VISION 2020: The Right to Sight–INDIA

WORKSHOP on Quality Assurance in Eye care Delivery

24th & 25th May, 2014 (Saturday & Sunday)

Supported by: GSI Project, SEVA Foundation, USA

Organised by:
Vivekananda Mission Ashram Netra Niramay Niketan
P.O.- Chaitanyapur( Haldia), Dist- Purba Medinipur, West Bengal

Report on the Workshop

Speakers:
1. Swami Biswanathananda, General Secretary, Vivekananda Mission Ashram
2. Dr. Col Deshpande, Chairman, V2020
3. Dr Uday Gajiwala, Divyajyoti Trust
4. Dr. Phanindra Babu Nukella, V2020
5. Dr Rachapalli Reddy Sudhir, Sankara Nethralaya, Chennai
6. Dr R C Paul, Susurut Eye Research Hospital
7. Dr. Asim Kumar Sil, MD, VMA Netra Niramay Niketan
8. Dr Subhra Sil, CMO, VMA Netra Niramay Niketan
9. Mr. Sanjay Mukharjee, Care Group
10. Dr Divyesh Shah, Technical Advisor, LCIF
11. Mr. Kamalesh Guha, CEO, Siliguri Greater Lions Eye Hospital
12. Mr. Sarangadhar Samal, Director, Kalinga Eye Hospital

The Workshop Attended by:

West Bengal:
1) Vivekananda Mission Arsam Netra Niramay Niketan
2) Sundarban Social Development Centre, South 24 Parganas,
3) Alipurduar Lions Eye Hospital
4) Siliguri Greater Lions Eye Hospital
5) SHIS Eye Hospital
6) Mission for Vision
7) Help Age India
8) Intra Ocular Care Pvt. Ltd.

Jharkhand:
1. Loknayak Jai Praksh Eye Hospital, NBJK, Hazaribag, Jharkhand
2. Purnima Netralaya, Jamsedpur

Orissa:
1. Kalinga Eye Hospital & Research Center, Dhenkanal, Orissa
2. J. P. M. Rotary Eye Hospital & Research Institute
3. Lepra Mahanadi Eye Hospital

Bangladesh:
1. Marium Eye Hospital, Ulipur, Kurigram, Bangladesh
DAY-I

DATE-24.05.14

Introductory session:

Workshop began with Vedic chant and traditional reception with Flower Bouquet by the hospital staff followed by the welcome address by honorable General Secretary, VMANNN, Swami Biswanathananda Maharajji.

Dr Asim Kr. Sil explained the workshop objectives. All the participants introduced themselves.

Objectives of the meeting were:

1. To understand minimum required quality standards for eye care services
2. To identify quality benchmarking for improvement in hospital setting
3. To find out the different methods to ensure quality eye care services
4. To understand the Comprehensive Eye Care Services with quality

The discussions were explained by Moderators/Speakers/Rapporteurs.

Dr Phanindra spoke about the quality and productivity. He mentioned that productivity relates to achieving operational excellence in a cost-effective manner. This has to do with appropriate, efficient, and optimal use of all resources which can be achieved through micro-planning, coordination, balancing of resources, lay out, patient flow, etc. where we should focus on to improve productivity without compromising quality. With regard to quality, he mentioned that having a well-motivated workforce is one of the key ingredients of quality. While systems, procedures, training, and such factors have a direct bearing on quality.

He drew a mapping of quality and productivity on ‘low’ and ‘high’ levels deriving into four domains – 1. High quality and high productivity 2. High quality and low productivity 3. Low quality and high productivity and 4. Low quality and low productivity. And, requested participant organizations to assess themselves in which domain they currently fall under, and make a plan for gradual improvement. He emphasized on standardization. He also focused on applying quality monitoring and productivity monitoring tools. Virtually all aspects of quality improvement have a favourable impact on different measures of productivity – labour productivity and machine productivity. He said there is a need to do internal and external peer reviews. He also presented some indicators for quality and productivity monitoring.

