

DR. SHROFF'S CHARITY EYE HOSPITAL, SINCE 1914



CONTINUOUS QUALITY IMPROVEMENT



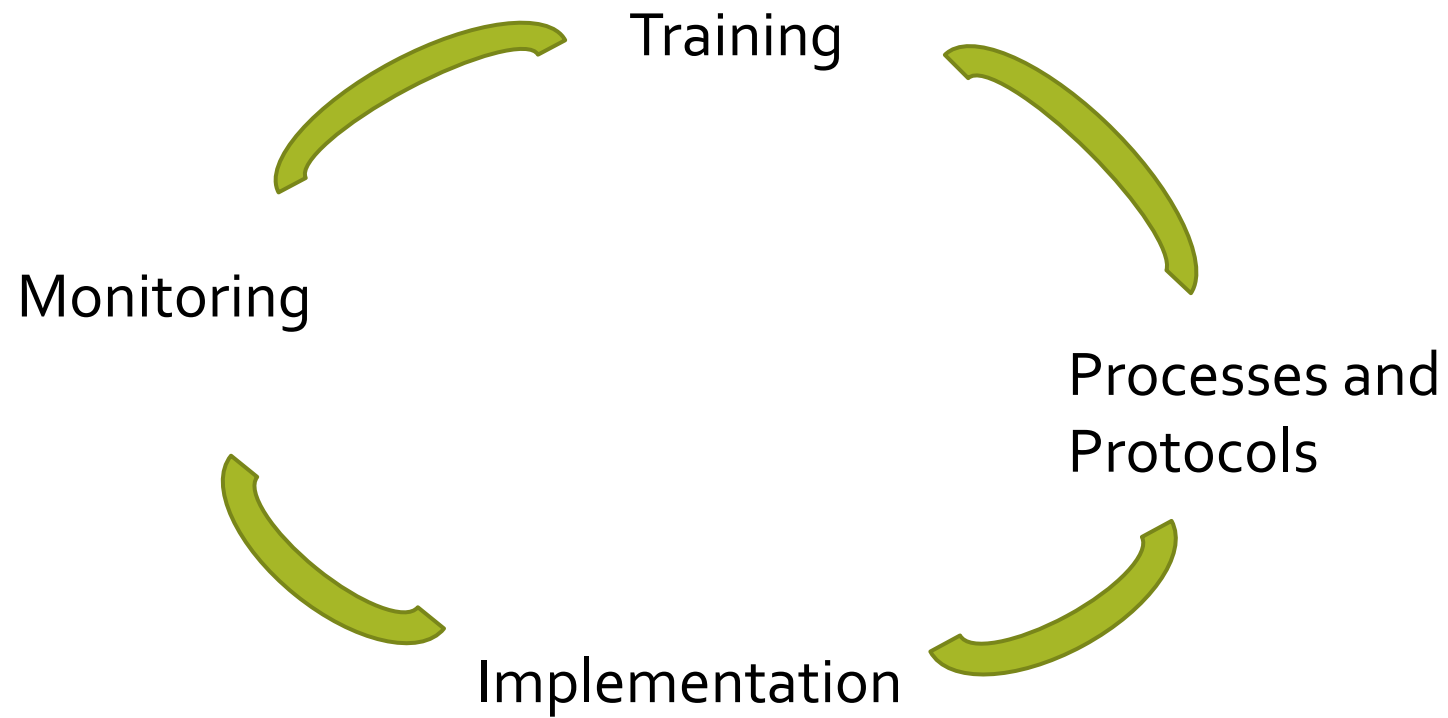
Dr Shalinder Sabherwal

Dr Shroff's charity eye hospital

Quality improvement

- Provides mechanisms for the evaluation and improvement of processes
- Efficiency, effectiveness, and flexibility
- This may be done with noticeably significant changes or incrementally via continual improvement.

ESSENTIALS





TRAINING

Quality Lead training crash course

1st May-10th May, 2019



Introduction to Quality

Basic terminologies in Quality

Medical record department-Policies and observation

Discussion and learnings

Hospital infection control PPT

Hand hygiene audit-Theory and field audits

Preparation of hand hygiene audit dashboard

Observation of HIC measures in ward and OPD(in groups)

Cleaning protocols

Patient safety

Facility rounds-OPD and wards

Preparation of facility round report

Emergency codes ppt

Records to be maintained in OPD, Patient rights and responsibilities, Patient complaints, Signages

Time motion analysis

Management of medication

Observation of medicine storage and usage in wards/ Pharmacy/ emergency crash cart

Information management system- Theory and visit to IT department

Linen and laundry management

Incident management and RCA tools

Quality indicators and MIS at secondary centres

Biomedical waste management-Onsite segregation, storage and transport

OT visit (In groups)

Legal and statutory requirements for an eyecare hospital

Stores and purchase-Theory and departmental visit

Equipment Management and onsite observation of forms, records.

