**Name of the Hospital :**

**Year of Registration (CE) :**

**Registration Number :**

**Type of Patient :**

**Total Number of Bed :**

**Number of Ophthalmologist :**

**Number of Optometrist :**

**Number of GNM / B.Sc. Nurse :**

**Nursing – Patient Ratio (ward) :**

**Nursing – Patient Ratio (ICU)**

**Average OPD / Month :**

**Average Admission / Month :**

**Average Surgery (last 3 years) :**



**Average BOR (last 3 months) :**

**Physical Layout of the Hospital :**

* **1st Floor –**
* **2nd Floor –**
* **3rd Floor –**

**Hospital OPD working Hour :**

**Hospital Scope of Services :**

**Outsourced Facility :**

**Date of Assessment :**

**Assessment Done By :**

**Resource Person :**

**GENERAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Does your organization provide outreach eye care services to poor populations? |  |  |  |  |
|  | Does your organization currently collaborate with the government? |  |  |  |  |
|  | Does your organization work with local or National Non-Governmental agencies? |  |  |  |  |
|  | Defined services are displayed prominently. Signposting and directional signages (bilingual) from approach road. Adequate access in case of Emergency. Patients Flow & Fire and Pt. Rights |  |  |  |  |
|  | Availability of Hospital Policy, Procedures and SOP |  |  |  |  |
|  | Separate Parking area for vehicles |  |  |  |  |
|  | Loose wires and maintenance of building |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Hospital Housekeeping & Cleanliness |  |  |  |  |
|  | Bilingual Consents |  |  |  |  |
|  | PPE for staff, soaps and disinfectants; and their correct usage |  |  |  |  |
|  | Availability of Spill Kit and Spill Management |  |  |  |  |
|  | Biomedical Waste Segregation |  |  |  |  |
|  | Maintenance of Electrical, Plumbing, RO, Civil and Biomedical Equipments and Equipment Calibration |  |  |  |  |
|  | Rubber mats under the electrical panels and covered with board / box. |  |  |  |  |
|  | Hospital Security and Patient Abscond prevention |  |  |  |  |
|  | Human Recourse (Filing, Contents, Background Verification, Appointment letter, Experience letter, Inductions, Grievance Handling, Training and Appraisal) |  |  |  |  |
|  | Statutory Requirements   * CE, * Pollution Control, * Drug, * Fire, * HOTA * Food, * PAN, GST, PF, * Spirit Permission, * PCPNDT, * AERB and * Lift |  |  |  |  |