Moderator: Dr. Uday Gajiwala spoke that high quality and High productivity is the first step to eye care delivery and productivity is based on the Patient counseling/ Patient
care. When patients will be satisfied with the services, quality and productivity will be high. But in other aspects money is a factor to improve the quality and productivity. Administrators are concerned with decision making for a great part of the purchase. Administrator concerns with decision and there are several kinds of decision making in hospitals. The rate of good equipment is high. So, huge money creates high quality to eye care delivery. The efficiency of staff, communication also makes high quality to eye care service.

He also says Cataract surgery is must if needed to a patient. It will be systematically. ASCAN method is trustful. After discharge of a patient internal clearance is must. A treatment will be cleared with in mass surgery. There must be out patient and in patient records in a Hospital.

He also discussed on Cataract Diagnosis. Slit lamp cataract grading is must, Fundus examination again in both eyes. The three modules are:

1. Medical records in eye care service
2. Optical sales and dispensing
3. Housekeeping

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**Speakers & Participants**

**Dr.R.Sudhir (Sankar Nethralaya)** spoke that Vision stimulation is a sequential program of activities that are designed to alert the individual to the visual sense. The purpose of vision stimulation is to assist the individual to organize visual information in a way that gives meaning, fostering the ability to respond. We need information system. Management information System is essential for information collection and analysis system that facilitates access to program and participate information. This system is computerized. Type of Information system:

1. Hospital Management System
2. Electronics Medical Records (Numbering & Filling System)
3. MIS (Monitoring Information System)
4. Resource Management
5. Financial Soft ware/ Payroll
6. Other tools
   A. Forecasting
   B. Floor Design Management
   C. Revenue Cycle Management
   D. Optical Bar-coding

Patient satisfaction is first which can keep a hospital in a better position.

**Moderators: Dr. Asim Kr. Sil**
Spoke that clinical audit is must. It improves patient's experience, develops leadership skills to become a Clinical champion. Audit can be done by Medical leader, Management leader and senior leader. Audit can have some common issues such as:

   A. Re surgery rate
   B. ACIOL consumption rate
   C. Cataract follows up rate (Children)
   D. Corneal Ulcers healing rate
   E. Success rate after DCR
   F. Glaucoma and DR follow up

Last of all he says that internal audits are must. It is essential for fact finding & developing a culture.

**Dr. Subhra Sil** spoke about high standard glasses, ARC, Lens (glass/plastic), Calculation in proper distance, Choosing proper frame the way to bring improvement in low vision services. She also speaks that counseling is the most essential factor in eye care services. Patient-counseling is a specialized non-clinical activity that gives information, explanation, and guidance and also provides comfort to the patients during their stay in the hospital premises. Counseling can be done by Ophthalmologist, Optometrist and Salesmen.

**Dr. R.R. Sudhir** spoke that every hospital should have a system which can provide management with information’s, necessary to plan and control efficient patient care and to efficiently manage the hospital. Patient’s satisfaction come from Quality policy, Quality assurance, Quality improvement etc. Once the patient is satisfied, everything will be good. He discusses on PDCA cycle.

**DAY-II**

**DATE-25.05.14**

**Moderators: Dr. Col. Deshpande** spoke that Sterilization is a process by which all living micro organisms including spores can be destroyed. This can be achieved by-
1. Autoclaving which involves using steam under high pressure 2. Ethylene oxide which is usually used for instruments which are heat liable 3. Hot air oven is used to sterilize glassware, some metals, and touch end plastic. Sterilization tape must be used and checked to ensure that item has been exposed to the sterilization process. Expiry dates of autoclaving should be noted. Items are considered sterile only for a certain length of
time. This is known as the shelf life of the item. The older stock must be used first.

He also speaks on minimum required infrastructure of OT for quality eye care services. Floors should not be of smooth surface without many joints. After the floor has been washed there should not be stagnation of water. Tiles should not be used because it may be slippery for both the patient and staff especially for emergency work. OT can be divided into four zones. 1. Protective Zone 2. Sterile Zone 3. Clean Zone 4. Disposal Zone

Mr. Kamalesh Guha spoke that Quality will be high through partnership. Team work help to grow high quality in eye care service. Patient care is must. Patient satisfaction is the overall satisfaction. Safety factors are an important consideration in the filling area and safety rules should be conspicuously posted. Take care on patient safety.