Introduction to hospital committees

Review of committee files

Mock committee meetings

HR Functions, maintaining employee personal files and Observation of selected employee files

PSC-Orientation and relevance

QMS audits and Gap analysis

Review of SCEH audit schedule & reports

Medical records completion AND Files audit

Onsite observation of cleaning process, records, checklists

NABH orientation

What is expected from Quality leads once they go back?

Post training impact

Quality improvement committees have been formed at each centre

Monthly training calendar formulated
providing training on relevant topics to the staff members at each centre.

Initiated safety rounds at their centres.

Started preparation for NABH entry level certification.



Reasons for success *this time around*

1. Assigned responsibility--- resource allocation
2. The selection of leads----- right resource
3. Facilitated as mentors
 - i) structured course
 - ii) hand holding through
 - Online
 - Periodic visits by quality leads

Service delivery trainings

- VT at Vision centres
- VC attendants
- Comprehensive ophthalmologists for day to day sub-specialty orientation
Including hands on in wet lab
- Patient counsellors – service excellence workshops



PROCESSES AND PROTOCOLS

Clinical and non-clinical

For patients sources

CLINICAL

VC

PROTOCOL 1: Protocol for New Patients

PROTOCOL 2: Protocol for Vision Assessment in any age group

PROTOCOL 3: Protocol for Refraction

Protocol 4 : Protocol for Dilated Refraction

Community Outreach Manual

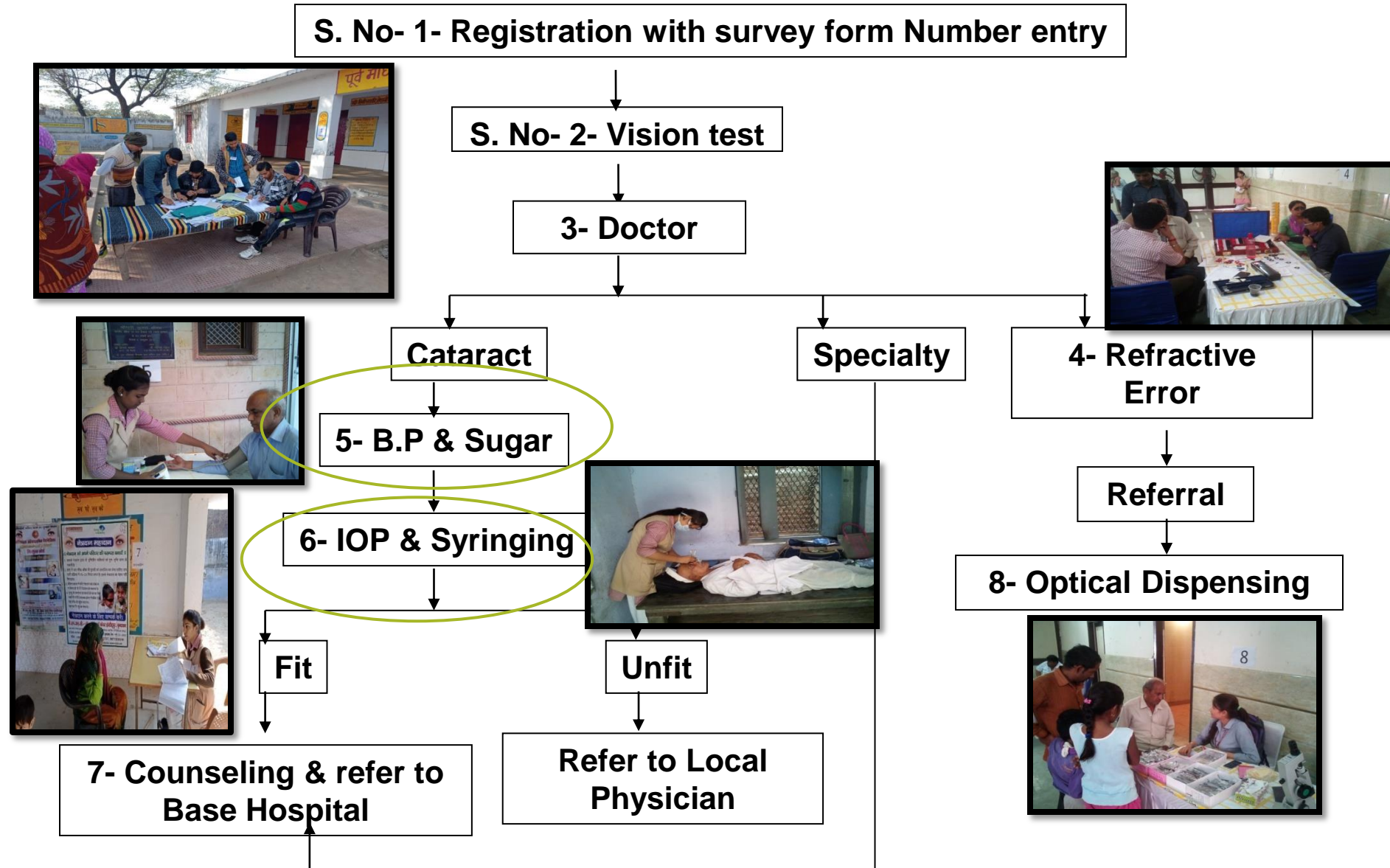
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Camp Patient Flow



