of hospital and patient care. The pharmacy should guide and audit medication processes. The pharmacy should have oversight of all medications stocked out of the pharmacy.

The pharmacy should ensure correct storage (as regards to temperature, light, look- alike, sound-alike etc.), expiry dates and maintenance of documentation.

The availability of emergency medication is stressed upon. There should be a monitoring mechanism to ensure that the required medications are always stocked and well within expiry dates.

Every high-risk medication order should be verified by an appropriate person so as to ensure accuracy of the dose, frequency and route of administration. The "appropriate person" could be another doctor, registered nurse or, a clinical pharmacist. Safe use of high-risk medication like narcotics, chemotherapeutic agents is guided by policies and procedures.

The process also includes monitoring of patients after administration and procedures for reporting and analysing medication errors.

Patients and family members are educated about safe medication and food-drug interactions. Medications also include blood, implants and devices.

SUMMARY OF STANDARDS

MOM.1.	Documented procedures guide the Eye care organisation of pharmacy services and usage of medication.
MOM.2.	Documented procedure guides the prescription of medications.
MOM.3.	Defined procedure guides the administration of medications.
MOM.4	Patients are monitored for adverse drug events after medication administration, and use of medical devices.
MOM.5	Written guidance is available for use of consumables, implantable prosthesis and medical devices.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

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Excellence	00

Objective Element	MOM.1.	MOM.2.	MOM.3.	MOM.4.	MOM.5.
a	Commitment	CORE	CORE	Commitment	Commitment
b	CORE	Commitment	Commitment	Commitment	Commitment
c	Commitment	Commitment	Commitment	Commitment	Commitment
d	Commitment	Commitment	Commitment	Commitment	
e	Commitment		Commitment		
f	Commitment		Commitment		
g			Commitment		
h			Commitment		

Standards and Objective Elements

Standard

MOM. 1.	Documented procedures guide the organisation of pharmacy services and usage of medication.

Objective Elements

Commitment **a. Documented procedure shall incorporate purchase, storage, prescription and dispensation of medicines.**

Interpretation: The policies and procedures shall address the issues related to procurement, storage, formulary, prescription, dispensing, administration, monitoring and use of medications. All the required procedures under this can be clubbed together and documented.

CORE **b. The procedures comply with the applicable laws and regulations. ***

Interpretation: Relevant legislations include Drugs and Cosmetics Act, Pharmacy Act, Narcotic Drugs and Psychotropic Substances Act, Drugs and Magical Remedies (Objectionable Advertisement) Act, etc.

Commitment **c. The hospital has a list of medications appropriate for the patients and organisation resources.**

Interpretation: Pharmacy services and medication usage are implemented following written guidance through a committee.

The Eye care organisation's formulary shall be prepared by the clinician and pharmacist. The formulary could be prepared keeping in mind the “National List of Essential Medicines” and “WHO Model List of Essential Medicines”. Implants also come under drugs. The Eye care organisation could look at the possibility of having system wise / speciality wise formulary. For example, Glaucoma medications, lubricants, intraocular lenses, silicon oils, band, buckle, contact lenses etc. The formulary shall be made available to all treating doctors of the Eye care organisation.

The Eye care organisation shall ensure that the prescriptions are as per the formulary. The formulary could be made available in either physical or electronic form. The formulary is made accessible to the treating team (including doctors, nurses and pharmacists). The formulary is reviewed once in a year which reflect the current clinical judgment and approval of the Drug Committee to assess medications including look-alike/sound-alike drugs for continued safety and efficiency.

Commitment d. **Sound-alike and look-alike medications are identified and stored separately to prevent errors.***

Interpretation: Many drugs in ampoules, eye drops, ointments, vials or tablets may look-alike or sound-alike (LASA). These are identified and the list is updated periodically. The LASA list shall be made available in all units where drugs are stored (including in the crash carts). The list shall be developed from the hospital formulary. The list will have to be identified at regular intervals depending on the changes in the formulary and changes in packaging (in case of look-alike). One look alike is stored physically apart from its other look alike(s). The same is applicable for sound-alike(s). This is in addition to regular storage practices. For example: FML and FML-T eye drops, Oflacin and Oflacin-Dx. Atropine and Akrapine, Betagan and Betopic S, Erythromycin and Azithromycin, Nepacin and Natacin eye drops, Lotim and Lotim-B eye drops, Cyclomune 0.1% and Cyclomune 0.05%. Staff should be aware of the colour code for various eye droppers

Commitment e. **Expiry dates are checked prior to dispensing medications.**

Interpretation: This shall be done at all levels, for example, pharmacy, ward, etc. This shall also be applicable for physicians' samples. This procedure shall ensure that near expiry drugs, implants and consumables are withdrawn and that no beyond expiry date medication is available. The Eye care organisation could define as to what constitutes “near expiry”. For example, three months prior to the expiry date.

Commitment f. **The organisation defines a list of high-risk medication, and implements and follows the procedures for purchase, storage, dispensing, administration, and disposal.**

Interpretation: High risk /high alert medications carry a heightened risk for adverse outcomes and catastrophic harm whenever there is an error. High-risk medications/ high alert medications include drug with low therapeutic window, controlled substances, psychotherapeutic medications, look-alike and sound-alike medications, concentrated electrolytes and emergency medications.

Standard

MOM. 2.	Documented procedure guides the prescription of medications.

Objective Elements

CORE a. **The Eye care organisation determines the minimum requirements of a prescription. ***

Interpretation: At the minimum the prescription shall include two identifications (including UHID), date, name of the doctor issuing the prescription, his registration number with the medical council, name of the drug, dosage, time, frequency, eye to be applied (for eye drops) and relevant safety precautions like after food or empty stomach. Statutory requirements of a valid prescription should be adhered to. For example, Medical Council guidelines.

Commitment **b. The organisation determines who can write orders.**

Interpretation: Only Medical personnel are authorised to write prescription. Doctors are encouraged to write generic names. If a clinician prescribes a brand name, which is not in hospital formulary it shall be substituted by another brand after discussion with the doctor.

Commitment **c. Medication orders are written in a uniform location in the medical records and legible, dated, named and signed.**

Interpretation: All handwritten prescriptions shall be written in capital letters.

In case abbreviations are used, a standardised list of approved abbreviations for medication orders shall be used throughout the organisation. Dangerous abbreviations shall not be used. A good reference is the Institution for Safe Medication Practices guidelines.

Commitment **d. Procedure addresses verbal orders and is implemented wherever applicable.**

Interpretation: The organisation shall ensure that it has a policy to address verbal orders of medications and it shall mention who can give verbal orders and how these orders will be validated. The organisation should have an approved list of drugs which can be ordered verbally.

Standard

MOM. 3.	Defined procedures guide the administration of medications.

Objective Elements

CORE **a. Medications are administered by those who are permitted by law to do so.**

Interpretation: Topical administration of drug can be performed by trained person / ophthalmic assistant / ophthalmic nursing assistant under the supervision of the clinician. Other than topical medication, all other medication administration should be done by those who are permitted by the law to do so.

Commitment **b. The medication order including dosage, route and timing are verified before administration.**

Interpretation: Staff administering medications should verify the order and ensure that medications are administered appropriately. It is required to check the general appearance of the medication (For example, melting, clumping etc.) and the expiry dates before administration. If any of the parameters with respect to an order namely name, dose, route or frequency/time are missing / incomplete the medication administration shall be deferred pending early verification by the treating team. For example, anti VEGF medicines.

Commitment **c. The patient is identified prior to administration.**

Interpretation: Identification shall be done by using two identifiers which should include the unique identification number (for example, hospital number/IP number, etc.) and/or the patient's name.

Commitment **d. Prepared medication is labelled before to preparation of a second drug.**

Interpretation: All prepared drugs must be labelled if not used immediately. Labelling is required when more than one drug is prepared and loaded. Examples of these are anaesthetic drug preparation in OTs, chemotherapy drugs etc.

Commitment **e Medication administration is documented.**

Interpretation: The organisation shall ensure that this is done in a uniform location and it shall include the name of the medication, dosage, route and site of administration, timing, the name and signature of the person who has administered the medication. Medicines administered are documented separately each time for each dose of the same medication. In case of infusions, it shall capture the start time, the rate of infusion and end time. The records shall reflect the actual administration. For example, if brand Y was given in place of brand X (same generically) the documentation shall be of brand Y. Similarly, if the order was for a tablet of 250mg but the administration was ½ a tablet of 500mg the latter shall be documented.

Commitment **f. A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.**

Interpretation: Narcotic drugs are stored in a secure manner. They shall be stored under lock and key with a designated person being responsible for the same. These shall be kept in accordance with statutory requirements. A very strict inventory control shall be kept for these drugs. The empty vials shall be disposed as per local regulatory requirements.

Commitment **g.** **Documented policies and procedures govern patient's own medications brought from outside the organisation. ***

Interpretation: These shall address as to what are the prerequisites for such a medication (For example, clear label with mention of the name, dose, expiry date, batch number etc).

Medication prescribed and administered by the ECO team is recorded in accordance with the care plan. Systemic or ocular medications prescribed outside the ECO team and self-administered by the patient should be documented either based on the provided prescription (if available) or recorded in the patient's medical history.

Commitment **h.** **Written guidance governs usage of multi-dose vial.**

Interpretation: Written Guidance for Commonly Used Multi-Dose Vials: Common Drugs in ECO: Tropicamide (for pupil dilation), Lidocaine (for local anesthesia), and Timolol (for glaucoma).

Information to Include: Drug Name: E.g., "Timolol 0.5%"Dosage: "One drop in the affected eye twice daily as prescribed. "Storage: "Store at room temperature away from direct sunlight. "Expiry After Opening: "Discard 28 days after opening. "Disposal Responsibility: The assigned nurse or pharmacist on duty. Clear Labelling: Each multi-dose vial should be labelled with the date it was opened and the discard date. Monitoring and Recording Usage: Maintain a logbook where staff record the date of each vial's first use, expiry date, and disposal date. Reporting Adverse Events: Staff should be trained to monitor for and report any adverse events (e.g., eye infections or reactions that could be linked to multi-dose vial use).

Written guidance shall be available for the use of multi-dose vials. This should include the type and nature of drugs available in multi dose vials, used in the ECO. Sample policy include, the name of the drug, generic names used, dosage and storage requirements after opening, duration and expiry of drugs after opening, disposal of remaining drugs and responsibility of disposal etc. There has to be a mechanism in place for monitoring the implementation of these procedures, In addition, vigilance is required to ensure that adverse events in relation to usage of multi-dose vials are captured, analysed and appropriate corrective and prevention action is undertaken including recall.

Standard

MOM. 4.	**Patients are monitored for adverse drug events after medication administration and use of medical devices.**

Objective Elements

Commitment **a.** **Adverse events related to drugs and medical devices are defined.**

Interpretation: Documented procedures shall outline the process for identifying, documenting, reporting, analysing and taking action regarding near miss and adverse events related to drugs and medical devices.

Commitment **b.** **Adverse events related to drugs and medical devices are documented and reported within a specified time frame.**

Interpretation: The Eye care organisation shall define as to what constitutes these. This shall be in consonance with best practices. The Eye care organisation shall define the timeframe for reporting these events. For example, TASS (Toxic Anterior Segment Syndrome).

Commitment **c.** **Adverse events related to drugs and medical devices are collected and analysed by the treating doctor and practices are modified to reduce the such events.**

Interpretation: All these incidents are analysed regularly by the treating doctor. The analysis shall be completed in a defined time frame.

Commitment **d.** **Corrective and/or preventive action(s) are taken based on the analysis where appropriate.**

Interpretation: Self-explanatory.

Standard

MOM. 5.	Written guidance is available for the use of consumables, implantable prosthesis.

Objective Elements

Commitment **a.** **Written guidance governs the procurement, storage/stocking, issuances, and usage of consumables, incorporating manufacturer's recommendations(s).**

Interpretation: The Eye care organisation shall ensure that relevant and sufficient scientific data are available before selection. It shall also look for international (for example, US-FDA) or national notification (Drugs and Cosmetics Act notification October 2005) for approval of the particular product. The committee of clinicians shall be responsible for approving the use of a particular implant. In this context, medication supplies and consumables refer to those items used in patient care, excluding medications and implants. The process should address the issues of vendor selection, vendor evaluation, indenting process, generation of purchase order and receipt of goods. Examples, IOLs, ICL, INTACS, Glaucoma drainage devices and valves, Orbital implants, Silicon oil, Endocapsular ring etc.

Commitment **b.** **Written guidance governs procurement, storage/stocking, issuance and usage of implantable prosthesis and medical devices incorporating manufacturer's recommendation(s). ***

Interpretation: The consumable, implants are opened and used using relevant precautions to maintain the sterility and integrity. The Eye care organisation shall ensure that the storage requirements specified by the manufacturer are adhered to. This shall be applicable to all areas where these are stored including wards. They shall be protected from loss or theft. Overall cleanliness of the storage area shall be maintained. Medical supplies and consumables shall be in a condition suitable for safe usage. The condition of these materials shall be checked before dispensing and usage for example: opened package, damp cotton roll, physical damage, unwanted discolouration etc.

Commitment **c.** **The batch and serial number of the implantable prosthesis and medical devices are recorded in the patient's medical record, the master logbook and the discharge summary.**

Interpretation: In case where implantable prosthesis do not have pre-labelled stickers, the Eye care organisation shall have suitable mechanisms in place for identifying the implant (manufacturer, type, size, batch number, serial number) and any other important detail.

Chapter 4

Patient Rights and Education (PRE)

Intent of the chapter

The Eye care organisation defines the patient and family's rights and responsibilities. The staff is aware of these rights and are trained to protect them. Patients are informed of their rights and educated about their responsibilities at the time of admission. They are informed about the disease, the possible outcomes and are involved in decision making. The costs are explained in a clear manner to patient and/or family. Patients are educated about the mechanisms available for addressing grievances.

A documented process for obtaining patient and/or families consent exists for informed decision making about their care.

Patients and families have a right to seek and get information and education about their healthcare needs in a language and manner that is understood by them.

SUMMARY OF STANDARDS

PRE 1.	The Eye care organisation protects patient and family rights during care and informs them about their responsibilities during care.
PRE 2.	Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.
PRE 3.	A documented procedure for obtaining patient and/or family's consent exists for informed decision making about their care.
PRE 4.	Patient and families have a right to information and education about their disease and healthcare needs.
PRE 5.	Patients and families have a right to information on expected costs.
PRE 6.	The Eye care organisation has a mechanism to capture patient's feedback and redressal of complaints.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	06
Objective elements	32
CORE	06
Commitment	24
Achievement	02
Excellence	00

Objective Element	PRE.1.	PRE.2.	PRE.3.	PRE.4.	PRE.5.	PRE.6.
a	Commitment	Commitment	CORE	Commitment	CORE	Commitment
b	Commitment	Commitment	CORE	Commitment	Commitment	CORE
c	CORE	Commitment	CORE	Commitment	Commitment	Achievement
d	Commitment	Commitment	Commitment	Commitment	Achievement	
e		Commitment		Commitment		
f		Commitment		Commitment		
g		Commitment				
h		Commitment				
i		Commitment				
j		Commitment				
k		Commitment				

Standards and Objective Elements

Standard

PRE. 1.	The Eye care organisation protects patient and family rights during care and informs them about their responsibilities during care.

Objective Elements

Commitment **a. Patient and family rights and responsibilities are documented, displayed, and they are made aware of the same.**

Interpretation: Eye care organisation should respect patient's rights and inform them of their responsibilities. The rights and responsibilities of the patients should be displayed prominently in patient care areas(bilingually). Pamphlets may also be provided regarding the same.

Commitment **b. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.**

Interpretation: Display, information material, communication or counselling should at least be bi-lingual (English and the state language / language spoken by the majority of people in that area / region).

CORE **c. The organisation protects patient and family rights. The organisation has a mechanism to report a violation of patient and family rights. ***

Interpretation: The first measure to protect patient and family rights is making the staff aware of their responsibility in protecting patient and family rights.

- The staff shall conduct themselves in a manner wherein their actions convey a positive attitude towards the protection of patient and family rights.
- The organisation may develop a list of such instances which could be considered as infringements of patients' and families' rights and train the staff accordingly.
- There should be a mechanism for the patient and/or family to report a violation of their rights. The patient feedback form (by incorporating patient rights worded appropriately) could be used as a tool to capture violation of patient rights.

Commitment **d. Violation of patient and family rights are monitored, analysed and corrective/preventive action taken by the top leadership of the organisation.**

Interpretation: Whenever patients' rights have been infringed upon, management shall document the said violations, investigate and maintain the record of the incident and its outcomes – correction / corrective / preventive actions. The Eye care organisation shall have a mechanism to capture the same. The Eye care organisation may develop a list of such instances which could be considered as infringements of patients and families' rights and train the staff accordingly. For example, compromising the privacy and confidentiality, dis-respect to religious and cultural needs, soliciting money etc. The patient feedback form (by incorporating patient rights worded appropriately) could be used as a tool to capture violation of patient rights.

Standard

PRE. 2.	Patient and family rights support individual beliefs, values and involve the patient and family in decision making processes.

Objective Elements

Commitment **a.** **Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.**

Interpretation: During all stages of patient care, be it in examination or carrying out a procedure, hospital staff shall ensure that patient's privacy and dignity is maintained. The Eye care organisation shall develop the necessary guidelines for the same. During procedures the Eye care organisation shall ensure that the patient is exposed just before the actual procedure. For example, Anaesthesia is undertaken. With regards to photographs / recording procedures, the Eye care organisation shall ensure that an explicit informed consent is taken and that the patient's identity is not revealed.

Commitment **b.** **Patient and family rights include protection from neglect or abuse.**

Interpretation: Examples of this include falling from the bed/trolley due to negligence, etc. Special precautions shall be taken especially with respect to vulnerable patients, for example elderly, paediatric, physically including visually challenged and mentally challenged patients under sedation etc.

Commitment **c.** **Patient and family rights include treating patient information as confidential.**

Interpretation: The Eye care organisation and the treating team shall take effective measures to maintain confidentiality of all patient related information. Statutory requirements with respect to privileged communication shall be followed at all times (refer the glossary for definition of privileged communication). Confidential information including HIV status shall not be revealed without the patient's permission. It shall not be explicitly written / pasted on the cover of the medical

record nor shall it be displayed in a manner that is easily understandable by the public at large.

Commitment d. Patient and family rights include refusal of treatment.

Interpretation: The treating doctor shall discuss all the available options and allow the patient to make an informed choice. In case of refusal, the treating doctor shall explain the consequences of refusal of treatment and document the same. Patient and family have a right to seek an additional opinion regarding clinical care. Mechanism for patient and family to seek a second opinion, if they wish from within or outside the organisation with access to all relevant information or clinical evaluation.

Commitment e. Patient rights include obtaining informed consent before carrying out procedures.

Interpretation: The treating doctor or a doctor member of the treating team is responsible for obtaining informed consent. Throughout the consent process, an assessment of the patient and/or family's understanding abilities and language preferences is conducted. The consent is acquired in a language which is comprehensible to the patient. If the patient cannot read the consent document, it is obtained in the language used during the explanation. The consent form requires the signature and details of a witness to be affixed. This meticulous approach ensures clarity, understanding, and adherence to proper consent procedures.

Commitment f. Patient and family rights include right to complain and information on how to voice a complaint.

Interpretation: The displayed patient rights should include the right to make a complaint and also mention the methodology to voice the same. Complaint mechanism must be accessible and redressal of complaint must be fair and transparent.

Commitment g. Patient and family rights include information on the expected cost of the treatment.

Interpretation: Patients and families are explained about the expected costs of treatment in a transparent manner. This includes consultations, procedures and investigations. It may involve giving written estimates or making the applicable tariff available.

Commitment h. Patient and family rights include access to his / her clinical records.

Interpretation: The Eye care organisation shall ensure that every patient has

access to his/her record. This shall be in consonance with the code of medical ethics and statutory requirements

Commitment **i.** **Patient and family rights include a right to seek an additional opinion regarding clinical care.**

Interpretation: Second Opinion Mechanism: Patients and their families have the right to seek a second opinion. Options for obtaining a second opinion are available both within and outside the organization.

Respect for Patient Decision: The ECO respects the decision of the patient and their family to seek a second opinion.

Request for second opinion and doctor Information: Patients can request additional information about a particular specialist or physician.

The ECO should be committed to providing the requested information to enhance transparency and support informed decision-making has context menu.

Commitment **j.** **Patient and family rights include information on the name of the treating doctor, care plan, progress and information on their health care needs.**

Interpretation: Information on the name of the treating doctor, care plan, the progress of the patient and the healthcare needs, are discussed with patient and family.

Treating Doctor's Information: Patients and their families receive clear information about the name of the treating doctor responsible for their care.

Care Plan Discussion: The organization engages in discussions with patients and their families regarding the care plan. This includes detailing the proposed course of treatment and interventions.

Progress Updates: Regular updates on the patient's progress are provided to keep both the patient and their family informed.

Commitment **k.** **The care plan is prepared and modified in consultation with the patient and/or family members.**

Interpretation: During the preparation of the care plan, the patient and/or family members are explained about the various treatment options, risks and benefits. The care plan, where possible, incorporates patient and/or family's concerns and requests. The religious, cultural and spiritual views of the patient and/or family shall be considered during the process of care delivery. Incorporating patient and/or family requests shall be limited by the statutory requirements. The organisation could develop a structured mechanism to implement and capture the same.

Standard

PRE. 3.	A documented procedure for obtaining patient and / or family's consent exists for informed decision making about their care.

Objective Elements

CORE

a. The organisation obtains informed consent from the patient or family for situations where informed consent is required. Informed consent process adhered to statutory norms.

Interpretation: A list of procedures should be made for which informed consent is required. This shall be prepared to keep in mind the requirements of this standard and statutory requirement. For example, some statutory requirements are PC-PNDT Act and The Transplantation of Human Organs Act. The policy for HIV testing should follow the national policy on HIV testing laid down by National AIDS Control Organisation (NACO). The organisation shall have written guidance explaining the various steps involved in the informed consent process and the person responsible. The staff are aware of the same.

The informed consent shall include (but is not limited to):

1. Taking consent before the procedure;
2. At least one witness signing the consent form.

The witness shall be a person who was present for the entire duration of the communication between the doctor and the patient. In case the patient has to undergo a procedure repeatedly for a long time (for example, Laser Procedure) an informed consent is taken at the first instance. Such consent shall have a defined validity period but not more than one month.

The patient endorses the consent at each repeat treatment. However, if there is a change in the treatment modality or an addition of another modality then fresh consent shall be obtained

CORE

b. Documented procedure incorporates the list of those situations where informed consent is required and the process for taking informed consent.*

Interpretation: The ECO policy on informed consent process outlines specific steps, assigning responsibilities to ensure clarity and accountability.

- Procedure-Specific Consent List as per scope of services: A comprehensive list of procedures requiring informed consent is established, aligning with scope of services and statutory requirements.
- Statutory Compliance: Statutory requirements, such as the Organ

Transplantation Act for corneal transplantation, are explicitly considered and incorporated into the informed consent procedures.

Policies related to HIV testing, for example, align with the national policy on HIV testing, as outlined by NACO

- Staff Training: Staff undergoes training to proficiently handle the informed consent process for all procedures within the organization.

CORE

c. Informed consent includes information regarding the procedure and/or implants, its risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.

Interpretation: Medical member of the team will take the consent.

The consent shall have the name of the doctor performing the procedure. In case if a procedure requires more than one doctor from different specialities, then the same will have to be explained to the patient and consent shall include the name of the principal surgeon from each speciality who is performing the procedure. Each doctor will have to explain his role and address all aspects required for an informed consent. For example:

- If it is a "doctor under training" the same shall be specified, however the name of the qualified doctor supervising the procedure shall also be mentioned.
- Consent form shall be in the language that the patient understands.

Commitment

d. The organisation describes who can give consent when a patient is incapable of independent decision making and implements the same. *

Interpretation: The consent shall be taken from the patient in all cases when the patient is capable of giving consent and above the legal age for giving consent. The Eye care organisation shall take into consideration the statutory norms when the patient is incapable of independent decision making. This would include next of kin/legal guardian. The order of preference of next of kin/legal guardian is spouse, son/daughter/parents/brothers/sister.

Standard

PRE. 4.	Patient and families have a right to information and education about their disease and healthcare needs.

Objective Elements

Commitment

a. Patients and families are educated to make informed decisions pertaining to plan of care, preventive aspects, possible complications, the expected results and costs at the time of admission.

Interpretation: The plan of care as decided by the doctor on duty or the patient management team (as the case may be) is to be discussed with the patient and/or family members. This should be done in a language the patient /attendant can understand. The above information is to be documented and signed by the doctor concerned. The patients and/or family members are explained in detail by the treating physician or his/her team about the expected outcomes of such treatment at periodic intervals. Possible complications of the treatment, if any, are clearly communicated to the patient and/or family members.

Commitment **b. Patient and/or family are educated about the safe and effective use of medication and the potential side effects of the medication, when appropriate.**

Interpretation: The Eye care organisation shall make a list of such drugs and accordingly educate the patient about them, for example Inj. Ranibizumab, Tab. Acetazolamide, Topical Glaucoma Medications etc. This could also include education regarding the importance of taking a drug at a specific time for a specified duration. For example, Risk of continuing steroid drops for a longer time without periodic examination of the Ophthalmologist, prostaglandin analogues and Rho kinase inhibitors to be instilled at night.