**OPD & IPD ASSESSMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Procedure for Emergency Services (24 \* 7) |  |  |  |  |
|  | Snellen chart is placed at a standard distance: 6 metres |  |  |  |  |
|  | Standard illumination in vision chart available or not? |  |  |  |  |
|  | Patient Registration with Unique MR Number |  |  |  |  |
|  | Patient Identification (wrist band, I card or and tag) |  |  |  |  |
|  | Do patients with allergy/High risk patients have separate colour wrist bands for identification? |  |  |  |  |
|  | General consent signed by patient and doctor |  |  |  |  |
|  | Prescription has generic names of medicine. All the medicine name will be in CAPITAL LETTER FORM with proper does & route |  |  |  |  |
|  | Prescription has name and signature of prescribing doctor along with registration Number |  |  |  |  |
|  | Does the OPD assessment sheet have time, date and registration number of doctor along with his/her signature and name? |  |  |  |  |
|  | Is the initial assessment of patient completed within 90 minutes of registration? |  |  |  |  |
|  | Patient Admission criteria |  |  |  |  |
|  | Admission form contain all the required information |  |  |  |  |
|  | IPD management |  |  |  |  |
|  | Bed in between distance |  |  |  |  |
|  | Care of Vulnerable Patients |  |  |  |  |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Initial Assessment & Vitals of Patient |  |  |  |  |
|  | Daily Checking of Crash Cart |  |  |  |  |
|  | Availability of Ventilator, Defibrillator and emergency medicines for any medical emergency. |  |  |  |  |
|  | Medication administration (Does, Time, Given By, Signature) |  |  |  |  |
|  | Patient Transfer & Referral |  |  |  |  |
|  | Isolation & Barrier nursing |  |  |  |  |
|  | All eye drop vials labelled with date of opening |  |  |  |  |
|  | All eye drops discarded within one month of opening |  |  |  |  |
|  | Surgery consent from with patients, witness and treating physician signature |  |  |  |  |
|  | Surgery consent form has right thumb impression for females and left for males |  |  |  |  |
|  | In the event of patient being illiterate is the witness who puts signature on consent form literate? |  |  |  |  |
|  | Separate consent form for anaesthesia available |  |  |  |  |
|  | Separate consent form for Guarded visual prognosis |  |  |  |  |
|  | Separate consent form for High Risk Patients |  |  |  |  |
|  | Consent forms for re-surgery |  |  |  |  |
|  | Consent for Each Procedure |  |  |  |  |
|  | All the consent forms to be in bilingual |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Day care patients discharged after a minimum of 6 hours post-op |  |  |  |  |
|  | Patients operated in topical anaesthesia discharged after a minimum of 6 hours |  |  |  |  |
|  | Patients operated under peri-bulbar anaesthesia discharged after a minimum of 24 hours |  |  |  |  |
|  | Discharge summary given to all patients |  |  |  |  |
|  | Discharge summary has all post -operative advice and medications |  |  |  |  |
|  | Discharge summary contains the diagnosis, procedure done, pre-operative clinical findings and investigations |  |  |  |  |
|  | Discharge summary has the condition of patient at discharge i.e-improved /stable/deteriorated/absconded/LAMA/expired |  |  |  |  |
|  | Discharge summary has the contact details of the person whom the patient can contact in the event of an emergency |  |  |  |  |
|  | Records: PAC, POC, Intra Operative Notes, Surgical Safety Checklist |  |  |  |  |
|  | Nursing allocation, Handover and Assessment |  |  |  |  |
|  | Intensive care and infrastructure |  |  |  |  |

**PATIENT COUNSELLOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Understand the condition and the complications of the patient |  |  |  |  |
|  | Guiding the patient according to the doctor’s advice |  |  |  |  |
|  | Guidance given to the patient in case of Refractive Error from counselling room to the optical shop |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Guidance given to the patient in case of medications from counselling room to the pharmacy |  |  |  |  |
|  | Instructions given to the patient regarding review to the counsellor again after purchasing glass or medicines |  |  |  |  |
|  | Patient Acceptance Rate from counselling room to Optical Shop and IPD for admission |  |  |  |  |
|  | Availability of tariff list |  |  |  |  |
|  | Counselling regarding different packages and facilities of the hospital to the patient |  |  |  |  |
|  | Estimated cost of treatment and surgery package explained to patients and documented in case sheet |  |  |  |  |
|  | Audio visual or any kind of media available to explain the type of IOL and surgical procedure to patient |  |  |  |  |
|  | Responsible for Consent. Information given to the patient and patient attendants regarding the contents of Consent form. Filling the form and proper signature. |  |  |  |  |
|  | Issuing Attendant’s pass and information regarding the hospital rules and regulations to the patient and attendants. |  |  |  |  |
|  | Counsellors available for pre & Post operative counselling |  |  |  |  |
|  | Under GVP explained to the patient |  |  |  |  |
|  | Post Operative Education explained to all patient |  |  |  |  |
|  | Skills for counselling |  |  |  |  |

**STORE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Store space |  |  |  |  |
|  | Storage criteria |  |  |  |  |
|  | Inventory Control: ABC analysis & FIFO |  |  |  |  |
|  | Checking of Expired medicines |  |  |  |  |
|  | Safe storing of high alert medication and narcotics drugs |  |  |  |  |
|  | Dispensing of drugs |  |  |  |  |
|  | Disposal of expired drugs |  |  |  |  |