Dr. Divyesh Shah spoke that 65% hospitals are active however there is variation in Quality. Cataract Surgery is not completed. There is need for Quality assurance through Charity/Fund, Value oriented procedures, Medical practice, Infrastructure system, planning system, Monitoring process, Comprise with standard, associated feedback loop Best procedure methods (Bench Mark), Our goal (Desired label---Our label), Surgical quality, Follow up outcome rate, Prevent mistake, Appropriate man power, Appropriate technology/techniques, Monitoring Surgical supplies, Hospital Management Software, Balancing Human Resource, Staff Training must, Work culture, Patient care, Hospital atmosphere, Service, Patient Satisfactions, Equity, Accommodation, NABH and ISO. The above qualities are needed in a NGO Hospital.

Dr. R.C. Paul spoke about the need of Patient safety and Patient satisfaction in eye care services. We should do solve current problem to blindness. There is a need for sustainable manpower development for blindness prevention. Refractive error is also one of the most common causes of Visual impairment. Because of the increasing realization of the enormous need for correction of refractive error worldwide, this condition has been considered for the global initiatives for the elimination of avoidable blindness: Vision 2020-The Right to Sight.

Everyone has role in patient care. Safety is first, work is last. For patient safety, training and teaching will be highly appreciated. Last of all Patient satisfaction is the first step in any eye care services.

Mr. Sarang Samal (Kalinga) focused on to do dimension of quality is must. There is need of technical quality, Chemical quality, Functional quality, Good infrastructure etc in a Vision Centers.

**Group Work:**

Two group works were also done during the workshop. First group work was focused on clinical qualities in eye care services and the second group work was on quality in comprehensive eye care. Four groups were formed for both group works. After every group work presentations were made on the findings/suggestions from the group.
Group work-1 was focused on the clinical quality which covered the clinical components of an eye hospital like OPD, Counseling, Follow ups & staff interaction.

**Recommendations/ suggestions received from groups:**

- Clinical audit should be done every month
- Written protocol for entry & exit must be available
- proper documentation required
- Segregate the patient according to the Age
- OPD work should not stop
- Increase the paying Patients
- Reminder should be given to the patient to come for follow up & 2\textsuperscript{nd} surgery
- Training and retraining should be done
- more frequent meetings needed
- Comprehensive eye examination protocol including VA Check, refraction, IOP, Slit Lamp and Fundus should be done
- OPD load for the given resources has to be calculated
- Should define the criteria for Retina, Cornea, Glaucoma, Pediatric
- Doctors should do the counseling reinformed by the counselor
- Ownership of the department protocol and responsibilities should be clearly defined
- Monthly Analysis, Both positive & negative should conveyed to all stakeholders

Group work-2 was focused on the quality in comprehensive eye care which covered the clinical components of an eye hospital like hw components such as: OPD, IP, OT, Ancillary support, HR & Structural.

**Recommendations/ suggestions received from groups:**

- Record keeping of counseling should be done and should monitor the dropout & follow up rate
• Orthoptics & LV Clinics needs refinement
• Specific information for Pediatric care should be available
• Prompt reporting of sentinel events and discussion is essential
• Availability of therapeutic diets and Dietician in the hospital
• Should ensuring all certificates of HR are collected on time and maintenance of the personal file
• Should evolve strategies out of the minutes of the meetings
• Ramps should be available in the hospital
• Mock drills should be performed for safety and disaster situation
• Canteen in house, food package for different category and should be served hot

Dr Phanindra requested to all participants to implement all the discussion points in their organization/hospital as quality is the major concern to improve reliability amongst the patients and of course for the better outcomes.

The workshop was planned for the east zone and some neighboring states however it became an International workshop from a zonal one as workshop had participants from Dhaka, Bangladesh.

The workshop was exceedingly appreciated by participants. Some of the participants expressed their willingness to hold workshops on Counseling.

We would like to thank Swami Biswanathananda for providing us an opportunity to visit the Ashram.

We would like to thank entire team of Vivekanand Mission Ashram Netra Niramay Niketan for hosting the main event.

Our thanks to Seva Foundation for their support.

We would also like to thank all speakers & facilitators of the workshop for their able support for making the event a success.

Our thanks to all the participants of the Quality Assurance workshop for their kind presence.