Commitment **c. Patient and his/her family are counselled for the usage of the implantable prosthesis and medical devices.**

Interpretation: The treating doctor shall provide a detailed explanation of the specific implant or medical device under consideration, including its purpose, function, and expected outcomes.

For example: For patients undergoing glaucoma surgery, the treating doctor shall comprehensively explain the purpose and functioning of a drainage implant, addressing potential intraocular pressure reduction.

1. **Cost Discussion:** Discuss the anticipated costs associated with the implant or medical device, including pre-operative assessments, the procedure itself, and any post-operative care. For example: outline the expected costs for an ICL implant, encompassing surgical fees, anesthesia costs, and follow-up examinations.
2. **Risk-Benefit Analysis:**Conduct a thorough risk-benefit analysis, outlining potential advantages and disadvantages of the proposed implant or medical device. For example: discuss the benefits of a multifocal intraocular lens for cataract surgery, highlighting improved near and distance vision, alongside potential risks like halos or glare.
3. **Alternative Options:** Present alternative treatment options or devices, outlining their pros and cons to make informed decisions based on a

comprehensive understanding of available choices. For example: when considering a corneal implant for keratoconus, discuss alternative interventions like rigid gas permeable lenses or collagen cross-linking.

Commitment **d. Patient and/or family are educated about their specific disease process, complications and prevention strategies.**

Interpretation: This could also be done through patient education booklets/videos/leaflets, etc. This shall include information on lifestyle modifications, diet changes where appropriate. Patient education includes prevention strategies as applicable, for example, all diabetic and Glaucoma patients should be informed about the importance of regular retina examinations / disc evaluations etc.

Commitment **e. Patient and/or family are educated about preventing healthcare associated infections.**

Interpretation: For example: Patients with conjunctivitis are educated about hand washing, avoid going to school or public places. Post-op patients and their attenders shall be educated on hand washing and safe usage of eye drops.

Commitment **f. Patient and/or families are educated in a language and format that they can understand.**

Interpretation: Self-explanatory.

Standard

PRE. 5.	Patients and families have a right to information on expected costs.

Objective Elements

CORE **a. The patient and/or family members are made aware of the pricing policy in different settings (out-patient, in-patient, emergency and category of wards).**

Interpretation: There should be a billing policy which defines the charges to be levied for various activities.

The key components of pricing, namely consultation charges, charges, nursing security, bed charges, security deposit etc. are informed to the patient. This should be based on the billing policy, which defines the charges to be levied for various healthcare activities in a given setting.

Commitment **b. The relevant tariff list is available to patients.**

Interpretation: The Eye care organisation shall ensure that there is an updated tariff list and that the relevant tariff is available for patients when required. The Eye care organisation shall charge as per the tariff list. Any additional charge should also be enumerated in the tariff and the same communicated to the patients. The tariff rates should be uniform (in a given setting) and transparent. The tariff list should be dated and signed with seal for the given period. However, the same may also be available in the electronic format.

Commitment **c. The patient and/or family members are explained about the expected costs.**

Interpretation: Patients should be given an estimate of the expenses on account of the treatment preferably in a written form. This estimate shall be prepared on the basis of the treatment plan. It could be prepared by the OPD/ Registration/Admission staff/ patient counsellor as per the applicable tariff list.

Achievement **d. The Patient and/or family are informed about the financial implications when there is a change in the care plan.**

Interpretation: Change in the care plan requires that the patient and/or family are informed of the financial implications. Example of change in care plan includes change in the planned surgery like additional anterior vitrectomy, change of IOL, implantation of CTR etc.

Standard

PRE. 6.	The Eye care organisation has a mechanism to capture patient's feedback and redressal of complaints.

Objective Elements

Commitment **a. The Eye care organisation has a mechanism to capture feedback from patients, which includes patient satisfaction and patient experience.**

Interpretation: In addition to collecting patient feedback the Eye care organisation shall also capture patient experience which may include:

- Communication with doctors and nurses,
- Pain management, hospital environment (cleanliness and quietness),
- Responsiveness of hospital staff, discharge information,
- Communication about medications and overall rating of the hospitals. Eg: There may be a negative outcome but still have a positive patient experience.

CORE

b. The organisation redresses patient complaints as per the defined mechanism. Patient and/or family members are made aware of the procedure for giving feedback and/or lodging complaints.

Interpretation: The written guidance shall incorporate the mechanism for lodging complaints (including verbal or telephonic/email complaints, google reviews), method of compiling them, analysing complaints including the time frame, the person(s) responsible and documenting the action taken. It is for the organisation to decide if it wants to give credence to anonymous complaints.

Patient complaints include those against healthcare workers. The awareness shall be either by display or by providing written information. The organisation must create an environment of trust wherein the patients would be comfortable to air their views.

Achievement

c. All feedback and complaints are reviewed and/or analysed within a defined time frame. Corrective and/or preventive action(s) are taken based on the analysis where appropriate.

Interpretation: The entire process shall be documented. Where appropriate, the patient and/or family could be involved in the discussions and also be informed regarding the outcome. The analysis identifies opportunities for improvement and the same are carried out.

Chapter 5

Infection Prevention and Control (IPC)

Intent of the chapter

The standards guide the provision of effective healthcare-associated infection prevention and control programmed in the Eye care organisation. The programme is documented and aims at reducing/eliminating infection risks to patients, visitors and providers of care.

The Eye care organisation measures and takes action to prevent or reduce the risk of Healthcare Associated Infection (HAI) in patients and employees.

The Eye care organisation provides proper facilities and adequate resources to support the Infection Prevention and Control Programme.

The programme includes an action plan to control outbreak of infections, disinfection/ sterilization activities, Biomedical Waste (BMW) management, training of staff and employee health.

SUMMARY OF STANDARDS

IPC 1.	The Eye Care organisation has a comprehensive and coordinated Hospital Infection Prevention and Control (IPC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care and community.
IPC 2.	The organisation implements the infection prevention and control programme in clinical areas and support services.
IPC 3.	The Eye care organisation takes actions to prevent or reduce the risks of Healthcare Associated Infections (HAI) in patients.
IPC 4.	There are documented policies and procedures for sterilization activities In the hospital.
IPC 5.	The infection control programme is supported by the hospital management and includes training of staff.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	05
Objective elements	29
CORE	11
Commitment	18
Achievement	00
Excellence	00

Objective Element	IPC.1.	IPC.2.	IPC.3.	IPC.4.	IPC.5.
a	Commitment	Commitment	CORE	Commitment	Commitment
b	CORE	CORE	Commitment	CORE	Commitment
c	Commitment	CORE	Commitment	Commitment	Commitment
d	CORE	Commitment	CORE	Commitment	
e		Commitment	Commitment	Commitment	
f		CORE	Commitment		
g		CORE	Commitment		
h		CORE			
i		Commitment			
j		CORE			

Standards and Objective Elements

Standard

IPC. 1.	The Eye care organisation has a comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/ eliminating risks to patients, visitors, providers of care and community.

Objective Elements

Commitment

a. The hospital has an infection prevention and control committee, which co-ordinates all infection prevention and control activities. *

Interpretation: Committee Composition shall comprise the following key members:

- Ophthalmologist
- Designated individual for infection control Nurse / Microbiologist / Administrator
- Additional members, as needed:

- Physician/Infection Control Specialist
- Additional Eye Surgeon
- Nursing Staff
- Staff from Central Sterile Services Department (CSSD)/ OT

The committee shall lay down the policies and procedures to guide the implementation. The composition, frequency of meetings, the minutes of the meeting shall be documented.

CORE

b. The hospital has a designated individual for infection control activities. *

Interpretation: The Designated individual (doctor, nurse or Optometrist) shall be trained in infection control and surveillance activities. Such Infection Control Professional shall have attended appropriate training program on Infection control practices.

Commitment

c. The infection prevention and control programme is reviewed based on infection control assessment tool.

Interpretation: The organisation shall use any validated tool for performing infection prevention and control assessment tool. Risk reduction goals and the measurable objectives are established by the committee and reviewed periodically at least annually.

CORE **d. The hospital infection prevention and control programme is documented.**

Interpretation: The policies and procedures shall be directed at prevention and control of infection in the hospital and include its monitoring all OT areas. The ECO shall have hospital associated infection prevention and control manual (HIC manual) that shall incorporate the structure of the program, all processes, activities and surveillance procedures related to the program.

Standard

IPC. 2.	The organization implements the infection prevention and control programme in Clinical areas and support services.

Objective Elements

Commitment **a. The ECO always adheres to standards precautions.**

Interpretation: Adherence to standard precautions is one of the fundamental tenets of infection prevention and control. In every area of the organisation, standard precautions shall be adhered. Refer to the glossary for "standard precautions".

CORE **b. The Eye care organization categorised the various clinical areas and implements procedures to prevent infection in these areas. ***

Interpretation: Infection control program and manual shall include all areas of the hospital and the manual shall clearly identify the high-risk areas of the hospital, e.g. Emergency, OPD, procedure rooms, OT, post-operative ward, CSSD and all high-risk procedures e.g. polytrauma procedures, Lacrimal surgeries, Refractive surgeries, Oculoplastic and orbital surgeries, traumatic Cataract, surgeries for endophthalmitis, retinal surgery etc.

CORE **c. The Eye care organisation adheres to cleaning, disinfection, and sterilization practices.***

Interpretation: The Eye care organisation adheres to hand-hygiene guidelines. The Eye care organisation shall adhere to international/national guidelines on hand hygiene. A good reference is the WHO guidelines of 2009. The Eye care organisation could display the necessary instructions near every hand-washing area.

Cleaning, disinfection and sterilization practices shall be addressed at all levels of the Eye care organisation, e.g. ward, OPD, OT and CSSD. A good reference is "CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008".

This shall also include environment, fixtures, furniture, furnishings, equipment,

etc., as applicable. Eye care organisation shall identify various different disinfectants being used in patient care areas. The common disinfectants used are identified, dilution protocols are established, and its usage in the appropriate situation is complied with. Risks and hazards due to usage of disinfectants are identified and staff is aware of these risks and hazards (This can be done through display of material safety data sheets (MSDS) of such disinfectants and staff are educated through MSDS).

Commitment

d. Surveillance activities are appropriately directed towards the identified high-risk areas

Interpretation: The ECO has to identify high risk areas and ensure surveillance activities happen in the high-risk areas on a regular basis. The organisation shall use a judicious mix of active and passive surveillance.

Surveillance shall also include areas where demolition, construction or repairs are undertaken, especially in high-risk areas.

The organisation could lay down the parameters in the manual that need to be captured and the process for reporting.

Commitment

e. The Eye care organization implements the antibiotic policy and monitors rational use of antimicrobial agents.

Interpretation: The Eye care organisation shall identify clinical conditions in which antimicrobial agents (antibiotics and anti-fungal agents) shall be used in terms of type of the antimicrobial agent, monotherapy Vs combination therapy, dose and duration of antimicrobial therapy. Deviations are brought to the notice of concerned clinicians and corrective and preventive actions are taken and documented.

A good reference is Antibiotic policy of the nearby Institutions/District/state.

CORE

f. Biomedical waste (BMW) is handled appropriately and safely.

Interpretation: Proper segregation and collection of biomedical waste from patient care areas of the hospital is implemented.

Wastes to be segregated and collected in different colour- coded bags and containers as per statutory requirements. Monitoring shall be done by the members of the infection control committee or team. Biomedical waste shall be handled in the proper manner using appropriate personal protective equipment.

The Eye Care Organization that biomedical waste is stored in the accordance with statutory provisions. Biomedical waste is handed over to the authorized vendor for transport to the site of treatment and disposal process.

CORE

g. The Eye care organisation adheres to laundry and linen management processes. *

Interpretation: The laundry can be in-house or outsourced. The Eye care organisation shall have a policy for change of linen. Eye care organisation shall have a defined process of handling linen in patient care units, during transport and inside the laundry. If outsourced, the Eye care organisation shall ensure that it establishes adequate controls to ensure infection prevention and control.

CORE

h. The Eye care organisation adheres to kitchen sanitation and food-handling issues. *

Interpretation: This shall be applicable, even if this activity is outsourced. The Eye care organisation shall adhere to all statutory requirements. Kitchen sanitation measures are implemented to prevent the risk of cross-contamination. This includes the periodic screening of kitchen workers and food handlers for carriage of parasites and Salmonella typhi every six months or if the staff rejoins after leave of 15 days or more.

Commitment

i. The Eye care organisation has appropriate engineering controls to prevent infections. *

Interpretation: This shall include the design of patient care areas, operating rooms, air quality and water supply. Issues such as air-conditioning plant and equipment maintenance, cleaning of AC ducts / filters, AHUs, cleaning / replacement of filters, seepage leading to fungal colonization, replacement/repair of plumbing, sewer lines (in shafts) shall be included. Water-supply sources and system of supply, testing for water quality must be included. Any renovation work in hospital patient-care areas shall be planned with infection control team with regard to segregation, traffic flow, use of materials etc.

Refer to annexure: NABH guidelines on OT air-conditioning.

CORE

j. The Eye care organisation adheres to housekeeping procedures. *

Interpretation: This shall include categorization of areas/surfaces, general-cleaning procedures for surfaces, furniture/fixtures, and items used in patient care. It shall also include procedures for blood and body fluid cleanup, and all high-risk (critical) areas. The common disinfectants used, dilution factors and methodology shall be specified. Brooming and a dry dusting of any sorts inside the clinical areas shall be avoided.

Standard

IPC. 3.	The Eye care organisation takes actions to prevent or reduce the risks of Healthcare Associated Infections (HAI) in patients.

Objective Elements

CORE **a. Adequate and appropriate Hand hygiene facilities in all patient care areas are accessible to health care providers.**

Interpretation: The ECO shall ensure that it provides the necessary infrastructure to carry out the same.

Optimal hand-hygiene requirements include washbasins, taps with hands-free control, soap and facility for drying hands without contamination and also the availability of hand rubs/sanitisers for using in between the patients.

The ECO shall also ensure that hand hygiene facilities are accessible in-patient care areas.

Commitment **b. Compliance with proper hand hygiene is monitored regularly.**

Interpretation: This shall be done at regular intervals (maybe monthly and consolidated into an annual report) and the Eye care organisation shall take suitable steps based on the analysis. An appropriate sample size shall be chosen and all categories of staff (involved in direct patient care) shall be monitored. The compliance levels shall be shared with the relevant staff.

A good tool is the WHO 's - Observation Form.

Commitment **c. The organization takes action to prevent surgical site infections.**

Interpretation: The basic principles of infection prevention, namely standard precautions and transmission-based precautions, shall be adhered. This shall include pre-op, intra-op and post-op measures. A good reference is the CDC/WHO/SHEA guidelines.

CORE **d. The scope of surveillance activities incorporates tracking and analysing of infection risks, rates and trends.**

Interpretation: The organisation could lay down the data that needs to be captured, periodicity of carrying out the surveillance and the process for reporting. Verification of data shall be done by the infection control team.

The organisation must be able to provide evidence of conducting periodic Surveillance directed towards its identified high-risk activities.

Commitment e. Appropriate feedback regarding Healthcare Associated Infection (HAI) rates is provided on a regular basis to appropriate personnel.

Interpretation:

- Establish a Feedback Protocol: Define a systematic protocol for providing feedback and frequency on HAI rates.
- Identify Appropriate Personnel: Determine the key personnel who shall receive feedback, including healthcare providers, Infection control teams, and Hospital administrators.
- Data Collection and Analysis: Implement data collection systems for monitoring HAI rates.

  Utilize reliable sources, such as patient records, laboratory reports, and incident reports. Analyze the data regularly to identify trends and patterns.
- Root Cause Analysis: Conduct root cause analysis for identified HAIs.

Commitment f. Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.

Interpretation: They shall be available at the point of use and the Eye care organisation shall ensure that it maintains an adequate inventory.

Personal protective equipment includes:

i. Gloves
ii. Protective eye wear (goggles)
iii. Mask
i. Apron
v. Gown
vi. Cap/hair cover

The staff uses PPE appropriate to the risks involved. The PPE are removed and appropriately disposed or treated as soon as the purpose is served.

Commitment g. Appropriate pre- and post-exposure prophylaxis is provided to all staff members involved in patient care activities *

Interpretation: Infection Control Nurse / HR dept maintains documentation of all occupational injuries and pre- and post-exposure prophylaxis records. For example, hepatitis B vaccination and PEP for needle stick injury.

Standard

IPC. 4.	There are documented policies and procedures for sterilization activities in the Eye care organisation.

Objective Elements

Commitment **a. The Eye care organisation provides adequate space and appropriate zoning for sterilization activities.**

Interpretation: Adequacy of space refers to the CSSD, which shall have suitable location, proper layout (unidirectional flow, zoning) and separation of clean and dirty areas. Sufficient space shall be available to ensure that the activities can be performed properly.

The Eye care organisation shall provide for the same in all areas where sterilization activities are carried out. It is preferable to have separate areas for receiving, washing, cleaning, packing, sterilization, sterile storage and issue of sterilized material.

A good reference is Hospital Infection Society India (HISI) and HTM guidelines, MOH guidelines 2023, CEA.

CORE **b. Cleaning, packing, disinfection and/or sterilisation, storing and the issue of items is done as per the written guidance.**

Interpretation: Eye care organisation shall have a documented policy and procedure for cleaning, usage of disinfectants, sterilization as per the equipments and instruments e.g. Phaco tubings, reprocessing of Instruments, Equipments and devices wherever applicable. A good reference is “CDC Guideline for Disinfection and Sterilization in Healthcare Facilities,2008 update: May 2019”. Other references include Hospital Infection Society India (HISI) guidelines. The sterilized/disinfected equipment/sets shall be stored in an appropriate manner across the Eye care organisation and not just in CSSD.

Commitment **c. The Eye care organisation shall have a documented policy and procedure for reprocessing of instruments, equipments and devices whenever applicable. ***

Interpretation: There is a documented procedure to address cleaning, disinfection or sterilization of various accessories, instruments and equipment between patients. The Eye care organisation identifies those devices which are meant for re-use. The number of reuses and the process of re-use of these items are defined and monitored. The patient is informed about the same. The documented policies and procedures shall be in consonance with the available good practices.

Commitment **d.** **Regular validation tests for sterilization are carried out and documented for traceability & accountability ***

Interpretation: This shall be done by accepted methods, e.g. bacteriologic, strips, etc. Engineering validations like Bowie-Dick tape test and leak rate test needs to be carried out.

WHO recommends each load to have a number, content description, temperature, pressure and time-record chart, physical/chemical tests daily, weekly biological tests, steam processing, and ETO processing. A good reference is "CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2019".

Commitment **e.** **There is an established recall procedure when breakdown in the sterilization / system is identified.**

Interpretation: The Eye care organisation shall ensure that the sterilization procedure is regularly monitored and in the eventuality of a breakdown it has a procedure for withdrawal of such items. The Eye care organisation could have a batch-processing system with date and machine number for effective recall.

Standard

IPC. 5.	The infection control programme is supported by the management and includes training of staff.

Objective Elements

Commitment **a.** **Hospital management makes available resources required for the infection control programme.**

Interpretation: The Eye care organisation shall ensure that the resources required by the personnel shall be available in a sustained manner. This includes both men and materials.

Commitment **b.** **The Eye care organisation conducts pre-induction sensitization programme for all appropriate categories of staff.**

Interpretation: There must be a documented evidence of induction training for all categories of staff including doctors before joining department(s) concerned. The induction programme shall include the policies, procedures and practices of the infection control programme.

Commitment **c.** **The Eye care organisation also conducts appropriate "in-service" training sessions for all concerned categories of staff at least once in a year.**

Interpretation: Self-explanatory.

Chapter 6

Patient Safety and Quality Improvement (PSQ)

Intent of the chapter

The standards encourage an environment of continual quality improvement. The quality and safety programme shall be documented and involve all areas of the Eye care organisation and all staff members. The Eye care organization shall collect data on structures, processes and outcomes, especially in areas of high-risk like Operation Theatre. The collected data shall be collated, analysed and used for further improvements.

The quality programme of the diagnostic services shall be integrated into the Eye care organisation's quality plan. Infection-control and patient-safety plans shall also be integrated into the Eye care organization's quality improvement plan.

The Eye care organisation shall define its sentinel events and intensively investigate when such events occur.

The quality improvement Programme shall be supported by the management.

SUMMARY OF STANDARDS

PSQ 1.	There is a structured quality improvement and continuous monitoring Program in the Eye Care organization.
PSQ 2.	There is a structured patient-safety programme in the Eye care.
PSQ 3.	The organisation identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.
PSQ 4.	There is an established system for clinical audit and quality improvement programmes.
PSQ 5.	Incidents are collected and analysed to ensure continual quality Improvement.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	05
Objective elements	29
CORE	08
Commitment	19
Achievement	02
Excellence	00

Objective Element	PSQ.1.	PSQ.2.	PSQ.3.	PSQ.4.	PSQ.5.
a	CORE	CORE	Commitment	Commitment	CORE
b	Commitment	Commitment	Commitment	CORE	Commitment
c	Commitment		Commitment	Commitment	Commitment
d	Commitment		Commitment	Commitment	Commitment
e	Commitment		Commitment	Commitment	
f			Commitment		
g			CORE		
h			Achievement		
i			Commitment		
j			Achievement		
k			CORE		
l			CORE		
m			CORE		

Standards and Objective Elements

Standard

PSQ. 1.	There is a structured quality improvement and continuous monitoring program in the organisation.

Objective Elements

CORE **a. A comprehensive quality improvement Programme is developed, implemented and monitored by a multi-disciplinary committee. ***

Interpretation: This committee shall have representation from management, various clinical and support departments of the Eye care organisation. This committee shall receive inputs on significant deliberations from other committees in the Eye care organisation. The committee may be called as the core committee, quality improvement committee, etc. This programme shall be developed, implemented and maintained in a structured manner.

Frequency of meeting could be at least once in three months.

The quality improvement programme is a continuous process and updated at least once in a year.

Commitment **b. There is a designated individual for coordinating and implementing the quality improvement Programme. ***

Interpretation: This shall preferably be a person having a good knowledge of accreditation standards, statutory requirements, hospital quality improvement principles and evaluation methodologies, hospital functioning and operations. For example, accreditation co-ordinator, management representative, quality manager.

Commitment **c. The designated programme is communicated and coordinated amongst all the staff of the Eye care organisation through appropriate training mechanism.**

Interpretation: Staff are made aware of the structure of the quality assurance program in the hospital. The staff are also aware of their individual roles in contributing to the quality assurance program as a part of their job description. This could be done through a regular training programme or supply of educative / printed materials.

Commitment **d. The quality improvement programme identifies opportunities for improvement based on review at pre-defined intervals. ***

Interpretation: The quality improvement programme is a dynamic process. There is an outline of the periodic review mechanisms at different levels such as department / senior administration / management reviews, etc. The Quality improvement programme needs to be reviewed by the quality improvement committee at regular pre-defined intervals as defined by the Eye care organisation in the quality improvement manual but at least once in three months. The review shall include focussed audits, Eye care organisational performance, analysis of key indicators as identified and determined by the Eye care organisation including the mandatory indicators. The minutes of the review meetings shall be recorded and maintained.

Commitment **e. Audits are conducted at regular intervals as a means of continuous monitoring. ***

Interpretation: Choice and frequency of audits shall be defined for priority areas in the Eye care organisation and for areas of concern as identified by trends in indicators, identified risk, etc. However, all the areas of the Eye care organisation shall be covered by a hospital wide internal audit at least once in 6 months as per a scheduled plan. This internal audit shall be done by a identified staff or a multi-disciplinary team (preferably trained in NABH Eye care organisation NABH standards). The internal audit of a particular area shall include all the applicable standards and objective elements. At the end of the audit, there shall be a formal meeting to summarize the findings and corrective and preventive measures shall be taken and documented. The implementation of changes is verified and recorded. The assessors shall be either trained internally or externally in NABH.

Eye care organisation standards. They shall assess areas independent of their area of work.

Standard

PSQ. 2.	There is a structured patient-safety programme in the Eye care organisation.

Objective Elements

CORE **a. A comprehensive patient safety programme is developed, implemented and monitored by a multi-disciplinary committee.**

Interpretation: This committee shall have representation from management, various clinical and support departments of the Eye care organisation. This

committee shall receive inputs on significant deliberations from other committees in the Eye care organisation. The committee may be called as the Safety committee.

As patient safety is paramount, it needs to be reviewed at regular pre-defined intervals (as defined by the Eye care organisation in the safety manual but at least once in four months). The review at a minimum shall include review of facility inspection rounds, safety audits and analysis of key-safety indicators. The minutes of the review meetings shall be recorded and maintained.

The patient safety programme is a continuous process and updated at least once in a year. The updates could be based on findings of audits, the review carried out by the safety committee etc.

Commitment **b. The Eye care organisation adapts and implements National / International Patient- Safety goals/solutions.**

Interpretation: At a minimum, the Eye care organisation shall adhere to the current national patient-safety goals or WHO patient-safety solutions. It is preferable that the Eye care organisation also participates by contributing to such databases.