Dr. Shroff's Charity Eye Hospital

Caring for the community since 1914...



NON-CLINICAL

SOP for free surgery follow-up

Responsibility: ORP Team MRD Department, Data Entry Person Administrator,

Annexure: Forms, format and data collection.

- Annexure No.1: Cataract Surgery Follow-up Form
- Annexure No.2: Follow-up data management Format

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HOSPITAL SOPs

OPD

Protocols for

- Fresh patient
- Cataract follow-up
- Referral
- Glaucoma testing and referral....

OT

- Pre-op
- Block room
- Intra- op
- Post op



IMPLEMENTATION

Modelling of follow ups

Post-op follow up

- At VC and camp site
- Final follow up more than 80% throughout our network

Uptake of referrals in children screening programs

- Project around vision centre locations
- Ophthalmologist travel once a week





In the hospitals

Providing dedicated time to the leads with consent from management

Awareness amongst staff members through regular and compulsory classes

Clinical Audits



MONITORING

CSC Post Camp Report

Camp Place :	Vill.- Jugsana,Block- Baldev		Date/Day	04-05-2018		Friday	
Sponsor :	Koshika Fondation		District	Mathura		Distance	37 km
Team	6	Departure time from hospital	7:00 AM		Camp No.	1	
Doctor							
Optom	Mr. Rajbabu	Actual Departure time from hospital	7:00 AM		Cluster NO		
Counselor	Ms. Pratima						
Optician							
Nursing	Ms.Chanchal & Chitranjali (VT)	Camp Starting time	8:30 AM				
Organiser/Coordinator	Mr.Sanjay Kaushik	Actual camp starting	8:40 AM				
Other	Mr. Sudhkar(driver)						

Post camp Report at Hospital

Under went Surgery				Patients identified for other speciality			
For Cataract Sx at camp				Health Problem			
Actual Patients pick-up at SCEH/SC				Glasses			
Not willing at Sceh				ECG Change			
Cataract Surgery Done	Male			Yag PI done			
	Female			Other Surgery			
	Total						
Glaucoma surgery done							
DCR surgery done							
Total patients (A)				Total Patients (B)			
Total patients Pick-up at Hospital(A+ B)				Best camp	Good	Fair	Poor

Your assessment as a whole (tick the box):

Best camp

Good

Fair

Poor

				YTD		Varrience (YTD) from		Variance from actual	
	YTD	Indicator	Benchmark	Budget	Actuals	budget % ±		L.Y %	
	16	Avg. Total OPD/Day	15	17	15	-14%		-9%	
	53%	Gender Ratio (Female)	>50%		50%			-6%	
	89	Spectacle Advised	#	86	72	-16%		-19%	
	23%		25%	20%	20%	-2%		-14%	
	16	Spectacle Sold / Conversion	#			-49%		38%	
	18%					-39%		70%	
		No. of Pick up				0%		#DIV/0!	
		No. of Pick up (patients)				0%		#DIV/0!	
		Surgery Done							
	68	Cataract Advised				31%		49%	
	17%		18%			53%		62%	
	25	Non Paying (Cataract)	#	33	25	-29%		0%	
	93%		%	90%	61%	-32%		-34%	
	2	Paying (Cataract)	#	4	16	300%		700%	
	7%		%	10%	39%	280%		427%	
	40%	Cataract Conversion	%	51%	41%	-20%		2%	
	16	Suspect specialty Referred	#	17	9	-47%		-44%	
	4%		%	4%	2%	-39%		-39%	
	3	specialty Reported at Hospital	#	9	5	-44%		67%	
	19%		%	53%	56%	5%		196%	
	31	Total Surgery done		39	44	13%		42%	
	36%	Cost RECOVERY (Direct)	%		99%	#DIV/0!		174%	
General Issues						Action			