**OPTICAL SHOP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Trained manpower regarding sales |  |  |  |  |
|  | Availability of Rate List |  |  |  |  |
|  | Availability of frames |  |  |  |  |
|  | Availability of all glasses |  |  |  |  |
|  | Availability of Sunglasses |  |  |  |  |
|  | Patient Counselling regarding adaptation and care of specs |  |  |  |  |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Turnaround time of ordering glass |  |  |  |  |
|  | Inventory Control |  |  |  |  |
|  | Patient Acceptance Rate from Counselling to Optical Shop |  |  |  |  |

**STERILIZATION PROTOCOLS/HIC MEASURES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Safe Drinking water facility for entire hospital available or not? |  |  |  |  |
|  | Laundry facility available with unidirectional flow, linen disinfections, washing and drying. |  |  |  |  |
|  | Is there any HAI reporting format available |  |  |  |  |
|  | How many patients are operated in a single Operation Theatre? |  |  |  |  |
|  | Availability of STP or ETP |  |  |  |  |
|  | Does the hospital have an Infection Control Committee? |  |  |  |  |
|  | How often does the committee meet? |  |  |  |  |
|  | Does OT have split AC or centralised AC |  |  |  |  |
|  | Maintenance of Chilling unit, AC Duct and AHU |  |  |  |  |
|  | OT Occupancy of 5-8 persons at any given point of time inside the OT is considered. |  |  |  |  |
|  | 21C +/- 3 Deg C inside the OT with Humidity between 20 to 60%. |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Minimum total air changes should be 20. The fresh air component of the air change is required to be minimum 4 air changes out of total minimum 20 air changes in a OT |  |  |  |  |
|  | The minimum positive pressure recommended is 2.5 Pascal (0.01 inches of water) in OT |  |  |  |  |

**MRD ASSESSMENT**

|  |  |  |  |  |  |
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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Does the MRD have Fire alarms? |  |  |  |  |
|  | Is pest control done every 3 months in MRD |  |  |  |  |
|  | Medical records have ICD coding with diagnosis on them |  |  |  |  |
|  | How does your organization maintain and manage patient medical records |  |  |  |  |
|  | How long hospital kept their medical records |  |  |  |  |
|  | Medico legal and death case sheets to be preserved permanently and not to be destroyed |  |  |  |  |
|  | Hospital has a policy in place to issue case summary /copy of medical record to patient within 72 hours of request |  |  |  |  |
|  | Procedure in place to destroy old medical records with shredder- not to be burnt |  |  |  |  |
|  | There is a proper sequence of placing documents in the Case sheet? |  |  |  |  |
|  | Policy for Follow up patient? |  |  |  |  |
|  | Do you have a MRD and Audit committee? |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Is an audit done regularly |  |  |  |  |
|  | Daily Reporting to the management |  |  |  |  |
|  | Does your organization have a Management Information System |  |  |  |  |

**PATIENT SATISFACTION AND FEEDBACK**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Is patient feedback regularly taken? |  |  |  |  |
|  | Patient feedback form available at reception and key areas of hospital |  |  |  |  |
|  | Patient grievance and complaint register available |  |  |  |  |
|  | Is the patient complaint addressed within 24 hours |  |  |  |  |
|  | Is a telephonic feedback taken from in-patients regarding the quality of patient care? |  |  |  |  |
|  | Are employees regularly trained on improving patient satisfaction outcomes? |  |  |  |  |

**KPIS (KEY PERFORMANCE INDICATORS) FOR EYE HOSPITALS-EXAMPLES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Time taken for initial assessment of OPD |  |  |  |  |
|  | No. of patients seen within 90 minutes in a month |  |  |  |  |
|  | Incidence of Medication Error |  |  |  |  |
|  | % of Adverse anaesthesia events |  |  |  |  |
|  | Waiting time for Cataract Surgery |  |  |  |  |
|  | Rate of infectious Endophthalmitis |  |  |  |  |
|  | % of Patients with Intra Op complication |  |  |  |  |
|  | % of Patients with post Op complication |  |  |  |  |
|  | Bed occupancy rate |  |  |  |  |
|  | Average length of stay( speciality) |  |  |  |  |
|  | Equipment downtime |  |  |  |  |
|  | OPD satisfaction index |  |  |  |  |
|  | IPD satisfaction index |  |  |  |  |
|  | Employee Satisfaction index |  |  |  |  |
|  | No. of Sentinel Events |  |  |  |  |
|  | No. of Nearmiss Events |  |  |  |  |