Standard

PSQ. 3.	**The organisation identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.**

Objective Elements

Commitment **a. Organisation shall identify the appropriate key performance indicators in clinical structures, processes and outcomes.**

Interpretation: The organisation identifies and monitors the priority aspects of patient care. Any indicator mandated by the government of India or the National Accreditation Board for Hospitals and Healthcare Providers (NABH) shall be monitored.

These indicators are based on available literature or created in accordance with good practice. Every indicator shall have a defined numerator, denominator and multiplier. Where appropriate, the definition of the terms shall be provided.

Commitment **b. Monitoring includes appropriate patient assessment.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Time for initial assessment outpatient and emergency.

Monitoring shall include optometric, ophthalmic and general assessment.

Commitment **c. Monitoring includes safety and quality-control programmes of all the diagnostic services.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable for all laboratory diagnostic, ophthalmic diagnostic and imaging services.

The following is, however, mandatory:

i. Percentage of reporting errors

ii. Percentage of re-dos.

Commitment **d. Monitoring includes medication management.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Incidence of medication errors.

ii. Percentage of patient with adverse drug reaction(s).

Commitment **e. Monitoring includes use of anaesthesia.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Percentage of modification of anaesthesia plan (Local & General Anaesthesia).

ii. Percentage of adverse anaesthesia events. (Local & General Anaesthesia).

Commitment **f. Monitoring includes all type of laser services.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Percentage of adverse laser procedure related events.

CORE **g. Monitoring includes all type of surgical services.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Percentage of unplanned return to OT(Unplanned return to OT shall include any procedure be captured with a delay 30 days of the primary surgery).

ii. Percentage of re-scheduling of surgeries. (Re-scheduling of patients includes

cancellation and postponement (beyond four hours of the surgery).

iii. Percentage of cases where the Eye care organisation's procedure to prevent adverse events like wrong site, wrong patient and wrong surgery have been adhered to.

iv. Percentage of Complications as per scope of services.

Reporting and Documentation: Accurate reporting and documentation of complications are essential for understanding and analysing the percentage of complications. This KPI data is crucial for continuous quality improvement.

Type of Ophthalmic Procedures: Different eye surgeries and treatments have varying levels of risk and potential complications. For example, cataract surgery, refractive surgery, glaucoma surgery, and retinal procedures each have their own specific risk profiles.

Achievement **h. Monitoring includes utilisation of space, manpower and equipment.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Critical equipment down time.

The downtime has to be captured irrespective of whether it has a backup or not.

Commitment **i. Monitoring includes patient satisfaction which also incorporates waiting time for services.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Out-patient satisfaction.

ii. In-patient satisfaction index. (Day care /Short Stay procedures)

iii. Waiting time for services including diagnostics and out-patient consultation.

Waiting time implies the time taken from the time that the patient registers to the time taken for assessment to be done by the doctor/ diagnostic procedure to be performed.

Achievement **j. Monitoring includes employee satisfaction.**

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Employee satisfaction index. (Captured at least once a year)

ii. Employee attrition rate.

iii. Employee absenteeism rate.

Percentage of employees who are aware of employee rights, responsibilities and welfare schemes.

CORE

k. Monitoring includes adverse events and near misses.

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Percentage of sentinel events reported, collected and analysed within the defined time frame. (Statistics on serious incidents in eye care (e.g., wrong-site surgery, severe postoperative infections, Endophthalmitis).

ii Percentage of near misses. (Data on reported near misses in eye care (e.g., medication errors, incorrect patient identification).

CORE

l. Monitoring includes availability and content of medical records.

Interpretation: The Eye care organisation shall develop appropriate key performance indicators suitable to it. The following is, however, mandatory:

i. Percentage of medical records not having discharge summary.

ii Percentage of medical records having incomplete and/or improper consent.

CORE

m. The organisation identifies and monitors the key indicators to oversee infection control activities.

Interpretation: The organisation shall identify and monitor appropriate key performance indicators suitable to it. Any indicator mandated by the government of India or the National Accreditation Board for Hospitals and Healthcare Providers (NABH) shall be monitored.

Some of the indicators that could be monitored include the rate, Surgical Site Infection including Endophthalmitis, TASS.

The indicators are based on available literature or created in accordance with good practice. Every indicator shall have a defined numerator, denominator and multiplier. Where appropriate, the definition of the terms shall be provided. In the case of healthcare associated infections, the current surveillance definitions provided by CDC's National Healthcare Safety Network definitions shall be used.

i. Number and types of infections reported (e.g., post-surgical infections, conjunctivitis).

ii. Comparison of infection rates over time to identify trends.

iii. Percentage of staff adherence to hand hygiene protocols.

iv. Proper use of personal protective equipment (PPE).

Standard

PSQ. 4.	There is an established system for clinical audit and quality improvement programmes.

Objective Elements

Commitment **a. The Clinical audits are performed to improve the quality of patient care and documented.**

Interpretation: The organisation shall use clinical audits as a quality improvement tool to improve the quality of patient care. The clinical audit could be retrospective / prospective in nature. The topic for audit could be disease based, cost based, community based or based on morbidity (length of stay). The organisation shall conduct minimum two clinical audit per year as per the size and scope of the ECO. The organization shall be able to demonstrate the planned clinical audit for the subsequent year. The Eye Care Organisation needs to take care to differentiate clinical audit from research projects.

Clinical audits are documented. The organisation could use a checklist with the predefined parameters and the audit findings could be recorded on this sheet. After the audit, a report shall be prepared, highlighting the key findings of the audit.

CORE **b. Medical, Optometry and nursing staff participates in this system.**

Interpretation: The Eye care organisation shall identify such personnel. It could be a mix of clinicians, optometrists, administrators and nurses. These could be members of the core committee/quality assurance committee etc.

Commitment **c. The parameters to be audited are defined by Eye care organisation.**

Interpretation: The Eye care organisation shall identify and work on at least two clinical audits in identified priority patient care aspects. As these audits are retrospective/concurrent in nature, it is imperative that this be done using predefined parameters so that there is no bias. The parameters could be disease based, cost based, community based or based on morbidity (length of stay). It shall lay down the objectives, the parameters that are going to be captured, develop a checklist where required, sampling and data collection guidelines and preparation of report. The audit shall encompass all aspects of clinical and nursing care.

Commitment **d. Patient and staff anonymity is maintained.**

Interpretation: This means that the names of the patients and the hospital staff who may figure in the audit documents must not be disclosed nor any reference be

made to them in public discussions/conferences. This is at the stage of report preparation and dissemination. The staff participating in the audit shall maintain patient and staff anonymity and not reveal names.

Commitment **e. All audits are documented, analysed and remedial measures are implemented.**

Interpretation: The Eye care organisation could use a checklist with the predefined parameters and the audit findings could be recorded on this sheet. All remedial measures as ascertained shall be documented and implemented and improvements there of recorded to complete the audit cycle. This shall preferably be done based on root-cause analysis.

Standard

PSQ. 5.	Incidents are collected and analysed to ensure continual quality improvement

Objective Elements

CORE **a. The organisation implements an incident management system.**

Interpretation: The incident reporting system includes identification, reporting, review, and action on incidents. This system supports factual reporting and learning and is based on the principle of just culture.

The organisation shall have a mechanism for reporting the occurrence of incidents on standardised incident forms. It is preferable that the reporting system is simple (a few steps), clear (what needs to be reported, how to report and to whom), confidential, and focused on process improvement. While capturing the organisation shall capture all incidents without going into the severity or whether harm was caused.

Commitment **b. The organisation has a mechanism to identify sentinel events*.**

Interpretation: The sentinel events relating to system or process deficiencies that are relevant and important to the Eye care organisation must be clearly defined. The list of the identified and relevant sentinel events shall be documented. For example:

1. Surgical Site Infection,
2. Wrong Eye, Wrong Patient, Wrong Implant,
3. Cardio-Pulmonary Arrest,
4. Anaesthesia related Adverse event etc.

Refer to glossary for definition of "sentinel events".

Commitment **c.** **The organisation has an established process for analysis of incidents.**

Interpretation: The safety committee shall be responsible for this activity. This could preferably be done identifying the root cause. Inputs could be sought from the units/ discipline / departments concerned. Where possible, patients and other stakeholders could be included in analysing the feedback and complaint.

The immediate response to a safety incident shall be to address the urgent care and support needs of those involved. This shall not await analysis. In case of sentinel events, correction if any, shall be initiated within 24 working hours of occurrence or reporting. The analysis of sentinel events shall be completed within seven working days of occurrence or reporting.

Commitment **d.** **Corrective and preventive actions are taken based on the findings of such analysis.**

Interpretation: The objective of this is to continually improve the quality of patient-care services. All such action shall be documented. The findings and recommendations arrived at after the analysis shall be communicated to all personnel concerned to correct the systems and processes to prevent recurrences. Any change in the policy or procedure is reflected as an amendment in the ECO's documentation.

Chapter 7 Responsibilities of Management (ROM)

Intent of the chapter

The standards encourage the governance of the Eye care organisation in a professional and ethical manner. The responsibilities of the management are defined.

The Eye care organisation complies with all applicable regulations.

Leaders ensure that patient-safety and risk-management issues are an integral part of patient care and hospital management.

SUMMARY OF STANDARDS

ROM 1.	The responsibilities of the management are defined.
ROM 2.	The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.
ROM 3.	Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.
ROM 4.	The patient safety and quality improvement programme are supported by the management.
ROM 5.	Management ensures commitment towards society and maintenance of sustainable environment

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	05
Objective elements	24
CORE	03
Commitment	16
Achievement	02
Excellence	03

Objective Element	ROM.1.	ROM.2.	ROM.3.	ROM4.	ROM.5.
a	CORE	Commitment	Commitment	Commitment	Commitment
b	Commitment	Excellence	Commitment	Commitment	Commitment
c	CORE	Commitment	Commitment	Excellence	Commitment
d	CORE	Commitment	Commitment		Commitment
e		Commitment			Excellence
f		Commitment			Achievement
g					Achievement

Standards and Objective Elements

Standard

ROM. 1.	The responsibilities of the management are defined.

Objective Elements

CORE **a. The Organisation has a documented organogram. ***

Interpretation: The responsibilities of those in the position of governance are defined. The Eye care organisation shall have a well-defined Organization Chart and this shall clearly document the reporting structure along with the functions at various levels. Organogram is transparent and is disseminated to all stakeholders. The organogram shall also incorporate various committees.

Commitment **b. The management defines the rights and responsibilities of employees.**

Interpretation: This may be done as per the HR policies of the ECO and in consonance with existing Labour laws.

CORE **c. The organisation is registered with appropriate authorities as applicable.**

Interpretation: The management of the hospital is conversant with the different statutory requirements as per the scope of services and ensures to adhere to the same. Eg. Clinical establishment act, Registration of the hospital with relevant local body. The hospital conducts its functioning as a duly permitted legal entity in accordance with the relevant registering authority(s). The organization gives an undertaking by an authorized person in a standardised format that it adheres to same.

CORE **d. The Management ensures that it has a documented agreement for all outsourced services that include service parameters.**

Interpretation: The agreement shall specify the service parameters. Even if a sister concern is providing services, there shall be an agreement with that unit. The frequency of monitoring shall be determined by the Eye care organisation but shall not be less than once a year. This shall be done keeping in mind the criticality of that service towards providing patient care.

Standard

ROM. 2.	The organisation is headed by a leader who shall be responsible for operating the organisation on a day-to-day basis.

Objective Elements

Commitment **a.** **Those responsible for governance lay down the organisation's vision, mission and values and make them public.**

Interpretation: This shall be done by displaying the same prominently. For definition of "mission", “vision” and “values” refer to glossary. Only a display on its website would not be sufficient. It is preferable that the same be translated and displayed in the local language also.

Excellence **b.** **The leaders establish the organisation’s ethical management. ***

Interpretation: The Eye care organisation shall function in an ethical manner.

Transparency in its actions shall be one of its guiding principles. Handling of complaints, grievances, clinical care delivery and research shall be some of the areas to address. A good reference guide is "Code of medical ethics-2002" published by National Medical Commission (NMC) The Eye care organisation's established ethical management shall be documented.

The Framework includes codes of conduct. A good reference guide for minimum code of conduct for doctors is “Code of medical ethics-2002” published by Medical Council of India.

Commitment **c.** **The Eye care organisation discloses its ownership.**

Interpretation: The ownership of the hospital, e.g. trust, private, public has to be disclosed. The disclosure could be in the registration certificate / quality manual, display boards etc.

Commitment **d.** **The Eye care organisation honestly portrays the services which it can provide.**

Interpretation: Documentation with respect of service non-availability and its communication to patients is maintained. The word 'portrays' implies that the Eye care organisation conveys to the patients clearly what it can and cannot provide. The services that it cannot provide could also be conveyed by display at appropriate places or verbally by authorised staff.

Commitment e. **The Eye care organisation honestly portrays its affiliations and accreditations.**

Interpretation: The Eye care organisation conveys its affiliations & empanelment, accreditations for specific departments or whole hospital wherever applicable.

Commitment f. **The Eye care organisation accurately bills for its services based upon a standard billing tariff.**

Interpretation: The Eye care organisation does not charge differentially from different patients in the same bed category for the same surgery or procedure.

Standard

ROM. 3.	Management ensures that patient-safety aspects and risk- management issues are an integral part of patient care and hospital management.

Objective Elements

Commitment a. **The organisation has a designated individual(s) to oversee the hospital wide safety Programme.**

Interpretation: This should preferably be a person having a good knowledge of both patient and general safety. For example: Safety officer or a hospital administrator.

Commitment b. **The scope of the programme is defined to include adverse events ranging from 'no harm' to 'sentinel' events.**

Interpretation: The Eye care organization shall clearly define as to what constitutes no harm and sentinel events with regards to the patient. Refer to glossary for definition of "adverse events", no harm and "sentinel events".

Commitment c. **Management ensures implementation of systems for internal and external reporting of system and process failures.**

Interpretation: The Eye care organization has a system in place for internal and external reporting of system and process failures. Contingency plan shall be in place to deal with the situation of system and process failure anticipated within the Eye care organization.

For example, Fundus Angiography machine of the Eye care organization breaks down. In this case internal reporting is to be done to head of the Eye care organization and external reporting to be done to the patients. In case of fire incidents, strong internal and external reporting systems are required. The system for reporting shall be documented.

Commitment d. **Management ensures that appropriate corrective and preventive actions are taken to address safety-related incidents.**

Interpretation: This shall be taken after an analysis. The analysis could be done by the safety committee and preferably a root-cause must be identified.

Standard

ROM. 4.	The patient safety and quality improvement programme are supported by the management.

Objective Elements

Commitment a. **Hospital management makes available adequate resources required for quality improvement Programme.**

Interpretation: This shall include the men, material, machine, money and method. These should be in steady supply so as to ensure that quality improvement programmes function smoothly.

Commitment b. **The functioning of committees is reviewed for their effectiveness.**

Interpretation: This shall be done by the management. The review of the functioning shall include if the purpose of having the committee is being met, if the committee is meeting at the prescribed frequency and if the committee is suggesting remedial measures and if there is adequate monitoring of the corrective and preventive action suggested by the committee by way of risk mitigation within the scope of the particular committee. For an effective review, it is preferable that the Eye care organisation documents the scope of every committee, the roles and responsibilities assigned to various members and the frequency of meetings. Agenda shall be prepared for all meetings & documentation of each committee meeting is kept.

Excellence c. **Appropriate quality improvement, statistical and management tools are applied whenever required.**

Interpretation: Wherever possible the appropriate principles and methodology are used. For e.g. Root Cause Analysis, FMEA, Project Evaluation and Review Technique (PERT), Critical Path Method (CPM), Control Charts, Seven tools of quality etc.

Standard

ROM. 5.	Management ensures commitment towards society and maintenance of sustainable environment.

Objective Elements

Commitment **a.** **Those responsible for governance address the organisation's sustainability programme in terms of Environment Social and Governance (ESG) responsibility.**

Interpretation: Environmental sustainability includes energy usage and efficiency, climate change strategy, waste reduction, biodiversity loss, greenhouse gas emissions, carbon footprint reduction.

Social sustainability includes fair pay and living wages, equal employment opportunity, employee benefits, workplace health and safety, community engagement, responsible supply chain partnerships, adhering to labor laws.

Governance sustainability includes corporate governance, risk management, compliance, ethical business practices, avoiding conflicts of interest, accounting integrity and transparency.

Commitment **b.** **The organisation takes initiatives towards an energy-efficient and environmentally friendly hospital. ***

Interpretation: This includes using the concepts of reduce, recycle and reuse in promoting the basic concepts of the green hospital. Energy- efficient lighting, rainwater harvesting, increase usage of solar power, wind energy, use of battery operated Or E- Vehicle, recycling of STP/ETP water for gardening and flush water, reduction of plastic usage where possible, use of 'green' materials and construction, use of volatile organic compounds free paints are some of the examples. The organisation shall focus on efficient and sustainable use of energy, water and other utilities. The organisation shall take measures to create awareness among staff and patients regarding saving electricity and water.

Commitment **c.** **Those responsible for governance address the organisations social responsibility.**

Interpretation: The board of governance and leaders shall develop social responsibility policy and implement it. Free camps, outreach programs for below poverty line population are some of the examples. At a minimum all regulatory requirement like corporate social responsibility shall be met.

Commitment **d. Staff well-being is promoted.**

Interpretation: Organisation takes proactive steps to ensure staff well-being. Examples of these include promoting healthy lifestyle programmes, having defined work hours and workload monitoring, providing scheduled breaks, stress management, access to dining facilities, rewards and recognition, staff engagement activities.

Tracking absenteeism or over-time could help organisations to monitor stress and fatigue indirectly. The staff satisfaction survey is another tool to capture this data.

The organisation shall have facilities for staff to seek support and advice when necessary.

Excellence **e. The organisation follows sustainable procurement practices.**

Interpretation: These involve sourcing products and services that have a lower environmental impact. Hospital scan work with suppliers to prioritize environmentally friendly and socially responsible products.

Achievement **f. Hospitals shall encourage employees to use common / public transportation to reduce the environmental impact of commuting and carbon footprint.**

Interpretation: Hospital shall encourage employees for carpooling, cycling and wherever possible use of public transport to reduce environmental impact. Efficient environmentally friendly logistics and transportation management within the hospital can also contribute to sustainability.

Achievement **g. The organisation ensures financial sustainability of the hospital by balancing the financial aspects of healthcare delivery.**

Interpretation: Balancing the financial aspects of healthcare delivery is crucial for long-term sustainability. This involves efficient resource allocation, cost management, and revenue generation strategies.

Chapter 8 Facility Management and Safety (FMS)

Intent of the chapter

The standards guide the provision of a safe and secure environment for patients, their families, staff and visitors. The Eye care organisation shall take steps to ensure this, including proactive risk mitigations.

To ensure this, the Eye care organisation conducts regular facility inspection rounds and takes the appropriate action to ensure safety.

The Eye care organisation provides for safe water, electricity, medical gases and vacuum systems.

The Eye care organisation has a programme for medical and utility equipment management.

The Eye care organisation plans for emergencies within the facilities.

The Eye care organisation is a no-smoking area and manages hazardous materials in a safe manner.

The Eye care organisation works towards measures on being energy efficient.

SUMMARY OF STANDARDS

FMS 1.	The Eye care organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promotes environment friendly measures.
FMS 2.	The Eye care organisation has a programme for clinical (Biomedical equipment), and support services.
FMS 3.	The Eye care organisation has provisions for safe water, electricity, medical gas and vacuum systems.
FMS 4.	The Eye care organisation has plans for fire and non-fire emergencies within the facilities.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	04
Objective elements	18
CORE	05
Commitment	13
Achievement	00
Excellence	00

Objective Element	FMS.1.	FMS.2.	FMS.3.	FMS.4.
a	CORE	CORE	Commitment	CORE
b	Commitment	Commitment	Commitment	Commitment
c	Commitment	Commitment	Commitment	Commitment
d	CORE	Commitment	Commitment	CORE
e		Commitment		
f		Commitment		

Standards and Objective Elements

Standard

FMS. 1.	The Eye care organisation's environment and facilities operate in a planned manner to ensure safety of patients, their families, staff and visitors and promotes environment friendly measures.

Objective Elements

CORE **a. There is a documented operational and maintenance plan including facility and furniture (preventive and breakdown).**

Interpretation: The operational and maintenance plan shall include building, facility, general equipment's, infrastructure and biomedical equipment. The plan shall include routine and breakdown maintenance.

This shall include civil work like wall, floor and roof, staircase, elevators, furniture in patient care areas like nurse station, wheelchair, shoe racks, loose furniture like emergency cart, chairs and trolleys etc. This shall adhere to manufacturer's recommendations, good infection-control practice requirement, etc. This includes regular inspections, timely repair of civil structure like walls, servicing of furniture etc. Pest control to be done periodically.

Commitment **b. Up-to-date drawings are maintained which detail the site layout, floor plans and fire-escape routes.**

Interpretation: A designated person maintains the drawings. In addition to fire-evacuation plans, it is preferable that separate civil, electrical, plumbing, AC and piped medical gas drawings are maintained. The approved building plans/drawings shall be made available at a designated place. In case of any emergencies the plans should be made available to emergencies /fire workers. The plans should be updated on any additions/deletions/alteration to buildings. The plans/drawings should have plumbing, electrical and piped gas lines. The drawings/plan should have clear fire-escape routes for each floor and exits to be marked clearly.

Commitment **c. Facilities and space provisions are appropriate to the scope of services.**

Interpretation: For example, CEA requirements, Ministry of Health & family Welfare (MOHFW) guidelines for OT & Norms & directive of national agencies like NPCB and various international standards.

The OT complex should have designated sterile, semi-sterile and unsterile areas. It is preferable that there is a uni-directional flow of material & people.

The OT shall not have more than one OT table. There should be adequate and designated place for patients/visitors in the organization. Infected patients are separately addressed to reduce or eliminate the risk of transmission.

CORE **d. There are internal and external sign postings in the organization in a manner understood by the patient, families and community.**

Interpretation: Signage could be bi-lingual or pictorial and should meet statutory requirements & it could follow the universal norms for signages. Laser Signage, BMW guidelines, electrical outlets, exit routes.

Standard

FMS. 2.	The Eye care organisation has a programme for clinical (Biomedical equipment) and support services.

Objective Elements

CORE **a. The Eye care organization plans for equipment in accordance with its scope of services.**

Interpretation: The organization should equip itself to provide un-interrupted service to their patients as per their scope of services. In addition, provision for backup power supply like UPS/Generator and access to patients on wheel chair/stretcher should be made available. The plans should be implemented and there should be a process for periodic review of plans.

Commitment **b. Medical equipment and support service equipment are inventoried, and proper logs are maintained.**

Interpretation: Medical Equipment & support service equipment are available as per scope of services. A unique identifier is provided for each equipment. The relevant quality conformance certificates/marks along with manufacturer installation certificate needs to be retained as part of equipment management.

Commitment **c. Qualified and trained personnel operate and maintain medical and support service equipment.**

Interpretation: The staff are trained in handling the equipments as per the manufacturer guidelines in a safe & effective manner. Eg: Optometrist trained in OCT, Fundus camera etc. Maintenance of bio-medical equipment shall be done by a trained staff/bio-medical engineer/technician.

Commitment **d.** **Medical and support service equipment are periodically inspected and calibrated for their proper functioning.**

Interpretation: The Eye care organisation has weekly/monthly/annual schedules of inspection and calibration of equipment, which involve measurement, in an appropriate manner. The Eye care organisation either calibrates the equipment in-house or outsources, maintaining traceability to national or international or manufacturer's guidelines/standards. The Eye care organisation shall ensure that calibration and conformance testing of the equipment has been done prior to commissioning.

Commitment **e.** **There is a documented operational and maintenance (preventive and breakdown) plan for equipment. ***

Interpretation: The Staff/operator is trained in handling the equipment. The operational plan must assist the operator in operating the equipment on a daily basis. The original equipment manual is a good source for this. In case this is not available the Eye care organisation shall develop the operational plan for the concerned equipment. The operational plan of medical equipment includes evaluation of safe usage of equipment like validation with respect to instruction manual, user training on equipment, operational check of equipment and verification of set parameter. The maintenance plan includes periodic checks, execution of timely preventive maintenance, and response to any breakdown issues including at night & weekends. There shall be a planned preventive maintenance tracker.

Commitment **f.** **Written guidance supports equipment replacement, identification of unwanted material and disposal. ***

Interpretation: The Organisation shall plan for this keeping in mind the strategic plan, upgrade/update path & the equipment log. The organization shall dispose of (condemn) unusable utility and engineering equipment and other waste material in a systematic manner. All records about condemnation and disposal of equipments and waste shall be maintained.

Standard

FMS. 3.	**The Eye care organisation has provisions for safe water, electricity, medical gas and vacuum systems.**

Objective Elements

Commitment **a.** **Potable water and electricity are available round the clock.**

Interpretation: The Eye care organisation shall make arrangements for supply of adequate potable water and electricity. The potable water quality is monitored frequently and documented. Indian Standard for Drinking Water as per BIS specifications (IS 10500-2012) (Second Revision)

Commitment **b.** **Alternate sources for electricity, water and medical gases are provided as a backup for any failure/shortage and their functioning is tested at a predefined frequency.**

Interpretation: At the outset, the Eye care organisation shall ensure that there is sufficient water supply to meet the requirements. Further, the electric load applied for shall be appropriate to the requirements of the Eye care organisation and adhere to the regulatory requirements. In case of a shortfall in water or electricity, alternate sources shall be arranged.