Format for Assessment of Vision Technician at Vision Centre

Technical Lead	
	Refraction
	Patient history notings in file
	Slit Lamp examination findings
	Applanation Tonometry
	Clinical Diagnosis
	Documentation of Clinical Management Plan
	Clinical protocol adherence
	Equipment handling and upkeep
	Referral guidelines
Optical	
	Knowledge about optical dispensing
	Stock availability of frame and readymade glasses(near)
	Prescribed Vs sold ratio
	Delivery of spectacles

Format for Assessment of Vision Technician at Vision Centre

**Business
Manager**

25

Counsellor

Knowledge about pathology

Knowledge about the treatment
facilities availability at SC

Quality Indicators in MIS from mentees

Surgery Done/ Budget
Goal met

Daily Sx Target

Mean (done Sx)

SD



OT Started on time %



Postpone rate %



Follow-up %



Incidents

Infection rate*: (no. of case reported/Total Sx)

Post OP visual recovery

Cataract Conversion-walk in				
Walk in New OPD				
Advised				
Advised %				
Done				
Conversion %				

SPECIALITY- OPD

CORNEA

GLAUCOMA

OCULOPLASTY

PEDIATRIC

RETINA

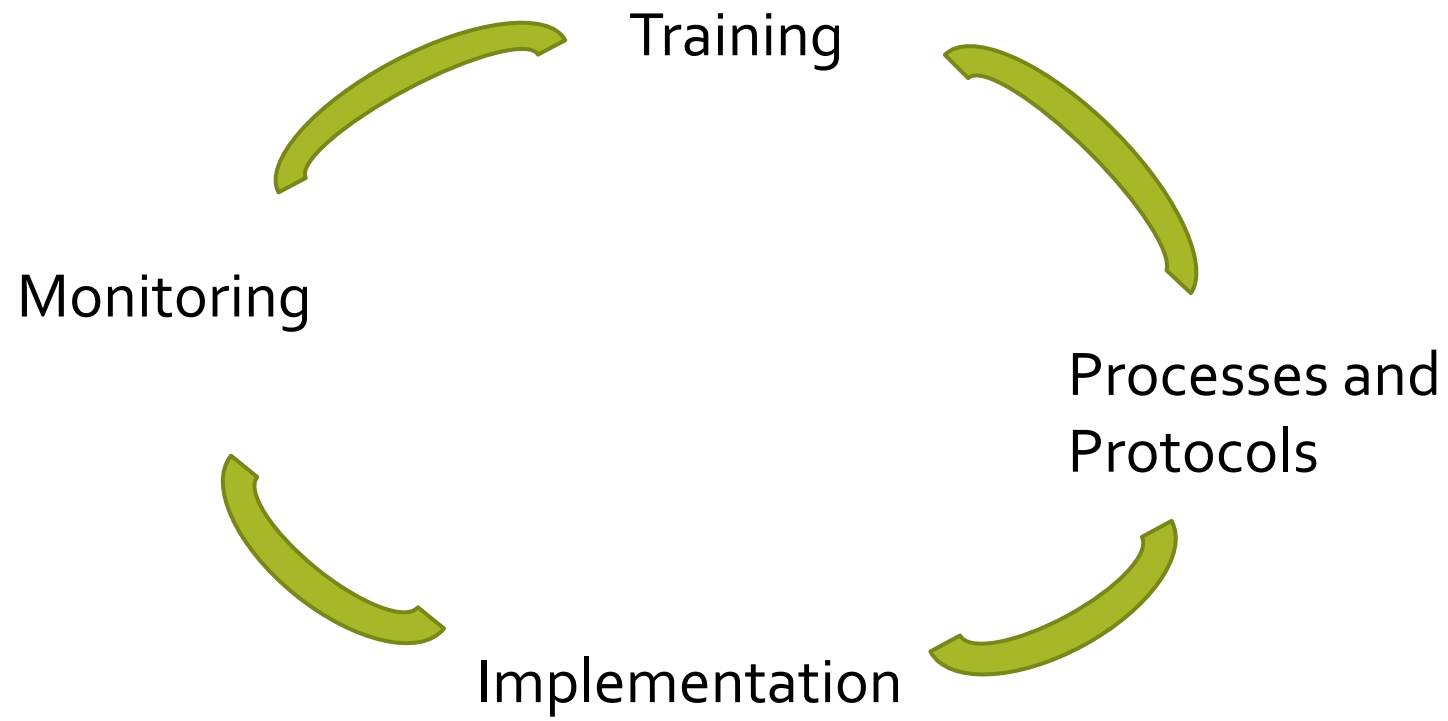
	Surgery
Specialty surgery	Sx done @
	CORNEA
	GLAUCOMA
	OCULOPLASTY
	PEDIATRIC
	RETINA
	Misc.

Centre

- Infection rate
- Clinical audits

Individual

- Complication rate----- recall, credentialing
- Follow up rate
- Visual outcomes





THANK YOU