**DISASTER AND SAFETY PROTOCOLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Does the hospital have a disaster and safety committee? |  |  |  |  |
|  | How many disaster codes are there? |  |  |  |  |
|  | Are the hospital staff aware of and trained in various disaster codes like Code Red, Blue, Pink, Violet and Black |  |  |  |  |
|  | Patient Safety (International Patient Safety Goals, Grab Bars, Safety Belts etc) |  |  |  |  |
|  | Are fire extinguishers installed at appropriate places? |  |  |  |  |
|  | Fire alarm system |  |  |  |  |
|  | Is a fire exit plan displayed at strategic sites? |  |  |  |  |
|  | Are fire exit signages displayed? |  |  |  |  |
|  | Is there any assembly point for any disaster? |  |  |  |  |
|  | Is there a Code Red team? |  |  |  |  |
|  | Is there a Code Blue team? |  |  |  |  |
|  | Are the hospitals staffs are BLS trained? |  |  |  |  |
|  | Regular training conducted for the staff on disaster and safety management |  |  |  |  |
|  | Is there a policy to report adverse events? |  |  |  |  |
|  | Is there a policy to report Near miss and No Harm events |  |  |  |  |
|  | Are all sentinel events like wrong eye surgery, wrong patient surgery, wrong medicine given reported and analysed |  |  |  |  |

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| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Are all Needle stick injuries identified and reported? |  |  |  |  |
|  | Are all employees immunised regularly? |  |  |  |  |
|  | Are all employees aware of hand Hygiene process |  |  |  |  |
|  | Annual Health Check Up is done or not? |  |  |  |  |

**PHARMACY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Does the hospital have a pharmacy? |  |  |  |  |
|  | Does the hospital have pharmacist? |  |  |  |  |
|  | Availability of Drug Formulary |  |  |  |  |
|  | Proper Storage & Refrigeration of drugs |  |  |  |  |
|  | High Risk Medicines are identified or not? |  |  |  |  |
|  | LASA drugs separated or not? |  |  |  |  |
|  | Patient education regarding medication administration |  |  |  |  |
|  | Expired drugs are identified and removed from the storage area before 3 months and disposed off in a safe and secure manner. |  |  |  |  |
|  | Do they use any cut strip medicines? What are the policies for the same? |  |  |  |  |
|  | Does the hospital have any Drug formulary of any Committee related to the drugs? |  |  |  |  |

**AMBULANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Does the hospital have Ambulance? |  |  |  |  |
|  | Does the hospital have adequate space for ambulance parking? |  |  |  |  |
|  | Is that BLS or ACLS ambulance? |  |  |  |  |
|  | BLS trained driver? |  |  |  |  |
|  | Communication system of ambulance |  |  |  |  |
|  | Emergency Medicines with Oxygen Cylinder or any ACLS facility |  |  |  |  |

**DIAGNOSTICS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | Scope of Diagnostic Facility |  |  |  |  |
|  | Proper Blood Collection |  |  |  |  |
|  | Laboratory Quality Control |  |  |  |  |
|  | Imaging Quality Control |  |  |  |  |
|  | AERB Protocols |  |  |  |  |
|  | TLD Checking |  |  |  |  |

**MOU WITH OUTSOURCED FACILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Procedure** | **Y** | **P** | **N** | **Remarks** |
|  | MOUs with BMW agency |  |  |  |  |
|  | MOU with other outsourced facility |  |  |  |  |