A good reference for estimating the water requirement is the National Building Code.

Alternate electric supply could be from DG sets, solar energy, UPS and any other suitable source.

Commitment **c.** **Written guidance governs the implementation of procurement, handling, storage, distribution, usage and replenishment of medical gases.**

Interpretation: This shall apply to all gases used in the organisation. It shall also address the issue of statutory requirements and approvals wherever applicable it shall follow a uniform colour coding system. A good reference is HTM 02-01 or NFPA'S Medical Gas and Vacuum Systems Installation Handbook (NFPA 2018 99C solution). Proper signage is kept for full and empty cylinders.

Commitment **d.** **Medical gases are handled, stored, distributed and used in a safe manner.**

Interpretation: Standardised colour coding of the cylinders and pipelines should be maintained. Good references for medical gas systems are HTM 02-01, ISO 7396-1:2016 Compressed air must be checked (at the level of the terminal outlet) at a minimum once in a year. This shall include from the point of storage/source area, gas supply lines and the end-user area.

Appropriate safety measures shall be developed and implemented for all levels.

Standard

FMS. 4.	**The Eye care organisation has plans for fire and non-fire emergencies within the facilities.**

Objective Elements

CORE

a. The Eye care organisation has plans and provisions for early detection, abatement and containment of fire, and non-fire emergencies.*

Interpretation: The Eye care organisation shall:

i. have a fire plan covering fire arising out of burning of inflammable items, electric short circuiting or acts of negligence.

ii. acquire adequate firefighting equipment for this and records are kept up-to-date; have adequate training plans; have schedules for conduct of mock fire drills; display exit plans well.

The Eye care organisation shall take care of non-fire emergency situations by identifying them and by deciding appropriate course of action. These may include:

- Anti-social behaviour by patients/relatives.
- Temperamental disorders of staff causing deterioration in patient care.

Commitment

b. The Eye care organisation has a documented and displayed safe exit plan in case of fire and non-fire emergencies.

Interpretation: Fire-exit plan shall be displayed on each floor particularly close to the lifts. The signage of fire exits shall be as per the National Building Code and/or respective statutory body (for example, fire service). Safe exit plans for non-fire emergencies are also incorporated.

Commitment

c. Mock drills are held at least twice a year.

Interpretation: Testing twice a year is only the minimum frequency, and this may be increased. This includes fire and important non-fire emergencies (as identified by the organisation). The plan can be tested using a table-top exercise, or a mock drill.

CORE

d. There is a maintenance plan for fire-related equipment and infrastructure.

Interpretation: The plan should address inspection, testing, preventive and breakdown maintenance. This shall adhere to manufacturers and/or statutory recommendations.

Chapter 9 Human Resource Management (HRM)

Intent of the chapter

The most important resource of a hospital and healthcare system is the human resource. Human resources are an asset for effective and efficient functioning of a hospital. Human resource management is concerned with the "people" dimension in management.

The goal of human resource management is to acquire, provide, retain and maintain competent people in right numbers to meet the needs of the patients and community served by the Eye care organisation. This is based on the Eye care organisation's mission, objectives, goals and scope of services.

Effective human resource management involves the following processes and activities: -

(a) Acquisition of Human Resources which involves human resource planning, recruiting and induction of the new employees.

(b) Motivation relates to job design, performance appraisal and discipline.

(c) Maintenance relates to safety and health of the employees.

The term "employee" refers to all salaried personnel working in the Eye care organisation. The term "staff" refers to all personnel working in the Eye care organisation including employees, "fee for service" medical professionals, part-time workers, contractual personnel and volunteers.

SUMMARY OF STANDARDS

HRM 1:	The Eye care organisation has a documented system of human resource planning.
HRM 2:	The Eye care organisation has a documented procedure for recruiting staff and orienting them to the Eye care organisation's environment.
HRM 3:	Staff are trained in safety and quality-related aspects.
HRM 4:	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
HRM 5:	The Eye care organization addresses the health needs of the employees.
HRM 6:	There is documented personal information for each staff member.
HRM 7:	There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.
HRM 8:	There is a process for credentialing and privileging of Nursing professionals, permitted to provide patient care without supervision.
HRM 9:	There is a process for credentialing and privileging of para-clinical professionals, permitted to provide patient care without supervision.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

Standard	09
Objective elements	35
CORE	14
Commitment	21
Achievement	00
Excellence	00

Objective Element	HRM.1.	HRM.2.	HRM.3.	HRM.4.	HRM.5.	HRM.6.	HRM.7.	HRM.8.	HRM.9.
a	CORE	CORE	CORE	Commitment	Commitment	Commitment	CORE	CORE	CORE
b	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment	Commitment
c	Commitment	CORE	Commitment		CORE	Commitment	CORE	CORE	CORE
d	CORE	CORE	CORE			Commitment	Commitment	Commitment	Commitment
e	Commitment		Commitment						

Standards and Objective Elements

Standard

HRM. 1.	The Eye care organisation has a documented system of human resource planning.

Objective Elements

CORE **a. Written guidance governs the process of recruitment.**

Interpretation: Recruitment of staff shall be based on defined criteria. The recruitment process ensures an adequate number and skill mix of staff to provide the organisation's services. The procedure shall ensure that the staff has a necessary registration, qualifications, skills and experience to perform its work. Recruitment is undertaken following statutory requirements, where applicable. The process shall be documented and carried out transparently.

The organisation performs a background check of new staff. Exit interviews are conducted and used as a tool to improve human resource practices.

Commitment **b. The Eye care organization maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patients.**

Interpretation: The staff should be commensurate with the workload and the clinical requirement of the patients. Whenever there is a shortfall of staff, contingency plans to meet workforce shortage exists.

Commitment **c. The reporting relationships, job specification and job description are defined for each category of staff.**

Interpretation: The organisation should document reporting relationships as the organisation structure/chart, and this shall document the hierarchy and line of control, along with the functions at various levels. Organogram is transparent and is disseminated to all stakeholders.

The content of each job should be defined, and the qualifications, skills and experience required for performing the job should be laid down.

The job description should be commensurate with the qualification Refer to the glossary for a definition of “job description” and “job specification” Specific Qualifications for Professional Roles: For critical professional roles, such as those requiring medical expertise, the organization sets minimum qualification standards:

For a doctor, the minimum qualification is an MBBS degree.

For a nurse, the required qualification is a GNM (General Nursing and Midwifery) degree.

The exception would be in cases where exemption has been granted by a government/statutory body.

CORE **d. The organisation defines and implements a code of conduct for its staff.**

Interpretation: The code of conduct should outline the do's and don'ts for staff behaviour at workplace. It should be aligned with the organisation's values and ethics framework.

Code of conduct shall include protection of patient's Rights. It is preferable that the staff sign the code of conduct at the time of joining.

Commitment **e. Written guidance governs disciplinary and grievance handling mechanisms.**

Interpretation:

a) Documented procedures exist for handling disciplinary actions and grievances.

b) The policies and procedures are known to all categories of staff of the Eye care organization.

c) The disciplinary and grievance procedure is in consonance with the prevailing laws.

d) The redress procedure addresses the grievance.

Standard

HRM. 2.	The Eye care organisation has a documented procedure for recruiting staff and orienting them to the Eye care organisation's environment.

Objective Elements

CORE **a. Every staff member entering the Eye care organisation is provided induction training.**

Interpretation: The Eye care organisation shall determine as to when induction training shall be conducted. However, it shall be within 15 days of the staff joining. The contents of this training could be provided to every staff in the form of a booklet. There can be separate induction training at the respective departments. The induction training includes orientation to the Eye care organisation's vision,

mission and values, patients' rights and responsibilities The staff should be trained on Standard Precautions, Bio-Medical Waste management, Use of appropriate PPEs, Prioritizing of Patients within a week of joining. The staff should also be trained on their SOP/Protocols.

Commitment

b. Each staff member is made aware of his/her rights and responsibilities.

Interpretation: Self explanatory

CORE

c. Written guidance governs training and development policy for the staff through an on-going programme for professional training and development of the staff.

Interpretation: A training manual incorporating the procedure for identification of Training needs, the training methodology, documentation of training, training Assessment, the impact of training and the training calendar, should be prepared.

At a minimum staff shall be trained on occupational safety aspects and soft skills. In addition, the staff shall be educated on various aspects of patient-centred care like respecting patient preferences, shared decision-making, and provision of integrated care. Staff also shall be trained when job responsibilities change or a new equipment is introduced. The training shall be for all categories of staff, including doctors and outsourced staff (wherever applicable). Evaluation of training effectiveness is done by the organization

CORE

d. Staff involved in direct patient care are provided training on cardiopulmonary resuscitation at the time of induction and periodically thereafter.

Interpretation: All staff involved in direct patient care shall be trained in at least basic life support. The records of the training shall be maintained.

All staff must be trained to provide basic life support (BLS).

Doctors, nurses and paramedics are provided with an update on cardiopulmonary resuscitation at least on an annual basis.

The training could be imparted by trainers from within or outside the organization using established evidence-based protocols.

Standard

HRM. 3.	Staff are trained in safety and quality-related aspects.

Objective Elements

CORE **a. Staff are trained in the organization's safety programme**

Interpretation: Staff are provided training in the detection, handling, minimization and elimination of identified risks within the organization's environment.

This could be done through a regular training programme or through printed material electronic media Staff working in respective departments are trained in their respective safety programmes.

Commitment **b. Staff members are made aware of procedures to follow in the event of an incident.**

Interpretation: The staff should be able to intimate the sequence of events that they will undertake in the eventuality of occurrence of any incident.

Commitment **c. Staff are trained in occupational safety aspects.**

Interpretation: The organisation shall identify the areas with potential occupational hazards Staff are made aware of the possible risks involved and the preventive actions to avoid risks, for example, needle stick injury and blood/body fluid exposure, Laser exposure, noise in utility areas. It also includes training with regards to reducing the risk of transmitting microorganisms among healthcare providers. In this training appropriate use of PPE, standard precaution and staff immunization may be deliberated.

CORE **d. Staff are trained in handling fire and non-fire emergencies.**

Interpretation: In case of fire, training shall include the various classes of fires, information and demonstration on how to use fire extinguishers; evacuation plans and other procedures to be followed. They are also trained on their specific role in such emergencies. Staff should be trained in handling non-fire emergencies pertaining to the organisation's risk.

Commitment **e. Staff are trained in the organisation's quality improvement programme.**

Interpretation: Staff are made aware of the structure of the quality improvement programme of the organisation. The staff are also made aware of their roles in contributing to the quality improvement programme. Staff working in the imaging services, emergency, and surgical services are trained on their respective quality assurance programmes.

Standard

HRM. 4.	An Appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.

Objective Elements

Commitment **a.** **Performance appraisal is done for staff within the organisation and staff are made aware of the same at the time of induction. ***

Interpretation: Performance appraisal shall be done for all categories of employees starting from the person heading the Eye care organisation and including doctors. This would be by self-evaluation, in instances where those responsible for governance and the leader responsible for the day-to-day functioning of the organisation are the same.

Where appropriate, the performance appraisal should include competency assessment. In the case of outsourced staff, the performance appraisal could be documented by the contractor based on user feedback. Awareness about appraisal could be incorporated in the service booklet and included in the Induction training.

For the definition of "performance appraisal refers to the glossary.

Commitment **b.** **Performance is evaluated based on the pre-determined criteria at pre-defined intervals and is documented.**

Interpretation: Self-explanatory. This shall be done at least once a year.

Standard

HRM. 5.	The Eye care organisation addresses the health needs of the employees.

Objective Elements

Commitment **a.** **Staff well-being is promoted through identification of health problems of the staff, including occupational health hazards, in accordance with the organisation's policy.**

Interpretation: Organisation takes proactive steps to ensure staff well-being. Examples of these include promoting healthy lifestyle, stress management and staff engagement activities. Other example are defined work hours and workload monitoring, providing scheduled breaks, access to dining facilities, rewards and recognition etc.

Appropriate personal protective equipment is provided to the staff concerned, and they are educated on how to use them.

For the definition of "occupational health hazard" refer to the glossary.

Commitment

b. Health checks of staff are done at least once a year and the findings/results are documented.

Interpretation: The organisation could define the parameters, and it could be different for different categories of personnel. The results of examination, investigations (if any) and outcome of the evaluation should be documented in the personal file. The staff member shall not be charged for this health check.

Assessment shall also include immunization needs of the staff.

CORE

c. The organisation has measures in place for preventing and handling workplace violence.

Interpretation: Key aspects could include workplace risk assessment, including identifying situations at special risk. Workplace interventions like information and communication, signage, security, training and restricted access can be implemented. The organisation shall have a mechanism in place to handle these situations, including liaison with law enforcement agencies where applicable and provision of counselling to affected staff.

Refer to the glossary for a definition of "workplace violence".

Standard

HRM. 6.	There is documented personal information for each staff member.

Objective Elements

Commitment

a. Personal files are maintained with respect to all staff, and their confidentiality is ensured.

Interpretation: Each file must be current and updated. The organisation maintains confidentiality and access to personal files is restricted.

Commitment

b. The personal files contain personal information regarding the staff's qualification, job description, proof of formal engagement verification of credentials and health status.

Interpretation: Personal file should contain these records. Proof of formal engagement would be in the form of an appointment letter or a valid contract with acceptance.

Commitment

c. **Records of in-service training and education are contained in the personal files.**

Interpretation: In the case of internal training, the organisation could file a summary of all trainings attended by the staff on an annual basis. However, there shall be a supporting document to verify that the staff has attended the training in case the organisation maintains training records elsewhere, traceability shall be provided in the personal file to ensure that the intent of the objective element is addressed.

Commitment

d. **Personal files contain results of all evaluations and remarks.**

Interpretation: Evaluations would include performance appraisals, training assessment and outcome of health checks.

The personal file would include records of Achievement/ appreciation/ complaint/warning/memo.

Standard

HRM. 7.	There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.

Objective Elements

CORE

a. **Medical professionals permitted by law, regulation and the Eye care organisation to provide patient care without supervision are identified.**

Interpretation: The Eye care organisation identifies the individuals who have the required qualification(s), training and experience to provide patient care in consonance with the law. For definition of "credentialing" refer to glossary.

Commitment

b. **The education, registration, training, experience and other information of medical professionals are identified, verified, documented and updated periodically.**

Interpretation: An update is done after the acquisition of new skills and/or qualification. The organisation shall verify the credentials from the organisation which has awarded the qualification/training

A good reference could be the website of NMC/State Medical Council.

CORE

c. **Medical professionals are granted privileges to care for the patients in consonance with their qualification, training, experience and registration.**

Interpretation: The Eye care organisation shall identify services which each

medical professional is authorised to do. This shall be done based on qualification, experience and any additional training received.

Commitment

d. The requisite services to be provided by the medical professionals are known to them as well as the various departments/units of the organisation.

Interpretation: This could be done through internal communication. The communication to the medical professionals should include aspects like Op consultation rights, admission rights and rights to certain procedures and/or surgeries (either by inclusion or exclusion). Concerned departments are informed of the relevant privileging rights of medical professionals. For example, the front desk shall be informed of the admission rights; the operation theatre shall be informed of the surgical rights.

Standard

HRM. 8.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.

Objective Elements

CORE

a. Nursing staff permitted by law, regulation and the Eye care organisation to provide patient care without supervision are identified.

Interpretation: The Eye care organisation identifies the individuals who have the required qualification(s), training and experience to provide patient care in consonance with the law. Refer to Indian Nursing Council Act, 1947.

Commitment

b. The education, registration, training and experience of nursing staff is documented and updated periodically.

Interpretation: Update is done after acquisition of new skills and/or qualification.

The organisation shall verify the credentials from the organisation which has awarded the qualification/training.

CORE

c. Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.

Interpretation: Nursing professionals care for patients as per their privileging. A skill matrix for all nurses shall be prepared based on their competency assessment. New staff members can be under the supervision till independent privilege is being provided for each staff. Privileging may be in the form of a well-defined Job Description based on Job Specification.

Commitment **d. The requisite services to be provided by the nursing staff are known to them as well as the various departments/units of the organisation.**

Interpretation: This could be done by internal communication to the nurse, to the nursing services and the concerned department.

1. Privileges in Consonance with Professional Credentials:

Nursing staff are assigned duties and responsibilities that align with their professional qualifications, the training they have undergone.

This ensures that every nurse operates within their area of expertise and competence, safeguarding patient care quality and safety.

2. Identification of Authorizations:

The organization must clearly define and document what each nurse is authorized to do.

For instance, an Infection Control Nurse must have completed necessary training (whether in-house or through external programs) and possess the experience, aptitude, and knowledge to undertake the responsibilities of infection prevention and control effectively.

3. Supervision of New Staff:

Newly joined nursing staff might initially work under supervision until they are deemed competent to be granted independent privileges.

This period of oversight allows new nurses to familiarize themselves with the organization's protocols, standards of care

4. Mechanism for Ensuring Appropriate Service Delivery:

The eye care organization should develop and implement a mechanism to ensure that nursing professionals only provide services for which they have been specifically privileged

5. Continuous Professional Development:

Encourage and facilitate ongoing education and training opportunities for nursing staff to expand their skills and qualifications. This not only enhances their career prospects but also ensures the organization can maintain a high standard of patient care.

6. Documentation and Review:

Maintain comprehensive and up-to-date records of each nurse's qualifications, training, experiences, and granted privileges.

Standard

HRM. 9 .	There is a process for credentialing and privileging of para-clinical professionals, permitted to provide patient care without supervision.

Objective Elements

CORE **a. Para-clinical professionals permitted by law, regulation and the organisation to provide patient care without supervision are identified.**

Interpretation: Assigning responsibilities and privileges to allied health professionals, including optometrists, vision technician, opticians, paramedical ophthalmic assistant, paramedical staff, within an eye care organization.

The organisation identifies other clinical professionals such as a Optometrist (including Ophthalmic Imaging Technician, Vision technician, Optician, Ocularist, PMOA (Paramedical Ophthalmic Assistant) who have the required qualification(s), training and experience to provide patient care in consonance with the law.

Commitment **b. The education, registration, training and experience of para-clinical professionals are appropriately verified, documented and updated periodically.**

Interpretation: Updating is done after the acquisition of new skills and/or qualification. The organisation shall do the same by verifying the credentials from the organisation which has awarded the qualification/training.

CORE **c. Para-clinical professionals are granted privileges in consonance with their qualification, training, experience and registration.**

Interpretation: The organisation shall identify as to what each para-clinical Professional is authorised to do. Where applicable, the para-clinical professional shall have the requisite registration/license. Para-clinical professionals care for patients as per their privileging. Privileging may be in the form of a well-defined Job Description based on Job Specification.

Allied health professionals are granted duties and responsibilities that match their professional qualifications, the training they have completed, their experience in the field, and their registration with relevant professional bodies.

New staff members can be under supervision until independent privilege is provided for each staff. The organisation could evolve a mechanism to ensure that para-clinical professionals are providing only those services that they have been privileged to offer

Commitment **d. The requisite services to be provided by the para-clinical professionals are known to them as well as the various departments/units of the organisation**

Interpretation: The SOP and internal communication facilitate better management and accountability contributes to a conducive work environment where staff can understand and develop professionally.

Chapter 10

Information Management System (IMS)

Intent of the chapter

Information is an important resource for effective and efficient delivery of Eye care. Provision of eye care and its continued improvement is dependent to a large extent on the information generated, stored and utilised appropriately by the Eye care organisations. One of the major intent of this chapter is to ensure data and information to meet the Eye care organisation's needs and support the delivery of quality care and service.

Provision of patient care is a complex activity that is highly dependent on communication of information. This communication is to and from the community, patients and their families, and other health professionals. Failures in communication are one of the most common root causes of patient safety incidents.

The goal of Information management in a hospital is to ensure that the right information is made available to the right person. This is provided in an authenticated, secure and accurate manner at the right time and place. This helps achieve the ultimate Eye care organisational goal of a satisfied and improved provider and recipient of any health care setting.

An effective Information management system is based on the information needs of the Eye care organisation. The system is able to capture, transmit, store, analyse, utilise and retrieve information as and when required for improving clinical outcomes as well as individual and overall Eye care organisational performance.

Although a digital-based information system improves efficiency, the basic principles of a good information management system apply equally to a manual/paper-based system. These standards are designed to be equally compatible with non- computerized systems and future technologies.

SUMMARY OF STANDARDS

IMS 1:	Information needs of the stakeholders are met and data is captured and analyzed appropriately.
IMS 2:	The patients cared for by the organisation have a complete and accurate medical record.
IMS 3:	The medical record reflects continuity of care.
IMS 4:	The organisation maintains confidentiality, integrity and security of records, data and information.
IMS 5:	The organization ensures availability of current and relevant documents, records, data and information and provides for retention of the same.
IMS 6:	The Eye care organisation regularly carries out review of medical records.

***Written guidance is required for each of these objective elements to ensure compliance and quality of care.**

Summary of Objective Elements

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Objective Element	IMS.1.	IMS.2.	IMS.3.	IMS.4.	IMS.5.	IMS.6.
a	CORE	CORE	Commitment	CORE	CORE	CORE
b	Commitment	CORE	Commitment	CORE	CORE	Commitment
c	Excellence	Commitment	Commitment	CORE	Commitment	Commitment
d	Excellence	CORE	Commitment	Commitment	Commitment	Commitment
e		Commitment	Commitment	Commitment		Commitment
f			Commitment			

Standards and Objective Elements

Standard

IMS. 1.	Information needs of the stakeholders are met and data is captured and analysed appropriately.

Objective Elements

CORE

a. The organization identifies, captures and disseminates the information needs of the patients, visitors, staff, management, external agencies and community.

Interpretation: Information needs of the various stakeholders are identified by the organization through a systematic process. For example,

- For the patient, it could be information on OPD timings, availability of services, etc. For the visitors, it could be visiting hours, the age restriction for visitors etc.
- For the staff, it would include information on leave policy, standard operating procedures etc.
- For the management, daily census report, utilization rates etc.
- For the External agencies, NPCB, Cornea Transplant, National TB program, HOTA license requirements, Cluster Endophthalmitis it could be data of vital statistics, notifiable diseases etc.
- For the community, it could be information on the addition of new service, induction of new medical staff etc.

A written guidance is available for capture and/or dissemination, and the same is implemented. The written guidance shall also specify the frequency of data Collection and the person(s) responsible.

The mechanism for dissemination of patient/visitor/staff information needs could be through a website, intranet, information booklets, display and signage.

External agencies are provided information as per the methodologies and Guidelines laid down for the purpose.

The information needs of the management could be captured through manual and/ or electronic hospital information system and/or management information system.

Timely and accurate information is given to relevant stakeholders. The organization could decide on what needs to be shared with whom and the modalities (memos, circulars, webpage, etc.) for the dissemination of such information.

Compliance with Guidelines: For organizations that use Electronic Medical Records (EMR), adherence to the guidelines published by the Ministry of Health & Family Welfare (MoHFW) or equivalent regulatory bodies is crucial. These guidelines set the standards for privacy, security, interoperability, and data management practices.

Commitment

b. Processes for data collection are standardized and data is analysed to meet the information needs.

Interpretation: Process includes formats and frequency of data collection Formats for data collection include forms-physical and/ or electronic. The Capture of data can be event based or as per defined frequency such as daily, Weekly, monthly, quarterly, yearly etc. The collected data is analyzed using appropriate tools and techniques to ensure that the information needs are met. Necessary resources like men, material, space and budget are available for analyzing data.

Excellence

c. Information management and technology acquisitions and maintenance plan are in consonance with the identified information needs.

Interpretation: The organisation shall define the needs for software and hardware solutions as per current and future information needs. In case the organization uses electronic medical records, they could refer to Electronic Health report/Electronic Medical record guidelines published by the Ministry of Health and Family Welfare. A good reference could be National Digital Health Mission Guidelines. The organization shall ensure that it has the necessary license for the software.

- A maintenance plan for Information technology and communication network is implemented. This shall include Data Server units, telephone exchange units, computers, telephone lines, nurse call system etc. This shall adhere to manufacturer's recommendations, regular inspections etc.

  This includes timely repair of medical devices & support services.

- A specific fire protection plan for IT network and servers shall be implemented.

- The organization should have a plan to ensure that in case the electronic HIS is experiencing downtime, the capture, integration and dissemination of information are not interrupted.

Excellence **d. The organisation stores and retrieves data according to its information needs.**

Interpretation: Storage could be physical or electronic. Wherever electronic storage is done, the organisation shall ensure that there are adequate safeguards for the protection of data. The organisation's storage and retrieval systems facilitate timely access to information for patient care, education, research and management of services.

Standard

IMS. 2.	The patients cared for by the organisation have a complete and accurate medical record.

Objective Elements

CORE **a. The unique identifier is assigned to the medical record.**

Interpretation:

- The medical record shall have a unique identifier number.
- Every Sheet in the medical record shall have this unique identifier.
- This shall also apply to records on digital media. In case of electronic records, all entries for one unique Identifier shall be available in one place.

The mandate for every medical record to have a unique identifier, applicable across both physical and digital records, is fundamental to maintaining a coherent, secure, and efficient healthcare information system. This system supports healthcare providers in delivering high-quality care by ensuring that they have complete, accurate, and easily accessible patient information at their fingertips. The consistent use of a unique identifier across all documentation helps in avoiding duplication, minimizing errors, and facilitating seamless care coordination across different healthcare services.

CORE **b. Authorized staff make the entry in the medical record, author of the entry can be identified.**

Interpretation: Organisation shall have a written guidance authorizing who can make entries and the content of entries. This could be different category of personnel for different entries, but it shall be uniform across the Eye care organisation, e.g. Progress record by doctor and medication administration chart by nurse and nutritional assessment by the dietician.

Identification of the author of the entry could be by writing the full name or by mentioning the employee code number, with the help of stamp, etc. In case of

electronic-based records, authorised e-signature provision as per statutory requirements must be kept.

The identity of the person who has made the entry should be traceable. This could be done by either writing the name against every entry or by having a "master signature list" in the medical record which has the name of the person against the signature or by stating the employee code number against every entry.

Commitment **c. Entry in the medical record is named, signed, dated and timed.**

Interpretation: All entries should be documented at the earliest of on completion of the assessment/procedure. For records on electronic media, it is preferable that the date and time is automatically generated by the system.

CORE **d. The contents of medical record are identified, documented, and provides a complete, up-to-date and chronological account of patient care.**

Interpretation: The organisation identifies the documents that are part of the medical record and implements the same. For example, admission orders, face sheet, IP sheet, discharge summary, doctor's order sheet, TPR chart, consent form, etc. The contents of the medical record can be hand written, typed, printed or in electronic form. There can be a mix of these, but appropriate linkages must be available.

The medical record has all the identified sheets filed in sequential order. Entries in the components of the record are filed in chronological order. It shall ensure that all medico-legal case records have the mandatory information. In case a sheet is missing, a note to that effect would be put in the medical record. It is required that the pages in the medical record are numbered & in chronological order.

Commitment **e. The medical record has only authorized abbreviations.**

Interpretation: In case abbreviations are used, a standardized list of approved abbreviations/acronyms shall be used throughout the organisation as per the text books, published literature & statutory guideline. For medications, error-prone abbreviations shall not be used.

Standard

IMS. 3.	The medical record reflects continuity of care.

Objective Elements

Commitment **a. The medical record contains information regarding reasons for admission, diagnosis and plan of care.**

Interpretation: The final diagnosis (IP) must be documented by the treating doctor in all records. This could preferably be as per ICD. However, in the medical records department all such diagnoses shall be codified as per ICD. For definition of "Care plan" refer to glossary

Commitment **b.** **The medical record contains the details of assessments, re-assessments,consultations, results of investigations, operative and other procedures, and the details of the care provided.**

Interpretation: The details of assessments, re-assessments and consultations shall be a part of the medical record either in physical or electronic form. Assessments include medical, nursing, rehabilitation, physiotherapy, nutrition, etc. The results of all investigations shall be a part of the medical record either in physical or electronic form. The medical record shall also include name and details of the operative & other procedures performed.

Commitment **c.** **When patient is transferred to another hospital, the medical record contains the details of the transfer.**

Interpretation: The medical record should contain the date of transfer, the reason for transfer and the name of the receiving organization. It is mandatory to mention the clinical condition of the patient before the transfer. If the patient has been transferred at his/her request, a note may be added to that effect. In such instances, the name of the receiving hospital could be the name the patient desires to go to. All available details of the transfer are documented.

Commitment **d.** **The medical record contains a copy of the discharge summary.**

Interpretation: The discharge summary should be signed by appropriate and qualified personnel & acknowledged by the patient/relative.

Commitment **e.** **In case of death, the medical record contains a copy of the cause of death certificate indicating the cause.**

Interpretation: This shall mention the cause, date and time of death.
The organisation provides the death certificate as per the International Form of Medical Certificate of Cause of Death (WHO). Cardiac and respiratory arrest is an event and not the cause of death. The form should be filled following the guidance specified in “Physicians Manual on Medical Certification of Cause of Death” issued by the Office of the Registrar General, Ministry of Home Affairs, Government of India.

Commitment **f.** **Care providers have access to current and past medical record.**

Interpretation: The organisation provides access to medical records to

designated healthcare providers (those who are involved in the care of that patient). For electronic medical record system, identified care providers shall have a user ID and a password.

Provision is made for 24-hour availability of the patient's record to healthcare providers to ensure continuity of care. In case of physical records when the MRD is not open, there should be a system in place by which authorised personnel can open the MRD and retrieve the record. For all existing hospital patients coming to the emergency room, medical records shall be retrievable.

Standard

IMS. 4.	**The organisation maintains confidentiality, integrity and security of records, data and information.**

Objective Elements

CORE **a. The organization maintains the confidentiality of records, data and information.**

Interpretation: Confidentiality implies that only authorised persons have access to the contents of the record. This shall align with the applicable laws.

The organization shall control the accessibility to the medical records department, and its Hospital Information System In electronic systems, the access should be different for different types of personnel and specific for that user. For physical records, it shall ensure the usage of tracer card for movement of the file in and out of MRD. Similarly, for data and information, it shall ensure that records and data are not taken out from areas where they are stored. In case of electronic systems, it shall ensure that these cannot be copied at all locations.

There must be authentication, access control and automatic log off features to Protect data privacy and security. Ideally only clinical care providers should have Access rights to a person's clinical records.

CORE **b. The organization maintains the integrity of records, data and information.**

Interpretation: Integrity implies that the entries are not tampered. Any corrections shall be done in accordance with the organisation's defined written guidance. This shall also address how entries in the patient record are corrected or overwritten. The organisation should have a system to keep track of changes made in the records or data.

CORE **c. The organization maintains the security of records, data and information.**

Interpretation: Security refers to the protection of the record, data and information against loss and destruction. The organisation's storage and retrieval systems facilitate timely access to information for patient care, education, research and management of services. Storage could be physical or electronic.

Wherever electronic storage is done, the organisation shall ensure that there are adequate safeguards for protection of data, including protection against virus/ trojans. A proper backup procedure should be implemented. For physical records, the organisation shall ensure that there are adequate pest and rodent control measures. There shall be a provision to store in fire-safe cabinets, or there must be adequate (and appropriate) fire-fighting equipment.

The confidentiality, integrity and security of medical records when technologies are used is also ensured.

Commitment **d. The organization discloses privileged health information as authorized by patient and/ or as required by law.**

Interpretation: The authorisation from the patient shall be obtained in writing. Special care should be taken in medico-legal cases and other special situations identified by the Government and the organisation.

Privileged Health Information Use:

Defined Use: Privileged health information, which includes all data relating to a patient's health status, treatment, or identity, should be used strictly for the purposes identified by the healthcare provider

Disclosure and Patient Authorization:

Written Authorization: Before any privileged health information can be disclosed, written authorization must be obtained from the patient. This formal consent ensures that patients are aware of and agree to the sharing of their information, providing them with control over their personal data. eg Insurance providers

Special Considerations:

Medico-Legal Cases: In situations involving legal proceedings, special care must be taken to ensure that the disclosure of privileged health information complies with legal standards and requirements.

Government and Organization Identified Situations: There may be specific circumstances identified by government regulations or the Eye care organization itself where special protocols for handling privileged health information apply. eg. cluster endoph, epidemics

Commitment **e. Request for access to information in the medical records by patients/ physicians and other public agencies are addressed consistently.**

Interpretation: In case of the patients the release of information should be in accordance with Right to Privacy and the Code of Medical Ethics 2002. Grievances concerning RTI shall be addressed by the government and other applicable bodies, as per the written guidance. Denial of information is permitted only if in the opinion of a licensed healthcare professional, the release of the information would endanger the life or safety of the patients and others. Requests from physicians for access to medical records of patients treated by him/her shall be addressed in accordance with the written guidance.

Standard

IMS. 5.	The organization ensures availability of current and relevant documents, records, data and information and provides for retention of the same.

Objective Elements

CORE **a. The organization has an effective process for document control.**

Interpretation: The organisation ensures that all documents including forms, formats, policies and procedures are current and updated bearing a proper control number/code/version. They are created, reviewed for adequacy, authorized and released by designated individuals Documents are reviewed for updating them as per a planned schedule. All approved documents are identifiable. Obsolete documents are removed from use and archived as per a planned retention period based on the organisation's policy.

CORE **b. The organization retains patient's clinical records, data and information, according to its requirements.**

Interpretation: The organisation defines the retention period for each category of medical records: outpatient, in-patient and MLC. The retention period shall be in consonance with rules laid down by NMC and respective state authority. It shall also do the same for various data and the formats (e.g., Registers and forms) that have been used for capturing this data.

Commitment **c. The retention process provides expected confidentiality and security.**

Interpretation: This is applicable for both manual and electronic system.

Commitment **d. The destruction of medical records, data and information is in accordance with the laid-down policy.**

Interpretation: Destruction can be done after the retention period is over and after taking approval of the concerned authority (internal/external).

Standard

IMS. 6.	The Eye care organisation regularly carries out review of medical records.

Objective Elements

CORE **a. The medical records are reviewed periodically.**

Interpretation: The organisation could define the periodicity. A standardised checklist can be used for this purpose.

Commitment **b. The review uses a representative sample based on statistical principles.**

Interpretation: An adequate mix of both active and discharged patients should be used. The organisation shall define the principles on which sampling is based For example, simple random, systemic random sampling, etc. The review shall be based on total discharges including deaths, total indoor patients etc.

- Scheduled Reviews: The frequency of these reviews is typically determined by the hospital policies, regulatory requirements, and best practices. Eg. Frequency may be semi-annually or quarterly, depending on their specific needs, scope and objectives.

Random Sampling and Targeted Audits: The review process may involve a random sampling of medical records or targeted audits focusing on specific areas, such as high-risk procedures, chronic disease management, or patient complaints.

Commitment **c. The review is conducted by identified individuals.**

Interpretation: The organisation shall identify and authorize such individuals.

Commitment **d. The review of records is based on identified parameters.**

Interpretation: At a minimum, the review should include timeliness, legibility and completeness of the medical records. Other parameters which could be included are the completeness of consent forms, missing a final diagnosis, availability of operation/procedure notes etc.

Commitment **e. Appropriate corrective and preventive measures are undertaken on the deficiencies pointed out in the review.**

Interpretation: Based upon the deficiencies recorded, appropriate corrections are carried out in a defined time, and the same is documented. The preventive actions are disseminated to the relevant staff.

REFERENCES

- Clinical Establishments (Central Government) Rules, 2012
  Source: Ministry of Health and Family Welfare, Government of India
  Link: CEA Guidelines

- 2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care
  Source: American Heart Association
  Link: AHA BLS Guidelines

- National Programme for Health Care of the Elderly (NPHCE)
  Source: Ministry of Health and Family Welfare, Government of India
  Link: NPHCE Guidelines

- National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017
  Source: Indian Council of Medical Research (ICMR)
  Link: ICMR Guidelines

- **Reference:** Standards of Practice Guidelines
  Source: Optometry Council of India
  Link: OCI Standards

- **Reference:** PvPI and MvPI
  Source: Indian Pharmacopoeia Commission, Ministry of Health and Family Welfare
  Link: PvPI, MvPI

- National Medical Commission Guidelines
  Source: National Medical Commission (NMC)
  Link: NMC Guidelines

- Directorate General of Health Services and National Medical Commission Guidelines
  Source: DGHS, Ministry of Health and Family Welfare, Government of India
  Link: DGHS, NMC

- Guidelines for Infection Control in Health Care Facilities
  Source: Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), All India Ophthalmological Society (AIOS)
  Link: CDC, WHO, AIOS

- Antimicrobial Stewardship Program Guidelines
  Source: Indian Council of Medical Research (ICMR)
  Link: ICMR Antimicrobial Stewardship

- WHO Hand Hygiene Observation

GLOSSARY

The commonly used terminologies in the NABH standards are briefly described and explained herein to remove any ambiguity regarding their comprehension. The definitions narrated have been taken from various authentic sources as stated, wherever possible. Not with standing the accuracy of the explanations given, in the event of any discrepancy with a legal requirement enshrined in the law of the land, the provisions of the latter shall apply.

Term	Definition
Accreditation	Accreditation is self-assessment and external peer review process used by health care / Eye care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.
Accreditation assessment	The evaluation process for assessing the compliance of an Eye care organisation with the applicable standards for determining its accreditation status.
Advance life support	Emergency medical care for sustaining life, including defibrillation, airway management, and drugs and medications.
Adverse drug event	Adverse event: Any untoward medical occurrence that may present during treatment with a pharmaceutical product but which does not necessarily have a causal relationship with this treatment. Adverse Drug Reaction: A response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function. Therefore ADR = Adverse Event with a causal link to a drug. Adverse drug event: The FDA recognizes the term adverse drug event to be a synonym for an adverse event. In the patient-safety literature, the terms adverse drug event and adverse event usually denote a causal association between the drug and the event, but there is a wide spectrum of definitions for these terms, including harm caused by a • drug • the harm caused by drug use, and • a medication error with or without harm Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “an injury resulting from the use of a drug” Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors. A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.
Adverse event	An injury related to medical management, in contrast to complications of the disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Adverse events may be preventable or non-preventable. (WHO Draft Guidelines for Adverse Event Reporting and Learning Systems)

Term	Definition
Allied Health Professional	Allied Health Professionals (AHPs) are a health workforce which supports healthcare delivery (often called as Allied Health Services or Allied Health Sciences). AHPs are non-doctor, non-nurse healthcare team members who participate at different points in healthcare delivery to facilitate diagnostic, therapeutic, preventive and rehabilitative aspects. The Healthcare setting for a AHP could be a Hospital, Clinic, Homecare, Mobile Health Unit, etc. In an Eye Care Organization, AHPs could include Optometrist, Ophthalmic Assistants, Ophthalmic "nurse", Ophthalmic technician etc. They may possess a degree or diploma by qualification or may have undergone a formal structured training with competency evaluation and certification. Based on the qualification or training, they could either perform or assist in performing vision testing, refraction, tonometry, clinical examination of the eye and adnexal areas, Ophthalmic diagnostics procedures, ophthalmic imaging procedures, special clinical tests and evaluations, etc in different ophthalmic subspecialities such as glaucoma, retina, squint, Ophthalmic reconstructive surgery, paediatric ophthalmology, low vision clinics etc. The Eye care organization shall hence outline which aspects of the patient assessment and management can be done by allied health professionals, which needs to be done by the Ophthalmologists (e.g. Clinical evaluation, Diagnosis, prognostication, formulation of care plan, Procedures and surgeries, Prescription etc.) and those by the registered nurse. The general flow of patients during health delivery in an Eye Care Organization reflects this privileging. The functioning of the AHP shall not contravene care delivery as permitted under the law. All patient care activities of the AHP are documented in relevant parts of the Medical Record or EMR as also the identity of the AHP, date and time of activity.
Ambulance	A patient carrying vehicle having facilities, to provide unless otherwise indicated at least basic life support during the process of transportation of the patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.
Anaesthesia	Loss of bodily sensation with or without loss of consciousness
Anaesthesia Death	It is defined as death occurring within 24 hours of administration of anesthesia due to cases related to anesthesia. However, death may occur even afterwards due to the complications.
Assessment	All activities including history taking, physical examination, laboratory investigations that contribute towards determining the prevailing clinical status of the patient.
Autopsy	1. An examination of a cadaver in order to determine the cause of death or to study pathologic changes. 2. A surgical procedure performed after death to examine body tissues and determine the cause of death

Term	Definition
Barrier nursing	The nursing of patients with infectious diseases in isolation to prevent the spread of infection. As the name implies, the aim is to erect a barrier to the passage of infectious pathogenic organisms between the contagious patient and other patients and staff in the hospital, and thence to the outside world. The nurses wear gowns, masks, and gloves, and they observe strict rules that minimize the risk of passing on infectious agents. Eg. Acute Conjunctivitis
Basic life support	Basic life support (BLS) is the level of medical care which is used for patients with life-threatening illnesses or injuries until the patient can be given full medical care.
Breakdown maintenance	Activities which are associated with the repair and servicing of site infrastructure, buildings, plant, or equipment within the site's agreed building capacity allocation which have become inoperable or unusable because of the failure of component parts.
Bylaws	A rule governing the internal management of an Eye care organisation. It can supplement or complement the government law but cannot countermand it, e.g. municipal bylaws for construction of hospitals/nursing homes, for disposal of hazardous and/or infectious waste
Care Plan	A plan that identifies patient care needs, lists the strategy to meet those needs, documents treatment goals and objectives, outlines the criteria for ending interventions, and documents the individual's progress in meeting specified goals and objectives. The format of the plan may be guided by specific policies and procedures, protocols, practice guidelines or a combination of these. It includes preventive, promotive, curative and rehabilitative aspects of care.
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. (Principles for Best Practice in Clinical Audit 2002, NICE/CHI)
Clinical practice guidelines	Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. (Field and Lohr 1990. page 38). Eg. AIOS preferred practice Guidelines
Competence	Demonstrated ability to apply knowledge and skills (para 3.9.2 of ISO 9000: 2000). Knowledge is the understanding of facts and procedures. Skill is the ability to perform a specific action. For example, a competent Ophthalmologist knows about the patho-physiology of the eyes and can conduct surgeries and procedures to restore / enhance sight.

Term	Definition
Confidentiality	Restricted access to information to individuals who have a need, a reason and permission for such access. It also includes an individual's right to personal privacy as well as the privacy of information related to his/her healthcare records.
Consent	1. The willingness of a party to undergo examination/procedure/ treatment by a healthcare provider. It may be implied (e.g. patient registering in OPD), expressed which may be written or verbal. Informed consent is a type of consent in which the healthcare provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, an alternative procedure with their risk and benefits so as to enable the patient to take an informed decision about his/her health care. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, the legal age of consent is 18 years. It may be evidenced by words or acts or by silence when silence implies concurrence. Actual or implied consent is necessarily an element in every contract and every agreement.
Control Charts	Statistical tool used in quality control to (1) analyze and understand process variables, (2) determine process capabilities, and to (3) monitor effects of the variables on the difference between target and actual performance. Control charts indicate upper and lower control limits, and often include a central (average) line, to help detect a trend of plotted values. If all data points are within the control limits, variations in the values may be due to a common cause and process is said to be 'in control'. If data points fall outside the control limits, variations may be due to a special cause and the process is said to be out of control.
Credentialing	The process of obtaining, verifying, and assessing the qualification of a healthcare provider.
Critical path method (CPM)	The critical path method (CPM) is a step-by-step technique for process planning that defines critical and non-critical tasks with the goal of preventing time-frame problems and process bottlenecks. The CPM is ideally suited to projects consisting of numerous activities that interact in a complex manner. In applying the CPM, there are several steps that can be summarized as follows: 1. Define the required tasks and put them down in an ordered (sequenced) list. 2. Create a flowchart or other diagram showing each task in relation to the others. 3. Identify the critical and non-critical relationships (paths) among tasks. 4. Determine the expected completion or execution time for each task. 5. Locate or devise alternatives (backups) for the most critical paths.
Data	Facts or information used usually to calculate analyse or plan something.
Discharge summary	A part of a patient record that summarizes the reasons for admission, significant clinical findings, procedures performed, treatment rendered, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications).

Term	Definition
Disciplinary proceedings	The sequence of activities to be carried out when staff does not conform to the laid-down norms, rules and regulations of the healthcare/Eye care organization.
Drug dispensing	The preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is the responsible for administration of the drug. (Reference: Mosby's Medical Dictionary, 9th edition, 2009, Elsevier.)
Drug Administration	The giving of a therapeutic agent to a patient, e.g. by application, infusion, injection or tablet.
Effective communication	A two-way information sharing process which involves the communicator communicating a message that is easily understood by the recipient. Good medical care depends on effective communication between patients and providers. Effective communication with persons who have limited language proficiency or understanding of the subject due to lack of familiarity, often requires interpreters, special efforts or other services.
Employees	All members of the healthcare / Eye care organization who are employed full time are paid suitable remuneration for their services as per the laid-down policy.
Ethics	Moral principles that govern a person's or group's behavior.
Evidence-based medicine	Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.
Family	The person(s) with a significant role in the patient's life. It mainly includes spouse, children, and parents. It may also include a person not legally related to the patient but can make healthcare decisions for a patient if the patient loses decision-making ability.
Failure Mode and Effect Analysis (FMEA)	A common process used to prospectively identify error risk within a particular process. FMEA begins with a complete process mapping that identifies all the steps that must occur for a given process to occur (e.g., programming an infusion pump or preparing an intravenous medication in the pharmacy). With the process mapped out, the FMEA then continues by identifying the ways in which each step can go wrong (i.e., the failure modes for each step), the probability that each error will be detected (i.e., so that it can be corrected before causing harm), and the consequences or impact of the error not being detected. The estimates of the likelihood of a particular process failure, the chance of detecting such failure, and its impact are combined numerically to produce a criticality index. This criticality index provides a rough quantitative estimate of the magnitude of hazard posed by each step in a high-risk process. Assigning a criticality index to each step allows prioritization of targets for improvement. For instance, an FMEA analysis of the medication-dispensing process on a general hospital ward might break down all steps from receipt of orders in the central pharmacy to filling automated dispensing

Term	Definition
Failure Mode and Effect Analysis (FMEA)	machines by pharmacy technicians. Each step in this process would be assigned a probability of failure and an impact score, so that all steps could be ranked according to the product of these two numbers. Steps ranked at the top (i.e., those with the highest criticality indices) would be prioritized for error proofing.
Formulary	An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective. The list is compiled by professionals and physicians in the field and is updated at regular intervals. Changes may be made depending on availability or market.
Goal	A broad statement describing a desired future condition or achievement without being specific about how much and when. (ASQ) The term "goals" refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. (MBNQA)
Grievance-handling procedures	The sequence of activities was carried out to address the grievances of patients, visitors, relatives and staff.
Hazardous materials	Substances dangerous to human and other living organisms. They include radioactive or chemical materials.
Hazardous waste	Waste materials dangerous to living organisms. Such materials require special precautions for disposal. They include biologic waste that can transmit disease (for example, blood, tissues). Other examples are infectious waste such as used needles, used bandages and fluid-soaked items.
Healthcare-associated infection	Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during receiving medical care. (CDC) This was earlier referred to as Nosocomial/hospital-acquired/ hospital-associated infection(s).
Healthcare organisation	The generic term is used to describe the various types of healthcare organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
High Risk / High Alert Medications	High-risk / high-alert medications can be defined as those drugs that have a heightened risk for adverse events or have heightened the risk of catastrophic harm whenever there is an error. These drugs include generally have a low therapeutic index.
Incident reporting	It is defined as written or verbal reporting of any event in the process of patient care, that is inconsistent with the deserved patient outcome or routine operations of the healthcare facility.

Term	Definition
In service education / training	Organised education/training usually provided in the workplace for enhancing the skills of staff members or for teaching them new skills relevant to their jobs/tasks.
Indicator	A statistical measure of the performance of functions, systems or processes overtime. For example, hospital acquired infection rate, mortality rate, caesarean section rate, absence rate, etc.
Information	Processed data which lends meaning to the raw data.
Intent	A brief explanation of the rational, meaning and significance of the standards laid down in a particular chapter.
Inventory control	The method of supervising the intake, use and disposal of various goods in hands. It relates to supervision of the supply, storage and accessibility of items in order to ensure an adequate supply without stock-outs/excessive storage. It is also the process of balancing ordering costs against carrying costs of the inventory so as to minimize total costs.
Isolation	Separation of an ill person who has a communicable disease (e.g., acute catarrhal conjunctivitis, measles, chickenpox, mumps, SARS) from those who are healthy. Isolation prevents transmission of infection to others and also allows the focused delivery of specialised health care to ill patients. The period of isolation varies from disease-to-disease. Isolation facilities can also be extended to patients for fulfilling their individual, unique needs.
Job description	1. It entails an explanation pertaining to duties, responsibilities and conditions required to perform a job. 2. A summary of the most important features of a job, including the general nature of the work performed (duties and responsibilities) and level (i.e., skill, effort, responsibility and working conditions) of the work performed. It typically includes job specifications that include employee characteristics required for competent performance of the job. A job description should describe and focus on the job itself and not on any specific individual who might fill the job.
Job specification	1. The qualifications / physical requirements, experience and skills required performing a particular job/task. 2. A statement of the minimum acceptable qualifications that an incumbent must possess to perform a given job successfully.
Laws	Legal document setting forth the rules of governing a particular kind of activity, e.g. organ transplantation act, which governs the rules for undertaking organ transplantation.
Maintenance	The combination of all technical and administrative actions, including supervision actions, intended to retain an item in, or restore it to, a state in which it can perform a required function. (British Standard 3811:1993)

Term	Definition
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of the patient.
Medication error	A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packing and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. (Zipperer, et al)
Medication Order	A written order by a physician, dentist, or other designated health professional for a medication to be dispensed by a pharmacy for administration to a patient. (Reference: Mosby's Medical Dictionary, 9th edition, Elsevier) The primary difference between Prescription & Medication Order is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy. Medication Order is an active Record, while Prescription is a Document.
Mission	An Eye care organisation's purpose. This refers to the overall function of an Eye care organisation. The mission answers the question, “What is this Eye care organisation attempting to accomplish?” The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.
Monitoring	The performance and analysis of routine measurements aimed at identifying and detecting changes in the health status or the environment, e.g. monitoring of growth and nutritional status, air quality in operation theatre. It requires careful planning and use of standardised procedures and methods of data collection.
Multi-disciplinary	A generic term which includes representatives from various disciplines, professions or service areas.
Near-miss	A near-miss is an unplanned event that did not result in injury, illness, or damage--but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorised as near-misses.
No harm	This is used synonymously with near miss. A near-miss is defined when an error is realized just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognized, and the deed is done but fortunately for the healthcare professional, the expected adverse event does not occur. The distinction between the two is important and is best exemplified by reactions to administered drugs in allergic patients. A prophylactic injection of cephalosporin may be stopped in time because it suddenly transpires that the patient is known to be allergic to penicillin (near-miss). If this vital piece of information is overlooked and the cephalosporin administered, the patient may fortunately not develop an anaphylactic reaction (no harm event).

Term	Definition
Notifiable disease	Certain specified diseases, which are required by law to be notified to the public health authorities. Under the international health regulation (WHO's International Health Regulations 2005) the following diseases are notifiable to WHO: (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). In India, the following is an indicative list of diseases which are also notifiable, but may vary from state to state: (a) Polio (b) Influenza (c) Malaria (d) Rabies (e) HIV/AIDS (f) Tuberculosis (g) Leprosy (h) Leptospirosis (i) Viral hepatitis (j) Dengue fever The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, asbestosis, and silicosis.
Objective	A specific statement of a desired short-term condition or achievement includes measurable end-results to be accomplished by specific teams or individuals within time limits. (ASQ)
Objective element	It is that component of the standard which can be measured objectively on a rating scale. The acceptable compliance with the measurable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the performance of his job. These include physical, chemical, biological, mechanical, and psychosocial hazards.
Operational plan	The operational plan is the part of your strategic plan. It defines how you will operate in practice to implement your action and monitoring plans--what your capacity needs are, how you will engage resources, how you will deal with risks, and how you will ensure sustainability of the Eye care organisation's achievements.
Organogram	A graphic representation of reporting relationship in an Eye care organisation.

Term	Definition
Outsourcing	Hiring services and facilities from other Eye care organization based upon one's own requirement in areas where such facilities are either not available or else are not cost-effective. For example, outsourcing of housekeeping, security, laboratory / certain special diagnostic facilities with other institutions after drawing a memorandum of understanding that clearly lays down the obligations of both Eye care organizations: the one which is outsourcing and the one which is providing the outsourced facility. It also addresses the quality-related aspects.
Patient-care setting	The location where a patient is provided health care as per his needs, e.g., OT, Speciality ward, private ward, and general ward.
Patient record / Medical record / Clinical record	A document which contains the chronological sequence of events that a patient undergoes during his stay in the healthcare Eye care organisation. It includes demographic data of the patient, assessment findings, diagnosis, consultations, procedures undergone, progress notes and discharge summary. (Death certificate, where required)
Patient Satisfaction and Patient Experience	Patient satisfaction is a measure of the extent to which a patient is content with the health care which they received from their health care provider. Patient satisfaction is thus a proxy but a very effective indicator to measure the success of Eye / Health care providers. Patient Experience is the sum of all interactions, shaped by an Eye care organisation's culture, that influence patient perceptions across the continuum of care. It is a holistic perception that the patient forms about the healthcare provider based on the overall interactions/ care touch points.
Performance appraisal	It is the process of evaluating the performance of employees during a defined period with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.
Point of care equipment	Medical Equipment that are used to deliver care / intervene at or near the site of patient care. These are primarily Point-of-care testing (POCT), or bedside testing equipment that help in reducing turn-around times. POCT Machine examples; Glucometer, ABG Analyzer, tonometer, pachymeter etc.
Policies	They are the guidelines for decision-making, e.g. admission, discharge policies, antibiotic policy, etc.
Preventive maintenance	It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure to protect them and to prevent or eliminate any degradation in their operating conditions. The maintenance carried out at predetermined intervals or according to prescribed criteria and intended to reduce the probability of failure or the degradation of the functioning of an item.

Term	Definition
Prescription	A prescription is a document given by a physician or other healthcare practitioner in the form of instructions that govern the care plan for an individual patient. Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for another service to a particular patient. (Reference: Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition, Saunders)
Privileging	It is the process for authorizing all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	1. A specified way to carry out an activity or a process (Para 3.4.5 of ISO 9000: 2000). 2. A series of activities for carrying out work which when observed by all help to ensure the maximum use of resources and efforts to achieve the desired output.
Process	A set of interrelated or interacting activities which transforms inputs into outputs (Para 3.4.1 of ISO 9000: 2000).
Programme	A sequence of activities designed to implement policies and accomplish objectives.
Project evaluation and Review Technique (PERT)	PERT is a method to analyze the involved tasks in completing a given project, especially the time needed to complete each task, and to identify the minimum time needed to complete the total project. PERT breaks down the project into events and activities, and lays down their proper sequence, relationships, and duration in the form of a network. Lines connecting the events are called paths, and the longest path resulting from connecting all events is called the critical path. The length (duration) of the critical path is the duration of the project, and any delay occurring along it delays the whole project. PERT is a scheduling tool, and does not help in finding the best or the shortest way to complete a project.
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.
Quality	1. The degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000). Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2000). Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000). 2. The degree of adherence to pre-established criteria or standards.
Quality assurance	Part of quality management focused on providing confidence that quality requirements will be fulfilled (Para 3.2.11 of ISO 9000:2000).
Quality improvement	Ongoing response to quality assessment data about a service in ways that improve the process by which services are provided to consumers/patients.

Term	Definition
Re-assessment	It implies a continuous and ongoing assessment of the patient which is recorded in the medical records as progress notes.
Reconciliation of medications	Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital. (Reference: Institute for Healthcare Improvement)
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, meters (space), skills, knowledge and information that are needed for the efficient and effective functioning of an Eye care organisation.
Restraints	Devices used to ensure safety by restricting and controlling a person's movement. Many facilities are “restraint free” or use alternative methods to help modify behavior. Restraint may be physical or chemical (by use of sedatives).
Risk assessment	Risk assessment is the determination of the quantitative or qualitative value of risk related to a concrete situation and a recognized threat (also called hazard). Risk assessment is a step in a risk management procedure.
Risk management	Clinical and administrative activities to identify evaluate and reduce the risk of injury.
Risk reduction	The conceptual framework of elements considered with the possibilities to minimise vulnerabilities and disaster risks throughout a society to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development. It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to the patient, staff, visitors and community.
Root Cause Analysis (RCA)	Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root cause analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events. RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented. The process involves data collection; cause charting, root cause identification and recommendation generation and implementation.
Safety	The degree to which the risk of an intervention/procedure, in the care environment is reduced for a patient, visitors and healthcare providers.
Safety programme	A programme focused on the patient, staff, and visitor safety.
Scope of services	The range of clinical and supportive activities that are provided by a healthcare/Eye care organisation.

Term	Definition
Security	Protection from loss, destruction, tampering, and unauthorized access or use.
Sedation	The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation: Minimal sedation (anxiolysis) - A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are not affected. Moderate sedation/analgesia (conscious sedation) - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands either alone or accompanied by light tactile stimulation. No interventions are needed to maintain a patent airway. Deep sedation / analgesia - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully after repeated or painful stimulation. Patients may need help in maintaining a patent airway.
Sentinel events	A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of healthcare services. Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.
Social responsibility	A balanced approach for Eye care organisation to address economic, social, and environmental issues in a way that aims to benefit people, communities, and society, e.g., adoption of villages for providing eye care, holding of eye camps and proper disposal of hospital wastes.
Special Educational needs of the patient	In addition to routine carried out by the healthcare professionals, patients and family have special educational needs depending on the situation. E.g.: a post-surgical patient who must take care of his eyes, a trauma patient with a bandage, temporarily blind patients who need to be supported by the family etc. The special educational needs are also greatly influenced by literacy, educational level, language, emotional barriers, and physical and cognitive limitations. Hence it is important for the staff to determine the special educational needs and the challenges influencing the effective education.
Staff	All personnel working in the Eye care organization including employees, “fee-for-service” medical professionals, part-time workers, contractual personnel, and volunteers.
Standard precautions	1. A method of infection control in which all human blood and other bodily fluids are considered infectious for HIV, HBV, and other blood-borne pathogens, regardless of patient history. It encompasses a variety of practices to prevent occupational exposure, such as the use of personal protective equipment (PPE), disposal of sharps and safe housekeeping.

Term	Definition
Standard precautions	1. A set of guidelines protecting first aiders or healthcare professionals from pathogens. The main message is: "Don't touch or use anything that has the victim's body fluid on it without a barrier." It also assumes that all body fluid of a patient is infectious and must be treated accordingly. 2. Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether they contain visible blood, non-intact skin, and mucous membranes
Standards	A statement of expectation that defines the structures and process that must be substantially in place in an Eye care organisation to enhance the quality of care.
Sterilisation	It is the process of killing or removing microorganisms including their spores by thermal, chemical or irradiation means.
Strategic plan	Strategic planning is an Eye care organisation's process of defining its strategy or direction and making decisions on allocating its resources to pursue this strategy, including its capital and people. Various business analysis techniques can be used in strategic planning, including SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) e.g., Eye care organisation can have a strategic plan to become the market leader in the provision of cataract and refractive services. The resource allocation will have to follow the pattern to achieve the target. The process by which an Eye care organisation envisions its future and develops strategies, goals, objectives, and action plan to achieve that future.
Surveillance	The continuous scrutiny of factors that determines the occurrence and distribution of diseases and other conditions of ill health. It implies watching over with great attention, authority and often with suspicion. It requires professional analysis and sophisticated interpretation of data leading to recommendations for control activities.
Transfusion reaction	A transfusion reaction is a problem that occurs after a patient receives a transfusion of blood.
Triage	Triage is a process of prioritizing patients based on the severity of their condition to treat as many as possible when resources are insufficient for all to be treated immediately.
Turn-around-time for laboratory test	A parameter of a clinical lab's efficiency, defined as the time between ordering a test / submitting a specimen to the lab till the time the results are made available.
Turn-around-time for imaging / diagnostic services	A parameter to monitor the efficiency of ocular imaging / diagnostic services, defined as the time between ordering the test /performing the test till the time results are made available.
Unstable patient	A patient whose vital parameters need external assistance for their maintenance.

Term	Definition
Validation	1. Confirmation through the provision of objective evidence that the requirements for a specific intended use or application have been fulfilled. Objective Evidence – Data supporting the existence or variety of something. 2. The checking of data for correction or for compliance with applicable standards, rules, or conventions. These are the tests to determine whether an implemented system fulfils its requirements. It also refers to what extent does a test accurately measure what it purports to measure.
Values	The fundamental beliefs that drive Eye care organisational behavior and decision-making. This refers to the guiding principles and behaviors that embody how an Eye care organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an Eye care organisation.
Vision	An overarching statement of the way an Eye care organisation wants to be, an ideal state of being at a future point. This refers to the desired future state of an Eye care organisation. The vision describes where the Eye care organisation is headed, what it intends to be, or how it wishes to be perceived in the future.
Vulnerable patient	Those patients who are prone to injury and disease by virtue of their age, sex, physical, mental and immunological status, e.g., infants, elderly, physically- and mentally challenged, semiconscious/ unconscious, those on immunosuppressive and/or chemotherapeutic agents.

QUALITY : SAFETY : WELLNESS

Eye Care Standards Annexures

CONTENTS

Annexure - 1
Revised Guidelines for Air Conditioning in Operation Theatres and Eye Operation Theatre Requirements

Air Conditioning in OT

A. The air conditioning requirements for Operation Theatre in a Eye Care Organisation have been deliberated at length with manufacturers, engineers, technical committee members and other stake holders and the following guidelines have been finalized.

B. **Eye Operation Theatres should fulfil the norms for General OT (as defined by NABH):**

C. The following basic assumptions have been kept in view:

- **Occupancy:** Standard occupancy of **5-8** persons at any given point of time inside the OT is considered.
- **Equipment Load:** Standard equipment load of **5-7 kW** and lighting load of **1 kW** to be considered per OT. For super speciality OT the equipment load can be taken as **7 – 9kW.**
- **Ambient temperature & humidity at each location to be** considered while designing the system.

REQUIREMENTS – General OT

1. **Air Change Per Hour:**
   - Minimum total air changes should be **20** based on international guidelines although the same will vary with biological load and the location.
   - The fresh air component of the air change is required to be minimum **4** air changes out of total minimum **20** air changes.
   - **100 %** outdoor ventilation air systems are not mandatory. If HCO chooses to have 100% fresh air system than appropriate energy saving devices like heat recovery wheel, run around pipes etc. should be installed.
   - The supply & return air ducts must be of non-corrosive material.
   - No internal insulation or acoustic lining must be done on ducts as they can become breeding grounds.
2. **Air Velocity:** The vertical down flow of air coming out of the diffusers should be able to carry bacteria carrying particle load away from the operating table. The airflow needs to be unidirectional and downwards on the OT table. The air face velocity of **25-35 FPM** (feet per minute) from non-aspirating unidirectional laminar flow diffuser/ceiling array is recommended.
3. **Positive Pressure:** There is a requirement to maintain positive pressure differential between OT and adjoining areas to prevent outside air entry into OT. The minimum positive pressure recommended is 2.5 Pascal (0.01 inches of water).
   1. **Outdoor Air intakes:** The location of outdoor air intake for an AHU must not be located near potential contaminated sources like DG exhaust hoods, lab exhaust vents, vehicle parking area.

4. **Air handling** / **Filtration:** Air is supplied through Terminal HEPA **(preferable)** (High-efficiency particulate arrestance) filters in the ceiling. The HEPA can be at AHU level if it not feasible at terminal level inside OT. The minimum size of the filtration area should extend one feet (i.e. 304.8 millimetres) on each side of the OT table to cover the entire OT table and surgical team. The minimum supply air volume to the OT (in cubic feet per minutes CFM) should be compliant with the desired minimum air change. When not possible, the OTs should be well ventilated with **2** levels of filtrations with efficiencies as specified previously (**pre** and **micro vee** filters should be in position at the AHU).

   The air quality at the supply i.e. at grille level should be Class 1000/ ISO Class 6 (atrest condition). **Note:** Class 1000 means a cubic foot of air must have no more than 1000 particles measuring 0.5 microns or larger.

5. **Temperature and Humidity:** The temperature should be maintained at **21 degrees Celsius +/- 3 degrees Celsius** inside the OT all the time with corresponding relative humidity between **20 to 60%**. Appropriate devices to monitor and display these conditions inside the OT may be installed.

Design consideration when planning new Operation Theatre:

a. The AHU of each OT should be dedicated one and should not be linked to air conditioning of any other area for all OT constructed.

b. Window & split A/c should not be used in any type of OT, because they are pure re circulating units and have convenient pockets for microbial growth which cannot be sealed.

c. Positive pressure should be maintained in OT

d. Facility of monitoring temperature and humidity should be available (desired temp. 21 degrees Celsius ± 3 degrees Celsius and desired humidity – 20-60% (ideal is 55%)

e. Wall and Roof Paint- antibacterial, anti-fungal

f. OT door – automatic/ Hermitically Sealed / Touch free (preferable)

g. The anti-static flooring, walls and ceiling should be non-porous, smooth, seamless without corners (coving) and should be easily cleanable repeatedly.

h. General Lights – Clean room lights

i. Provision of safety against static charge should be taken care.

j. Electrical Backup – In addition to routine electric supply there should be a backup in case of electric failure. Separate power circuit for critical equipment like Phaco-machine / Laser.

k. Separate electric circuit for equipment and UPS for sensitive equipment.

Maintenance of the system

- During the non-functional hours AHU blower will be operational round the clock (may be without temperature control). Variable frequency devices (VFD) may be used to conserve energy. Air changes can be reduced to 25% during non-operating hours thru VFD provided positive pressure relationship is not disturbed during such period.

- **Validation of system t**o be done as per ISO 14644 standards and should include:
  - Temperature and Humidity check
  - Air particulate count
  - Air Change Rate Calculation
  - Pressure Differential levels of the OT w.r.t. ambient / adjoining areas
- **Preventive Maintenance** of the system: It is recommended that periodic preventive maintenance be carried out in terms of cleaning of pre filters at the interval of 15 days. Preventive maintenance of all the parts of AHU is carried out as per manufacturer recommendations.

References

1. American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Standards. Ventilation for Indoor Air Quality.2013

NABH OT Standards for Eye Hospitals

Basic Assumptions:

- Occupancy: Standard occupancy of 5-8 persons at any given point inside the OT.
- Equipment Load: Standard equipment load of 5-7 kW and lighting load of 1 kW per OT. For super speciality OT, the equipment load can be 7-9 kW.
- Ambient Temperature & Humidity: Consider ambient conditions at each location while designing the system.

General OT Requirements:

1. **Air Change Per Hour:**
   - Minimum total air changes should be 20, based on international guidelines, varying with biological load and location.
   - The fresh air component of the air change should be at least 4 air changes out of the total minimum 20 air changes.
   - 100% outdoor ventilation air systems are not mandatory. If chosen, appropriate energy-saving devices like heat recovery wheels or run-around pipes should be installed.
   - Supply & return air ducts must be made of non-corrosive material.
   - No internal insulation or acoustic lining should be done on ducts as they can become breeding grounds.
2. **Air Velocity:**
   - The vertical downflow of air from the diffusers should carry bacteria-carrying particles away from the operating table.
   - Airflow should be unidirectional and downward on the OT table.
   - Air face velocity of 25-35 FPM (feet per minute) from non-aspirating unidirectional laminar flow

diffusers/ceiling arrays is recommended.

3. **Positive Pressure:**
   - Maintain positive pressure differential between OT and adjoining areas to prevent outside air entry into the OT.
   - Minimum positive pressure recommended is 2.5 Pascal (0.01 inches of water).
4. **Outdoor Air Intakes:**
   - The location of outdoor air intake for an AHU must not be near potential contamination sources like DG exhaust hoods, lab exhaust vents, or vehicle parking areas.
5. **Air Handling / Filtration:**
   - Air is supplied through terminal HEPA (preferable) filters in the ceiling. HEPA can be at AHU level if not feasible at terminal level inside OT.
   - The minimum size of the filtration area should extend one foot (i.e., 304.8 millimeters) on each side of the OT table to cover the entire OT table and surgical team.
   - Minimum supply air volume to the OT (in cubic feet per minute, CFM) should comply with the desired minimum air change.
   - When not possible, the OTs should be well-ventilated with two levels of filtration (pre and micro-vee filters) at the AHU.
   - The air quality at the supply grille level should be Class 1000/ISO Class 6 (at rest condition).
6. **Temperature and Humidity:**
   - Maintain temperature at 21°C +/- 3°C inside the OT with corresponding relative humidity between 20-60%.
   - Appropriate devices to monitor and display these conditions inside the OT should be installed.

Design Considerations for New Operation Theatres:

a. Each OT's AHU should be dedicated and not linked to air conditioning of other areas.

b. Window & split A/C should not be used in any OT, as they are pure recirculating units with potential microbial growth pockets.

c. Maintain positive pressure in OT.

d. Monitoring facilities for temperature and humidity should be available (desired temp: 21°C ± 3°C, desired humidity: 20-60%, ideally 55%).

e. Wall and roof paint should be antibacterial and antifungal.

f. OT door should be automatic, hermetically sealed, or touch-free (preferable).

g. Anti-static flooring, walls, and ceiling should be non-porous, smooth, seamless without corners (coving), and easily cleanable.

h. General lights should be clean room lights.

i. Provision for safety against static charge should be ensured.

j. Electrical backup should be available in addition to routine supply, with separate power circuits for critical equipment like Phaco-machine/laser.

k. Separate electric circuits and UPS for sensitive equipment.

Maintenance of the System:

- During non-functional hours, the AHU blower will operate round the clock (possibly without temperature control). Variable frequency devices (VFD) may be used to conserve energy, reducing air changes to 25% during non-operating hours, provided positive pressure relationship is not disturbed.
- System validation as per ISO 14644 standards should include:
- Temperature and humidity check
- Air particulate count
- Air change rate calculation
- Pressure differential levels of the OT relative to ambient/adjoining areas
- Periodic preventive maintenance of the system should include:
- Cleaning of pre-filters every 15 days.
- Preventive maintenance of all AHU parts as per manufacturer recommendations.

Annexure - 2
ANAESTHESIA IN OPHTHALMOLOGY

For the majority of day care ophthalmic surgery, Local Anaesthesia (LA) is the method of choice. No Local Anaesthesia technique is totally free of the risk of serious systemic adverse events, which may occur irrespective of the choice of surgery or anaesthetic technique. Contributing factors include pre-existing medical conditions, anxiety, and pain or stress reactions to the operation. General Anaesthesia (GA) may be preferred for more complex or prolonged surgery, or when LA is contraindicated. The goal of anaesthesia for ophthalmic surgery is:

- to provide pain-free surgery
- to facilitate the surgical procedure
- to minimize the risk of systemic and local complications
- to reduce the risk of surgical complications.

Techniques used for ophthalmic surgery:

- Topical anaesthesia alone, or in conjunction with preservative-free intracameral local anaesthetic.
- Sub-conjunctival anaesthesia.
- Sub-Tenon's anaesthesia.
- Peribulbar (extraconal) anaesthesia.
- Retrobulbar (intraconal) anaesthesia
- General anaesthesia

When deciding which type of anaesthesia to use, consideration needs to be given to patient, surgical and operator factors.

- The pre-operative assessment should be conducted according to HCO designed protocols, which should include routes of communication about abnormalities or concerns.
- The purpose of pre-operative assessment is to identify abnormalities that might interfere with the safe performance and outcome of the operation.
- Factors identified at the pre-operative assessment, that affect any part of the surgical episode, or its follow-up, must be identified and dealt with by relevant members of the surgical and anaesthetic team.
- The results of pre-operative assessment should be recorded on a checklist which is completed before the patient enters the operating theatre.

For Eye / Cataract surgery a specific WHO checklist or a locally adapted version is recommended. The following minimum should be included in the examination.

- Pulse rate and rhythm.
- Blood pressure (to be repeated if abnormal).
- Hearing, comprehension, and co-operation.

- Tremor and abnormal body movements.

Further evaluation with ECG, 2D Echo, etc may be asked for by the evaluating physician or anaesthetist bases on individual patient's clinical condition(s)

Re-assessment: The findings of the pre-operative assessment should be reviewed by the ophthalmologist, and where appropriate, the anaesthetist. Any change in the patient's condition or therapy since pre-operative assessment should be brought to the attention of the operating team.

Informed Consent for anesthesia: Informed Consent for general or local anesthesia must be obtained in the full knowledge of both general and special risks relevant to the anaesthesia. A separate consent form for the topical anaesthetic per se is not required in situations where there is no surgical intervention for eg. Contact tonometry, syringing etc, However when a surgical procedure is being done under topical anesthesia, it is in the interest of the patient and the eye care organization that consent for surgery includes consent for performing the surgery under topical anesthesia.

The eye to be operated upon should be marked with a clear, indelible mark. This mark should remain visible after surgical cleaning and draping. It is unnecessary for patients to be fasted prior to local anaesthesia for eye surgery without sedation. Patients should have their normal medication on the day of surgery.

Local orbital blocks, peribulbar or retrobulbar blocks should normally be administered by a trained anaesthetist or ophthalmologist. For surgical procedures using topical local anaesthesia, protocols should be designed by the HCO or as per available guidelines.

MONITORING: The minimum monitoring (e.g. for a fit person having routine surgery under topical anaesthesia) is clinical observation, communication, Blood pressure, pulse rate and Oxygen saturation pulse oximetry. The ECG should be monitored additionally in those who are at risk of cardiovascular complications (e.g. hypertensives, patients with pacemaker, diabetics). The medical professional who is performing the surgery is different from the one who is monitoring the patient. The person who is monitoring the patient is adept in advanced cardio pulmonary resuscitation.

Certain situations (e.g. strabismus surgery, intra-operative use of ocular sympathomimetics such as phenylephrine, etc.) may lead to sudden significant haemodynamic disturbances. These patients need extra vigilance and monitoring by a trained anaesthetist or ophthalmologist.

All theatre personnel should have regular training in Basic Life Support (BLS). All ophthalmic units should have formal policy for dealing with medical emergencies should they occur. Appropriate backup from a cardiac arrest / Medical Emergency Team should always be available. Ideally, an anaesthetist should be available in the theatre complex, particularly when needle blocks such as peribulbar, retrobulbar, and sub-Tenon's blocks for difficult cataracts, or when complex or long cases are being performed.

Appropriate anaesthetic records are required for each case. The minimum dataset should include the following:

- The name of the person performing the block.

- The exact technique employed, including: ■ asepsis, ■ the entry site/s ■ length and type of needle/cannula ■ volume and concentration of local anaesthetic agent and adjuvant ■ requirement for supplemental LA ■ use of systemic analgesia or sedation

A checklist should be completed before the patient enters the operating theatre area.

Record keeping: Meticulous recording of important data is mandatory, and is a prerequisite for

communication, safe practice, clinical management, and audit. As a minimum the record should include details of:

a) Pre-Operative Assessment

b) Consent For Anaesthesia

c) Use Of the Appropriate World Health Organisation (WHO Surgical Safety Checklist or modified to address patient safety.

d) Procedures Performed, Including Side of Surgery

e) Monitoring With Contemporaneous Recording

f) Anaesthetic Technique

g) Safety/Infection Control Measures Taken,

h) Outcomes Such as Pain And Patient Comfort.

This data recording is necessary, even if the most simple technique is chosen, e.g. topical. Where possible, there should be standardised forms on which to record all components of the process in a clinical pathway

Annexure - 3
Clinical Audit

A write-up for carrying out clinical audit is given below for comprehending the process of auditing of the healthcare services. The text has been simplified in the format of FAQs so as to explain all aspects of the subject without compromising the basic tenants of the audit.

What is audit?

Evaluation of data, documents and resources to check if performance of systems meets specified standards.

What is clinical audit?

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery". (NICE)

The aim of clinical audit is to measure the gap between ideal practice (determined from evidence and guidelines) and actual practice. Audit does not seek to apportion blame on individual practitioners, but aims to improve the systems in which individuals work. Done correctly, audit can bring about change and improve practice and clinical effectiveness.

The key messages being that:

1. Clinical audit is not just a data collection exercise:
    - It involves measuring current patient care and outcomes against explicit audit criteria (also termed standards).
    - There is an expectation from the outset that practice will be improved.

Advantages of clinical audit

The overarching aim of clinical audit is to improve service user outcomes by improving professional practice and the general quality of services delivered.

For healthcare professionals:

- Provides workable standards
- Resolves problems
- Improves and increases team-working and levels of communication
- Ensures appropriate use of skills and resources
- Increases knowledge and skills

- Can identify training needs
- Measures quality in current practice

For Patients

- Improves quality of care and service received
- Prompt changes in delivery of care
- Highlights precise patient needs
- Involves patients in decision-making
- Raises patients confidence in service and care levels
- Provides clear information about care and risks involved

For Organisation

- Improved care of patients
- Enhanced professionalism of staff
- Efficient use of resources
- Aids in continuing education
- Aids in administration
- Accountability to those outside the profession

Clinical Audit vs. Research?

Research addresses clearly defined questions and hypotheses using systematic processes to generate new evidence to refute, support or develop a hypothesis, by asking the question 'what is best practice?' As a result of which a new service or new practice may be developed. The methodology is designed so that it can be replicated and so that the results can be generalised to other similar groups.

Research may involve a completely new treatment or practice, the use of control groups or placebo treatment for purposes of comparison, or allocating service users randomly to different treatment groups. Patients should be involved in the design, implementation and analysis of the work.

Alternatively, clinical audit aims to improve the quality of local patient care and clinical outcomes through the peer-led review of practice against evidence-based standards, implementing change where necessary. It asks the questions 'are we following best practice?' and 'what is happening to patients as a result?'

Are clinical audit and medical audit synonymous?

Medical Audit may be defined as “peer review of evaluation of medical care through retrospective and concurrent analysis of medical record.” Its aim is to improve the quality of health care services rendered by doctors to the patients.

Where as clinical audit, is usually a multi-disciplinary activity where in aspects of structure, process and outcomes of care are selected and evaluated against explicit criteria. Most of the clinical audits are also 'multi-sectoral', that is, they may involve health and social services, primary and acute care providers, education and health.

Medical audit and medical record audit?

Medical record audit is a focussed activity which emphasises more on timeliness, legibility, completeness of the records/ sheets. Non-medical personnel can perform the activity. Care aspects are not checked in medical record audit unlike the medical audit.

What are the Pre-requisites?

- Good record keeping system
- Should be carried out by fair and impartial professionals
- Clinicians, nursing and other staff as well as patient anonymity to be maintained
- Initiative should come from within
- Purpose should be simple and clearly stated
- Intention should be to effect change for the better

What can be audited?

The quality of health care provided can be audited by examining three interrelated component parts:

- Structure
- Process
- Outcome

1. Audits of structure

This type of audit looks at environmental factors within which care is delivered. Criteria that can be considered include the practice building (state of repair, facilities offered, confidentiality offered during consultations, privacy, cleanliness), the personnel (the receptionist, clinicians, other health care practitioners and additional ancillary staff), equipment in the practice (is it always functioning, is it regularly assessed for safety) and patient notes (are they kept securely to maintain confidentiality, are they legible and complete, are they of a suitably high standard). This provides an indirect assessment of a patient's care, but the environment in which a patient is treated is, nonetheless, an important aspect of their care.

2. Audits of process

Audits of process focus on the clinical care received by patients e.g. investigations, treatments, or procedures. Projects are best focussed on the processes, which have been shown result in the best patient outcomes. For example if research has shown that Drug X gives better outcomes than Drug Y for patients with condition A, you would audit “are patients with condition A being given Drug X?” This type of audit can focus on the technical skills of a clinician and an evaluation of the decisions made concerning the management of a patient.

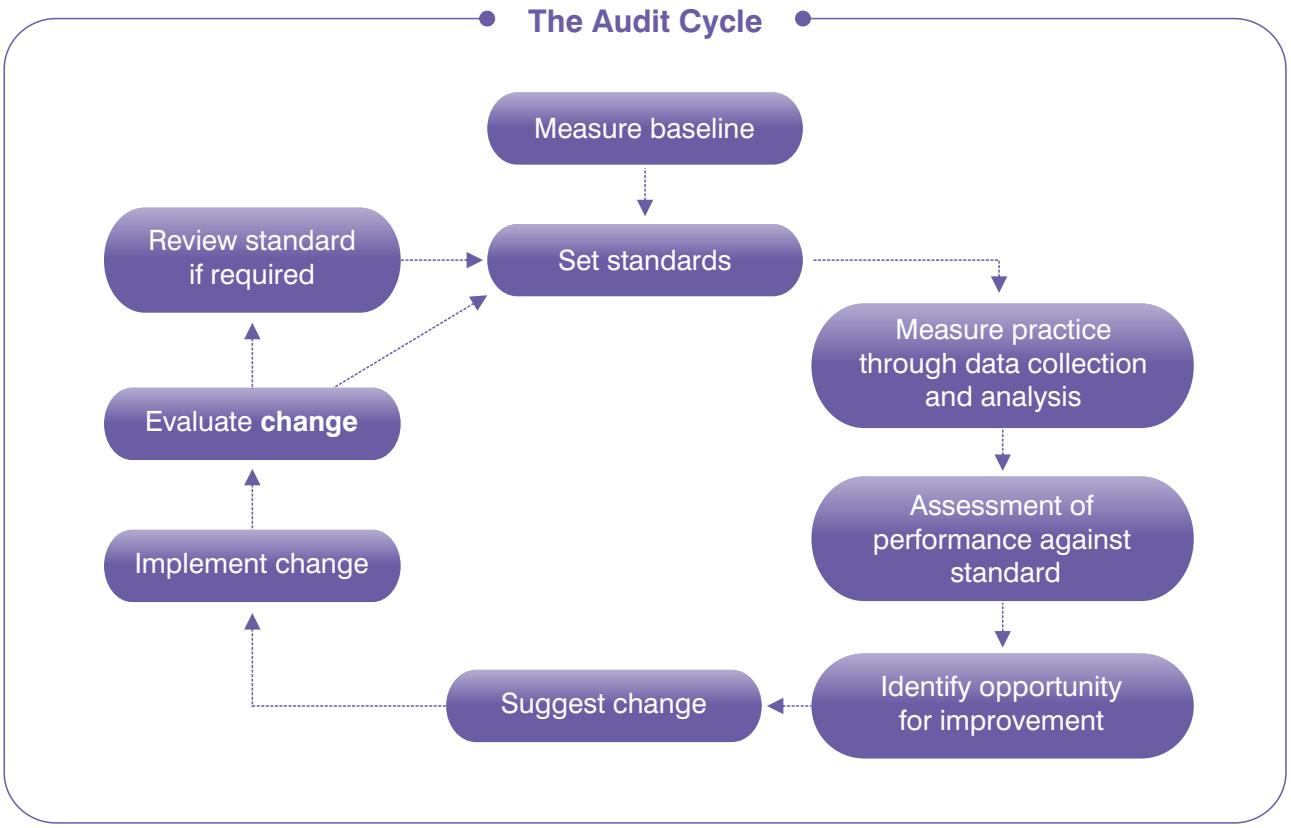
3. Audits of outcome

Outcomes are considered to be the most relevant assessment of a patient's care. They examine the change in the health status of a patient following a particular treatment intervention. An extensive number of outcome measurements have been developed to assess general health status, physical health and

psychological wellbeing. Outcome audits can be concerned with:

- Response to treatment in terms of pain relief or change in levels of disability eg. Acute congestive glaucoma, Cataract surgery
- Response to treatment in terms of reaction to treatment e.g. decreased pain or disability within a specified time frame. Eg. Hordeolum externum, Diabetic Retinopathy
- Degree by which patients can manage their symptoms following advice delivered. eg. Dry eye, Open Angle Glaucoma etc

How to audit?



Methodology

1. **Selection of Topic**

   a) Should be common because it is common or high risk or bears high cost.

   b) Should be having local clinical concern or known wide variance in clinical practice.

   c) Topic should be well defined, focused and amenable to standard setting.

   Some topics

   a) Long/short stay cases

   b) Specific disease/specific operations

   c) Vulnerable groups

d) Increase incidence of a disease

e) Post-operative infection/complications

2. Setting of standard

a. To be set prior to the study

b. Criteria to be based on objective measures

Criterion is an item of care or sure aspect of care that can be used to assess quality. It is a written statement. For example,

i All patients requiring urgent appointment will be seen that day only.

ii All patients with Diabetic Retinopathy should be seen once a year.

c. Criteria should be well justified.

d. Target should be set at realistic level for defined patient groups and take into account local circumstances.

A target describes the level of care to be achieved for any particular criteria. For example,

i 98 per cent of patients requesting for urgent appointment will be seen on that day.

ii 90 per cent of patients with Diabetes must be checked for Retinopathy at least once a year.

iii 90 per cent of patients on anti glaucoma medications will have the IOP checked every 3 months.

e. Objective criteria are explicit but clinical judgment can be used to answer the question: "Was the management of this case satisfactory"? This is an implicit criterion.

f. Use of explicit criteria should be preferred. The problem with implicit criteria is that important deficiencies in care may be overlooked and rates may differ in their assessments of the acceptability of management.

3. Worksheet preparation and methodology of administration

a. Simplest for the purpose

b. Only essential data is collected

c. Suitable sample size is to be selected

i. Random sampling – generate

ii. Stratified samples

iii. Systematic sampling

iv. Cluster sampling

d. Probability of bias is to be considered

i. Non-response to a survey

ii. Unavailability of certain type of case note

iii. Selective referral of certain types of patients

iv. Failure of patient to turn up for follow up

4. Tabulation of evaluation

5. Interpretations

a. Deficiency of care recognised

b. Specific solutions are proposed. They may not be possible every time.

E.g. a study of the way Retinal screening is organised, identified deficiencies but concluded only that other schemes needed to be examined

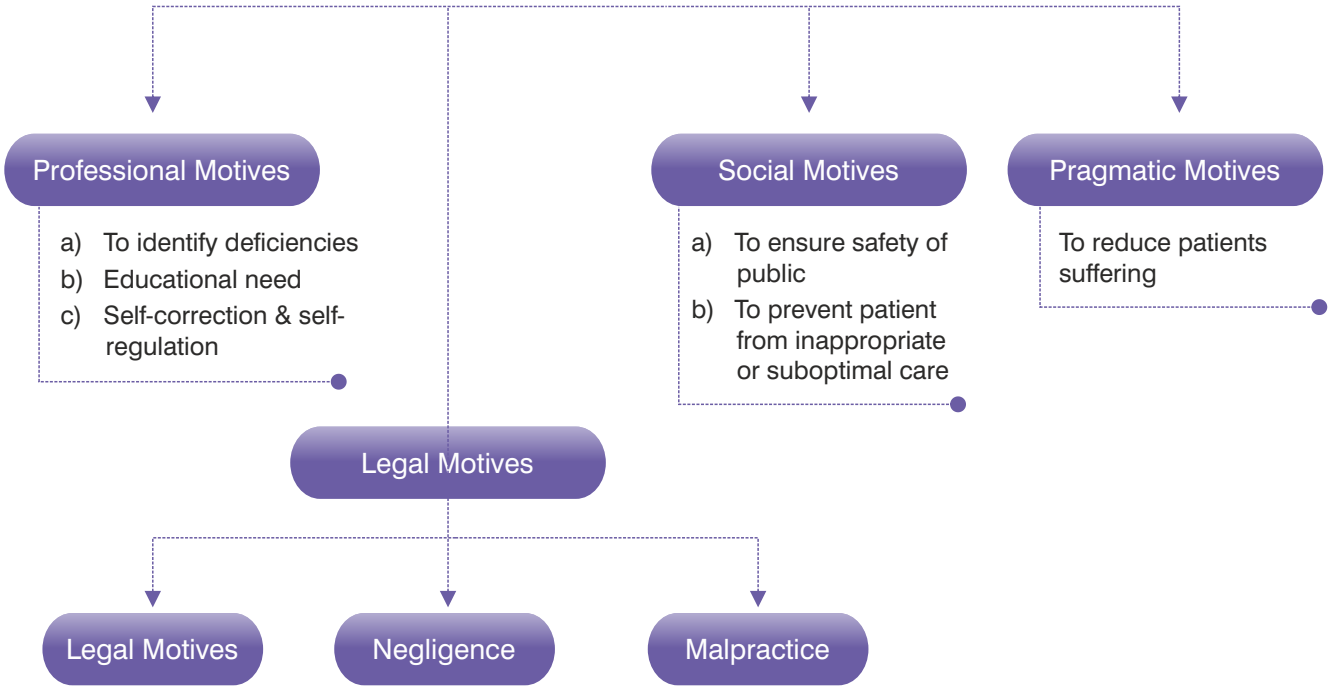
c. Education impact is appreciated

d. Planned programme for change

e. All staff is involved

f. Active feedback

g. Audit is evaluated



What are the key lessons from various audits?

1. Foster an environment for audit
   - Audit is a valued activity
   - Can augment both career and professional development
   - Provision of protected time for audit
   - Commitment from staff to provide a request and act on the study findings
2. Tackle the problems of multidisciplinary audit
   - Can be seen as threatening

- Exposing one mistakes to another
- Staff training in interpersonal skills and in dealing with conflict
- Benefits outweigh disadvantage

3. Review staff training programme
   - Importance of planning
   - Benefits of pilot study
4. Emphasise audit facilitation
5. Establish confidentiality of finding
6. Ensure all relevant staff are involved
7. Establish evaluation programme

	Question	Criteria
1.	Why was the audit done?	Reason for choice
		(a) Should be clearly defined
		(b) Should include potential for change
2.	How was the audit done?	(a) Criteria choice i. Should be relevant to the subject ii. Should be justified, e.g. literature surveys
		(b) Preparation and planning should show adequate teamwork and methodology in carrying out the audit
		(c) If standards are set they should be appropriate and justifiable
3.	What was found?	Interpretation of the data ▸ Should use all relevant data to allow appropriate conclusion to be drawn
4.	What next?	Detailed proposal for change should show explicit details of the proposed change

Few Examples

1. Structure based examples

The setting and resources (what you need - staff, buildings and equipment required to deliver a service)

- Resuscitation equipment availability in OT, Materials availability in OT, FFA etc.
- Accessibility of service for disabled individuals: eg. Blind patients, Elderly patients, patients on wheel chair etc.

2. Clinical process

- Post operative pain management, Manual SICS v/s instrumental phaco,, communication with patients at first appointment in glaucoma or retinal services, hand hygiene compliance, Health care associated infections, etc.
- Organisational / administrative process, e.g. system for patient recall, discharge practice, waiting time in OPD, speciality OPD like cornea or retina etc.

3. Outcome

The effect of healthcare on a patient's health status (what you expect).

- e.g. Eye pressure control, improvement of training and skills, compliance to Glaucoma drug therapy, Retinopathy screening, visual outcomes after cataract surgery etc .

Other sources of information / indicators for topics for audit could include:

- Risk register
- Activity information – e.g. throughput, re-admissions, waiting lists
- Alerts received relevant to your service (Medical Emergency Team, CPR team)
- National audits e.g. Hygiene audit, Endophthalmitis registry, corneal tissue utilisation, school screening programme etc

Conclusion

Audit appears deceptively simple. Current care is observed so that it can be compared with standards and the necessary charges in patient care are implemented.

In practice

- Topics for audit need to be chosen with care and refined to make them suitable.
- Standard setting requires clarity of thought and careful definition.
- Data collection to observe practice can consume endless time and money.
- Lasting change is notoriously difficult to achieve.

Notwithstanding the above, once audit is understood and planned, it is one of the best ways to check quality of care being rendered, to bring about changes for improving care, to improve patient and employee satisfaction and for professional development.

Annexure - 4
Introduction to Green Hospital

Green building refers to both a structure and the using of processes that are environmentally responsible and resource efficient throughout building's lifecycle.

A green building emphasises upon judicious use of its resources (water, power) and creates less waste, and has efficient solid and water waste management treatment. Green building which can also be called energy efficient building is the one which can reduce energy consumption by at-least 40% as per few studies as compared to conventional buildings.

Similarly green hospital building can be defined as one which enhances the patient well-being, aids the curative process, while utilising natural resources in an efficient environment-friendly manner.

There is empirical evidence linking the physical environment with patient, family and staff leading to improved patient safety, improved clinical and psychosocial outcomes, patient satisfaction, and increased staff effectiveness in providing care, staff satisfaction and improvements in staff health.

The advantages of Green Hospitals are known to reduce patient recovery time, low energy and water consumption, increase health and well being of the patients as well as employees leading to better quality of care. It is also seen that it decreases long term energy costs and leads to better patient outcomes and staff retention. It also reduces stress levels amongst hospital workers and leads to better indoor air quality.

The focus areas for Green Hospital Design include day light, recycling of material and resultant waste generation, better indoor air quality and increased fresh air ventilation, CO2 monitoring, green house keeping, clean & green interior building materials, proper waste disposal, etc.

Green hospital concepts will play an important part in the curative process in time to come. Instead of being referred to as a place that houses healthcare amenities, hospitals of tomorrow will now focus on wellness and be transformed into welcoming spaces to get well.

The following are the suggestive measures to be adopted by organisation to move towards energy efficient Green Hospital concept.

- Efficient usage periphery area & terrace of organisation by creation of landscape gardening including planting suitable boundary, roadside & ornamental trees.
- The arriving at right water balance chart for both intake & reuse for newly constructed hospital using NBC (National Building Code) guidelines.
- The due consideration is to be given towards high energy efficient equipment (including medical equipment) during purchase of equipment.
- Step towards energy efficiency can be achieved by providing of more natural lights inside the organisation including patient care area ,usage of low power consumption lights, solar photo voltaic energy, usage of alternate energy source like wind energy.The dynamic harmonic filtration with Power Factor improvement system can considered as part of design. The installation of electrical energy meters across various locations and possible integration to building management system with energy meters is suggested.
- Water efficiency includes rain water harvesting, rain water recharge pits, high efficiency faucets, sterilisation of aerators used for water conservations once in six months, sewage treatment & re-usage of waste water, usage of solar plant towards generation of 20% of hot water generation. Usage of water Level

controllers in pumping systems, variable frequency drives usage. The installation of water meter across hospital and provision of water consumption monitoring is another suggested measured.

- Creation of building envelop for air reduction leakage & infiltration of air may cause bad air quality, energy efficiency in HVAC, lighting, electrical power and water heating. Areas under central air conditioning can be planned with individual controls using Variable Air Volume system. All Air Handling Units are planned with VFD's (Variable Frequency Drives) for fan speed modulations.
- Minimum fresh air for all air conditioning area, conditioning as per national or international guidelines like ASHRAE, Less usage of VOC (volatile organic compounds) based paints/carpets to avoid bad environment quality, continuos ventilation around 36 hours (minimum of 12 hours) of all area before occupancy so that foul air of construction material can be flushed out.
- The provision of ventilation ducts, exhaust hoods compliance of statutory & manufacturers guidelines.
- The organisation having defined criteria, process and protocols for selection of cleaning products, mops and wipers like on-hazardous cleaning agents, environmental pollutants reduction ,protection of the cleaning worker.
- The organisation having protocol for receiving, handling, storing and safe disposal of all kinds of waste including recyclables, hazardous, bio medical and e-waste. The organisation complies all bio-medical waste management rule and ensures biological waste is disposed as recommended by national regulations.
- The organisation to have procurement plan include purchase of environment friendly materials which can be reused or recycled as per manufacturer's recommendations. The organisation having purchase policy that reduces/avoids purchase of mercury containing equipment. The organisation having sustainable food purchasing policies and plan that support human and ecological health.
- The following strategy can be considered by organisation for optimisation of energy saving & usage.
  - Schedule of HVAC based on the requirement preferably using building management system.
  - Schedule for switching on & off lights.
  - Schedule of operation of exhaust fan.
  - Flow restriction of water taps & showers.
  - Sensor based urinal flushing.
  - Operational control on hot water generation, lifts etc.
  - Monthly audit of power & water consumption.
  - The organisation to have indicators for measuring the waste generation as per the category (hazardous, recyclable, bio-medical, e-waste etc.) through waste audit.

References:

ECBC guidelines, bureau of energy efficiency, Govt. of India, Best practices across various hospitals & AHPI checklist on green hospital

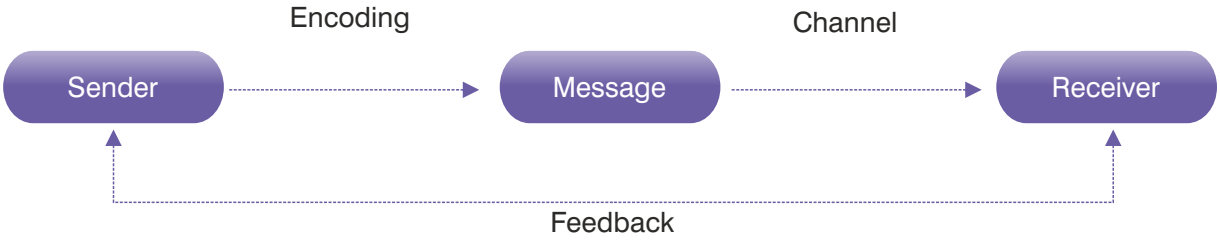
Annexure - 5
Communication in Healthcare

Introduction:

Delivery of healthcare is a complex process which involves lot of human interaction between patients/families and healthcare workers and among healthcare workers as well. It has been proven that majority of the errors that happen in healthcare are related to communication. Studies show that poor communication is the major cause for patient dissatisfaction, litigation and financial loss. It is also proven that the patient outcomes are better with good communication. Since good communication is not addressed in any healthcare curriculum, organizations have to try hard to improve the communication skills of its staff as communication plays a major role in quality.

What is effective communication:

By definition, "communication is a transactional process to create meaning". There are 3 components of communication. Those are sender, receiver and message. In a typical doctor –patient interview, doctor assumes the role of sender as well as receiver. The meaning which needs to be communicated is not in the "message" as the doctor may have a different meaning and the patient may have a different one. So the purpose of effective communication is to share a common meaning.



An organisation has to train the staff to communicate effectively. Some areas like Consenting, patient doctor interviews, and Nursing assessment need to be stressed upon making the communication effective. The following is an indicative list which needs to be addressed to make communication effective.

- Greeting, establishing the rapport
- Listening patiently
- Having a favourable body language which includes the way we dress up, sitting posture, eye contact etc
- Showing empathy (Putting ourselves in patient/family's position)
- Not using unnecessary medical jargon
- Not being judgmental
- Clearing the doubts and confirming whether they have any questions
- Greeting, thanking

Though apparently it appears that good communication demands more time, the literature has proven that on an average it takes only a minute more to communicate well once the skill is mastered.

Safe communication:

Communication is one of the cornerstones of patient safety. Some areas where communication leads to patient safety incidents are handing over, communication in emergency situations, and lack of assertiveness among nurses. There are various methods for doing the handing over. One of the easier examples is using ISBAR tool.

I: Identification (of the staff, patient)

S: Situation (current problem)

B: Background (past problems, comorbidities, treatment given so far etc)

A: Assessment (Vitals, pain, drains etc)

R: Recommendation (Investigations to be done, medication to be given, consults to be taken, pending things, planning for discharge or move out etc).

The same tool can be used by doctors also for handing over to other specialities, during shifts, telephone conversations about a patient or for communications among different specialties.

Another tool which helps in achieving patient safety is a tool called "Assertiveness saves lives". The steps are

1. Get Person's attention (Doctor, I am …calling from special OP / ward…, I have a serious problem now)
2. Express concern (I am really concerned about Mr…….)
3. State problem (His pulse is 130, BP is 90/60, and he is looking pale…)
4. Propose Action (Doc, I would like you to come and see the patient immediately)
5. Reach decision (Doctor, So… you are busy in theatre, can I inform the Consultant, as I think a doctor is needed urgently to make a decision).

Special situations:

Though the principles of communication remain same whatever the situation, some special protocols need to be decided before hand and the concerned staff need to be trained on those. Some examples of those situations are

- Breaking Bad news
- Disclosing Death
- Handling an aggressive patient/family
- Communication in case of emergency/disasters
- Disclosure of an adverse event
- Managing an angry employee
- Handling patient-staff argument etc.

The protocols for these situations should include the following points though can be customized according to situations. Below is an example of Breaking Bad news.

- Who is the responsible person to handle it (the concerned treating consultant should be the one to

disclose and not the junior doctors)

- What preparation should he have before (The doctor should have enough time, have a room where serious conversation can happen, know about the patient and relevant investigations, have sufficient knowledge about further plan, have an experienced nurse along to help the patient to deal with the emotions)
- Where to do the breaking bad news (Not on corridors, but in a comfortable confidential room)
- How to break the bad news (Assessing patient knowledge about illness, knowing the background information, and gently but unambiguously breaking the bad news without medical jargon)
- Plan (Further plans, curative, palliation, support etc)

This is just a very sketchy example of breaking bad news protocol. Similarly organisation should have protocols for different scenarios.

Communication barriers:

There are many barriers to effective communication. Many are internal barriers like fatigue, lack of interest and motivation, type of patients etc. which need to be identified and handled by each healthcare professional. But one of the major communication barriers in this vast country is language. So the organisation should identify staff who can act as interpreters in case of need for a particular language, to help in the patient interaction and counselling. It is also necessary to identify patients with speech and hearing disability so that they can be appropriately counselled.

Unacceptable behaviour:

Unacceptable behaviour is the behaviour of a staff which is worse than the minimum expectation a patient or management would have about the staff. These types of behaviours will make the patient unhappy and the hospital to lose its patient base. So it is the responsibility of the management to identify such unacceptable behaviours. The management also should ensure a disciplinary action is taken against staff displaying unacceptable behaviour. List of unacceptable behaviour is exhaustive, but at least the common indicative list as below should be made public to the staff.

- Alcohol and smoking at workplace
- Abusing a patient
- Inappropriate behaviour with women
- Employees fighting in the corridors
- Disrespect to any religion
- Any behaviour violating the patient right
- Talking bad about professional colleagues of same or different specialty
- Talking bad about alternate approved system of medicine
- Corruption etc.

Monitoring effective communication:

With the help of patient feedbacks, complaints and analysis of incidents the issues which are communication related should be identified as this forms the major portion of root cause. Then appropriate dissemination of information in the form of training to concerned personnel should be given as a preventive action. Other ways of capturing information about communication are direct observations by peers and getting communication specific feedbacks from stakeholders.

Training on communication:

Communication in spite of being an important determinant of patient safety and satisfaction is not a part of healthcare curriculum. So the hospital aspiring for best quality should make an effort to train its staff in healthcare communication. The training requirements for each group of staff vary. As a first step, a group of internal trainers should be identified who can develop some relevant resources and train the others. The training can happen in the form of group discussions, role-plays, role modelling, videos etc. Communication training for front office staff can be some good etiquette to make the patient feel comfortable and welcome.

Communication is the back bone of healthcare communication and strategically the organisation has to plan regarding educating, monitoring and learning constantly the "good communication practices".

Material for further reading:

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Annexure - 6
Sentinel Events

Definition:

An unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function*for a recipient of healthcare services.

Major and enduring loss of function refers to sensory, motor, physiological, or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

Event type description

1. **Surgical events**
    - Surgery performed on the wrong eye, body part
    - Surgery performed on the wrong patient
    - Wrong surgical procedure performed on the wrong patient
    - Retained instruments/swab in patient discovered after surgery/procedure
    - Patient death during or immediately post-surgical procedure
    - Anesthesia-related event
2. **Device or product events Patient death or serious disability associated with:**
    - the use of contaminated drugs, devices, products supplied by the organisation
    - the use or function of a device in a manner other than the device's intended use
    - the failure or breakdown of a device or medical equipment
    - intravascular air embolism
3. **Patient protection events**
    - Discharge of an infant to the wrong person
    - Patient death or serious disability associated with elopement from the healthcare facility
    - Patient suicide, attempted suicide, or deliberate self-harm resulting in serious disability
    - Intentional injury to a patient by a staff member, another patient, visitor, or other
    - Any incident in which a line designated for oxygen or other came to be delivered to a patient and contains the wrong gas or is contaminated by toxic substances
    - Nosocomial infection or disease causing patient death or serious disability
4. **Environmental events**

Patient death or serious disability while being cared for in a healthcare facility associated with:

- a burn incurred from any source

- a slip, trip, or fall
- an electric shock
- the use of restraints or bedrails

5. Care management events

- Medication error leading to the death or serious disability of patient due to incorrect administration of drugs, for example:
  - omission error
  - dosage error
  - dose-preparation error
  - wrong-time error
  - wrong rate of administration error
  - wrong administrative technique error
  - wrong-patient error
- Patient death or serious disability associated with an avoidable delay in treatment or response to abnormal test results.

6. Criminal events

- Any instance of care ordered by or provided by an individual impersonating a clinical member of staff
- Abduction of a patient
- Sexual assault on a patient within or on the grounds of the healthcare facility
- Death or significant injury of a patient or staff member resulting from a physical assault or other crime that occurs within or on the grounds of the healthcare facility.

Annexure -7
Patient Responsibilities (Indicative Guide)

Patient Responsibilities (Indicative Guide)

- Provide complete and accurate information about his/her health, including present condition, past illnesses, hospitalization, medications, natural products and vitamins, and any other matters that pertain to his/her health.
- Provide complete and accurate information including full name, address and other information.
- To ask questions when he/she does not understand what the doctor or other member of the healthcare team tells about diagnosis or treatment. He/she should also inform the doctor if he/she anticipates problems in following prescribed treatment or considering alternative therapies.
- Abide by all hospital rules and regulations.
  - Comply with the no-smoking policy.
  - Comply with the visitor policies to ensure the rights and comfort of all patients. Be considerate of noise levels, privacy, and safety. Weapons are prohibited on premises.
  - Treat hospital staff, other patients, and visitors with courtesy and respect.
- To be on time in case of appointments. To cancel or reschedule as far in advance as possible in case of cancellation or rescheduling of the appointments.
- Not to give medication prescribed for him/her to others.
- Provide complete and accurate information for insurance claims and work with the hospital and physician billing offices to make payment arrangements.
- To communicate with the healthcare provider if his/her condition worsens or does not follow the expected course.
- To pay for services billed for in a timely manner as per the hospital policies.
- To respect that some other patients' medical condition may be more urgent than yours and accept that your doctor may need to attend them first.
- To respect that admitted patient and patients requiring emergency care take priority for your doctor.
- To follow the prescribed treatment plan and carefully comply with the instructions given.
- To accept, where applicable, adaptations to the environment to ensure a safe and secure stay in hospital.
- To accept the measures taken by the hospital to ensure personal privacy and confidentiality of medical records.
- To attend follow-up appointment as requested.
- Not to take any medications without the knowledge of doctor and healthcare professionals.
- To provide correct and truthful history.
- To understand the charter of rights and seek clarification, if any.

Annexure -8
Key Performance Indicators (KPI) Ophthalmology

Key Performance Indicators for NABH Eye Care Standards

Introduction

In recent years, performance measurement has become a crucial term in health services. Performance is defined as the extent to which set aims are accomplished. In health services, the concept of performance is an instrument to bring together quality, efficiency, and efficacy. Thus, performance is a multidimensional concept, encompassing various aspects such as evidence-based practice (EBP), continuity and integration of healthcare services, health promotion, and orientation towards patient needs and expectations.

The mission of any hospital is to provide specific health services that solve patients' health problems (efficacy) in the best possible manner (quality) and in the most economical way (efficiency). Key Performance Indicators (KPIs) are tools to systematically monitor, evaluate, and continuously improve service performance. While KPIs themselves do not improve performance, they serve as "signposts" that signal progress toward goals and identify opportunities for improvement.

Well-designed KPIs assist health sector decision-makers in several ways, including:

1. Establishing baseline information (current state of performance)
2. Setting performance standards and targets to motivate continuous improvement
3. Measuring and reporting improvements over time
4. Comparing performance across geographic locations
5. Benchmarking performance against regional and international peers or norms
6. Allowing stakeholders to independently judge health sector performance.

Key performance indicators typically measure hospitals' performance across several main dimensions:

- **Clinical Efficiency:** Clinical quality, evidence-based practices, health improvement, and patient outcomes.
- **Operational Efficiency:** Resource utilization, reduction in waiting times, improvement in non-productive OT time, and provision of state-of-the-art medical equipment and techniques.
- **Personnel:** Meeting human resource needs, providing safe and healthy working conditions, and ensuring opportunities for continuous medical education.
- **Social Accountability and Reactivity:** Responding to community needs, health promotion, and adapting to increasing population demands.
- **Safety:** Ensuring the safety of patients, healthcare workers, and the facility.
- **Focus on Patient:** Availability of services, patient satisfaction, and patient experience including dignity, confidentiality, autonomy, and communication.

KPIs are divided into clinical and managerial indicators, with many being process-based to ensure quality delivery and outcome improvement. Specific process-based indicators for Eye Care Standards include

change in elective surgery plans (patient safety), patient identification errors (patient safety), hand hygiene compliance (patient safety), re-exploration rate (patient rate), and medical prescription in capitals (patient safety).

Eye care organizations are encouraged to capture data involving both clinical and support services, analyse the data, and demonstrate risks, rates, and trends for appropriate actions. Data collection can be continuous, periodic (monthly), or periodic (quarterly).

The intent of the NABH KPIs is comprehensive involvement in the scope of services for which an institution seeks accreditation. Each organization can design its own data collection methods, guided by broad recommendations to ease the process.

The ECO may choose to any of the suggested key performance indicators.

Classification and Examples of Key Performance Indicators

1. **Overall Compliance with Equipment surface disinfection and infection control Standards (e.g., Cleaning of Slit Lamp)**
    - **Importance:** Ensures that equipment meets hygiene standards, preventing infections.
    - **Calculation:** (Number of compliant checks / Total number of checks) x 100
2. **Average Patient Turnaround Time (TAT) in OPD/Emergency Services**
    - **Importance:** Measures efficiency of patient flow.
    - **Calculation:** Average time from patient registration to assessment.
3. **Audit of 50 Consecutive Cataract Cases**
    - **Importance:** Provides insights into quality and outcomes.
    - **Calculation:** Evaluation of audit findings for compliance and outcomes.
4. **Incidence of Wrong Prescription of Glasses**
    - **Importance:** Monitors prescription accuracy.
    - **Calculation:** (Number of wrong prescriptions / Total number of prescriptions) x 100
5. **Incidence of Wrong spectacles dispensed (if Optical in Scope)**
    - **Importance:** Measures errors in spectacles dispensing
    - **Calculation:** (Number of wrong spectacles dispensed / Total number of spectacles dispensed) x 100
6. **Wrong Contact Lenses dispensed**
    - **Importance:** Ensures correct contact lens dispensed.
    - **Calculation:** (Number of wrong contact lenses dispensed/ Total number of contact lenses dispensed) x 100
7. **Number of Patients Undergoing Cataract Surgery Where Wrong Intraocular Lens Implanted (Mandatory Indicator)**
    - **Importance:** Ensures correct lens implantation.
    - **Calculation:** Number of wrong intraocular lens implantations.

8. Outpatient satisfaction index

- Importance: Ensures Out patient Satisfaction
- Calculation: Average Score achieved / Maximum possible score

9. Inpatient satisfaction index

- Importance: Ensures In patient Satisfaction
- Calculation: Average Score achieved / Maximum possible score

10. Waiting time for ophthalmic diagnostics relevant to scope of services

- Importance: provide insight of the process & patient satisfaction
- Calculation: Sum (Patient-in time for ophthalmic diagnostic procedure - Patient Reporting Time in Diagnostics)/ Maximum possible score

11. Employee attrition rate

- Importance: Track the Employee Satisfaction
- Calculation: Number of employees who have left during the month / Number of employees at the beginning of month + newly joined staff×100

12. Employee absenteeism rate

- Importance: Track the Employee productivity & wellbeing
- Calculation: Number of employees who are on unauthorised absence / Number of employees ×100

13. Percentage of employees who are aware of employee rights, Responsibilities and welfare schemes

- Importance: Provide insight of Employee productivity & wellbeing
- Calculation: Number of employees who are aware of employee rights, responsibilities and welfare schemes / Number of employees interviewed ×100

14. Proper use of personal protective equipment (PPE)

- Importance: Critical for infection control
- Calculation: Total number of actions where appropriate and adequate PPE was used by the employees/Total observed opportunities where use of PPE was indicated ×100

Outcome Indicators

1. Evaluation of Visual Outcomes of Cataract Surgery in Patients

- **Importance:** Assesses the success of cataract surgeries.
- **Calculation:** (Number of patients with 6/12 or better visual acuity / Total number of cataract surgeries) x 100

2. Complication Rate related to Intravitreal Injections

- **Importance:** Monitors adverse events.
- **Calculation:** (Number of complications / Total number of intravitreal Injections) x 100

3. **Cataract Posterior Capsular Rupture Rate (PCR)/Zonular Dehiscence**

- **Importance:** Monitors this specific complication.
- **Calculation:** (Number of PCR / Zonular Dehiscence cases / Total number of Cataract surgeries) x 100

4. **Biometry Accuracy in Cataract Surgery**
    - **Importance:** Evaluates accuracy of preoperative measurements.
    - **Calculation:** (Number of accurate biometries / Total number of biometries) x 100

5. **Intra-Operative or Postoperative Complications in Strabismus Surgery (if the scope is strabismus clinic)**
    - **Importance:** Monitors complications associated with strabismus surgeries.
    - **Calculation:** (Number of complications / Total number of strabismus surgeries) x 100

6. **Corneal Graft Failure Rate (Lamellar or full thickness) (for cornea clinic including transplants)**
    - **Importance:** Monitors graft success.
    - **Calculation:** (Number of failed grafts / Total number of Corneal procedures) x 100

7. **PK Corneal Graft Failure Rate**
    - **Importance:** Tracks success rate of PK corneal grafts.
    - **Calculation:** (Number of failed grafts / Total number of PK procedures) x 100

8. **Redo's in refractive surgery for myopia**
    - **Importance:** Measures accuracy of refractive surgery outcomes.
    - **Calculation:** (Number of accurate outcomes / Total number of Refractive surgeries) x 100

Importance and Calculation of Indicators

- **Ensuring Quality Care:** Regular monitoring of KPIs helps maintain high standards of patient care and safety. This involves tracking visual outcomes, complication rates, and adherence to hygiene standards.
- **Improving Efficiency:** By measuring indicators like patient turnaround time and resource utilization, healthcare providers can identify bottlenecks and streamline processes to improve efficiency.
- **Enhancing Patient Outcomes:** Tracking surgical outcomes and postoperative complications ensures continuous improvement in patient care and surgical success rates.
- **Promoting Safety:** Monitoring infection rates, hand hygiene compliance, and equipment hygiene standards helps in preventing infections and ensuring a safe environment for both patients and healthcare providers.

By systematically tracking and analysing these indicators, ophthalmology departments can ensure they are providing high-quality, efficient, and safe care to their patients.

Annexure – 9
The Key Performance Indicators Expected to be Monitored by Eye care Organisation (Mandatory)

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
1	PSQ 3. b.	a. Time for Initial assessment of OP patients /Emergency	a. The time shall begin from the time that the patient has arrived at the registration/reception area till the time that the initial assessment has been completed by a doctor.	Sum of time taken for the assessment Total number of patients in OP/Emergency		Periodic- At least Monthly (Refer to sample size table / annexure)	The average time should be reviewed by the hospital, to see if this has affected clinical care, outcome, or has reduced the efficiency. The outliers: those taking more than 20% of the average time shall be audited. The hospital will make efforts to keep this measure at low levels, and track trends in times of increased patient flows.
2	PSQ 3.c	Percentage of reporting errors / 100 investigations	Reporting errors include those picked up before and after dispatch. It shall include transcription errors.	Number of reporting errors Number of tests performed.	X 100	Continuous	This shall be captured in the laboratory and diagnostic areas. Although the indicator is captured monthly, immediate correction is to be started when such instances happen. E.g. A scan
3	PSQ 3. c.	Percentage of re-dos.	This shall also include tests repeated before release of the result (to confirm the finding).	Number of re-doses Number of tests performed	X 100	Periodic - At least Monthly (Refer to sample size table / annexure)	This shall be captured in the laboratory, diagnostic areas and optical units
4	PSQ 3.d.	Incidence of medication errors (Medication errors per patient days)	A medication error is any preventable event that may cause or lead to inappropriate medication use or harm to a patient (US- FDA). Examples include, but are not limited to:	Total number of medication errors/ Number of patient days a. Total no. of prescription errors	X 1000	Continuous monitoring AND Periodic - Ateast Monthly (Refer to sample size table / annexure)	In addition to incident reporting, to detect medication errors the organisation shall either adopt medical record review or direct observation. The average occupancy shall be of the preceding 3 months. Medication Error is to be calculated in OP/ IP/Emergency/Daycare patients

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
			Errors in the prescribing, transcribing, dispensing, administering, and checking of medications. Wrong drug, wrong strength, or wrong dose errors. Wrong patient errors. Wrong route of administration errors; and Calculation or preparation of a) Prescription Error b) Dispensing Error	 No. of patient days b. Total no. of medication dispensing errors No. of patient's days	X 1000 X 1000		
5	PSQ 3. d.	Percentage admissions/daycare with adverse drug reaction(s) (Adverse drug reactions per 100 separations)	Refer to glossary	Number of adverse drug reactions Number of discharges and deaths	X 100	Continuous	Adverse Drug Reactions is to be calculated in OP/ IP/Emergency/Daycare patients
6	PSQ 3.e.	Percentage of modification of anaesthesia plan	The anaesthesia plan is the outcome of pre-anaesthesia assessment. Any changes done after this shall be considered as modification of anaesthesia plan.	Number of patients in whom the anaesthesia plan was changed. Number of patients who underwent anaesthesia	X 100	Continuous	The modification is anaesthesia plan could be captured in a register/system before the patient is shifted out of the OT. Topical to LA, LA to GA etc
7	PSQ 3.e.	Percentage of adverse anaesthesia events	Adverse anaesthesia event is any untoward medical occurrence that may present during treatment with an	Number of patients who developed adverse anaesthesia event.	X 100	Continuous	Both local and GA

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
			anaesthetic product, but which does not necessarily have a causal relationship with this treatment.	Number of patient who underwent anaesthesia			
8	PSQ 3. f.	Percentage of adverse laser procedure related events.	Adverse events related to laser procedures happening during or after the procedure is done.	Number of adverse events related to laser procedures / Number of laser procedures done	X 100	Continuous	ECO to identify possible adverse events separately depending on the lasers being used (As per the scope of services)
9	PSQ 3. g.	Percentage of unplanned return to OT		Number of unplanned returns to OT / Number of patients operated	X 100	Continuous	All eye Surgeries to be considered
10	PSQ 3.g.	Percentage of re-scheduling of surgeries	Re-scheduling of patients includes cancellation and postponement by the ECO (beyond 4 hours) of the surgery.	Number of cases re-scheduled / Number of surgeries planned	X 100	Continuous	All eye Surgeries to be considered
11	PSQ 3.g.	Percentage of cases where the organisation's procedure to prevent adverse. events like wrong site, wrong patient and wrong surgery have been. adhered to		Number of cases where the procedure was followed. / Number of surgeries performed.	X 100	Continuous	This could be checked in the post-op/recovery room and documented in a register / system (Includes adherence to Surgical Safety Check List)

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
12	PSQ 3. g.	Percentage of Surgery Complications	As per scope of services of ECO, each speciality shall capture the surgical complications	Number of Surgery complications / Total number of surgeries	X 100	Continuous	Cataract surgery Refractive surgery Glaucoma surgery Oculoplasty Retina Cornea To be captured separately as per the scope of service
13	PSQ 3. g.	Incidence of TASS/Endophthalmitis	Tracks incidence of severe complications.	Number of Surgery complications / Total number of surgeries	X 100		
14	PSQ 3.h.	Critical equipment down time	The term downtime is used to refer to periods when a system is unavailable. Downtime or outage duration refers to a period that a system does not supply or perform its primary function.	Sum of down time for all critical equipment in hours in a month.		Continuous	Check list of all equipment should be updated in the unit on daily basis to check equipment utilisation and downtime.
15	PSQ 3.j.	Employee satisfaction index	Employee satisfaction index is an index to measure satisfaction of employee in an organisation	Average Score achieved. / Largest possible score	X 100	Periodic – Quarterly (Refer to sample size table / annexure)	The satisfaction shall be captured from all categories of staff and at least once in twelve months.
16	PSQ 3.k.	Number of sentinel events reported, collected and analysed and completed	Refer to glossary	Number of sentinel events analysed and completed / Number of sentinel events reported/collected	X 100	Continuous	ECO should consider using a portfolio of tools-including incident reporting, medical record review, and analysis of patient grievances to gain a comprehensive picture of sentinel events.

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
17	PSQ 3. k.	Percentage of near misses	A near miss is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorized as near misses.	Number of near misses reported. Number of incidents reported	X 100	Continuous	A key to any near miss report is the "lesson learned". Near miss reporters can describe what they saw of the beginning of the event, and the factors that prevented loss from occurring. e.g. Wrong lens issued to OT staff
18	PSQ 3i.	Percentage of medical records not having discharge summary	A discharge summary is the part of a patient record that summarizes the reasons for admission, significant clinical findings, procedures performed, treatment made, patient's condition on discharge and any specific instructions given to the patient or family (for example follow-up medications). It is a summary of the patient's stay in hospital written by the attending doctor.	Number of medical records not having discharge summary Number of discharges and deaths	X 100	Continuous	Every medical record that comes to the MRD from the clinical unit following the discharge of a patient shall be at once checked for the presence of discharge summary. If this is not present at this stage, it shall be captured as a part of the numerator.
19	PSQ 3.i.	Percentage of medical records having incomplete and/or improper consent	Consent is the willingness of a patient to undergo examination/ procedure/ treatment by a health care provider. Informed consent is a type of consent in which the health care provider has a duty to inform his/her patient about the procedure, its potential risk and benefits, alternative procedure with their risk and benefits to enable the patient to take	Number of medical records having incomplete and/ or improper consent Number of discharges and deaths	X 100	Periodic - monthly (Refer to sample size table / annexure)	

S. No.	Standard	Indicator	Definition	Formula		Frequency of data Collation/ Monitoring	Remarks
			an informed decision of his/her health care. If any of the essential element/requirement of consent is missing it shall be considered as incomplete. If any consent obtained is invalid/void (consent obtained from wrong person/consent obtained by wrong person etc.) it is considered as improper.				
20	PSQ 3.m.	Percentage of staff adherence to hand hygiene protocols		Total number of actions performed Total number of hand hygiene opportunities	X 100	Monthly	Observation involves directly watching and recording the hand hygiene behaviour of health care workers and the physical environment. Good reference is WHO hand hygiene compliance monitoring tool. Please refer: http://www.who.int/gpsc/5may/tools/en/ http://www.who.int/entity/gpsc/5may/ObservationForm.doc?ua=1 Sampling: Yes Sampling methodology: Stratified random

The indicators shall be shown in both rates/percentages/ratios and absolute numbers.

A. Indicator frequency has been described under:

Continuous: implies data/reports needs to be checked on daily basis for all events/episodes/activities and analysed at least on monthly basis followed by corrective and prevention actions.

Periodic monthly basis: The data needs to be compiled and analysed at least on monthly basis followed by corrective and preventive actions based on sample size.

Periodic with audits been done at least quarterly: This type of indicators can be reviewed on periodic basis using well designed audits with a goal to improve the patient care and patient safety. The audits can be done through open and/or closed files using a suggestive sample size as tabulated in sample size annexure below.

B. Indicator results/data presentation:

The presentation of indicators shall be helpful for easy understanding of the data to all relevant stakeholders. Thus, data can be presented as:

1. Indicator results presented in a bar graph: Here, the results can be presented in the form of bar graph with periodicity monthly/quarterly etc. on x-axis and size of the indicator on y-axis. The graph shall depict the change in results over period.
2. Indicator results presented in a statistical process control chart: In such charts, results can be depicted in more dynamic fashion and comparison with the control line graphs. Action points can be easily identified, and impact post interventions can be assessed in an easier manner.
3. Indicator mix graphs can be used to understand the impact of intervention/or one indicator over the other. E.g., Hand hygiene compliance of surgical unit can be plotted along with surgical site infection rates or hand hygiene compliance can be plotted along with ventilator associated pneumonia rates in a graph.

C. Sample size annexure:

Screening Population	Sample Size*
50	44
100	79
150	108
200	132
500	217
1000	278
2000	322
5000	357
10000	370
20000	377

*For the recommended sample size, all the samples should be taken on continuous basis.

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