



Change Adapt Improve



Board Member
ISfTeH
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Stakeholder Consultation Process

12 April 2024

In line with our principles for developing standards, development process began with constituting a Technical Committee comprise of experts in this field representing a wider range of such organisations. A literature review of such specific work available elsewhere was done and a framework was prepared. These standards were developed based on standards development principles of RUMBA (Relevant, Understandable, Measurable, Beneficial and Achievable).

Standards are now being subjected to a wide consultation process of all our stakeholders, including experts and client organisations by hosting on our website www.qai.org.in and disseminating through emails and social media. You all are also requested to widely disseminate this information.

We kindly request you to please provide your valuable feedback to us on these standards in the following format:

| Sl. No. | Page No. | Comments |
|---------|----------|----------|
| | | |
| | | |

Please send your feedback to sakshi@qai.org.in latest by 23 April 2024.

On behalf of the Board of QAI's Centre for Accreditation of Health & Social Care (CAHSC), I would like to thank you all in advance for your valuable feedback.

Dr. B.K. Rana
Founding CEO, QAI

Quality & Accreditation Institute

Centre for Accreditation of Health & Social Care



Accreditation Standards for Vision Centres 1st Edition April 2024 (Final Draft for Public Consultation)

For Public Consultation

The QAI's Centre for Accreditation of Health and Social Care (CAHSC) has developed **accreditation standards for Vision Centres**.

We would greatly appreciate if you could please take the time to review the attached draft Standard and provide us with your feedback. These standards are posted on our website www.qai.org.in.

Thank you in advance for your co-operation and we look forward to receiving your feedback.
We would appreciate if you could send your feedback to sakshi@qai.org.in by 23 April 2024.

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Standard Framework

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Chapter 1 Governance and Leadership (GAL)

Introduction

Each Vision Centre requires a management structure that is ultimately responsible for the quality and safety of the services being provided. This responsibility is derived from its legal identity and operational authority for all activities undertaken by the Vision Centre within the ambit of applicable laws and regulations. Each Vision Centre, regardless of its scale and size, also has a formal organisational structure. Management ensures that there is a system that promotes safety and quality, which meet needs and expectations of patients including availability of adequate resources e.g. human, financial & physical and monitoring and evaluation components.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|---|
| Standard | GAL.1: | The management of the Vision Centre is committed to, and actively engaged in, quality and patient safety. |
| Criterion | a. | The management documents its mission and values. |
| | b. | The management creates and maintain a culture of quality and patient safety. |
| | c. | The management ensures effective internal structures and resources are in place to support quality, safety and sustainability of services. |
| | d. | There is a dated organogram/ organisation structure for the Vision Centre. |
| Standard | GAL.2: | The management is aware of the quality and safety of care delivered. |
| Criterion | a. | The management receives reports on performance and quality improvement activities like different assessments/audits/ committee meetings. |
| | b. | The management takes action on the reports to make improvement. |
| Standard | GAL.3: | The Vision Centre is committed to eye health promotion, wellness and disease prevention. |
| Criterion | a. | The Vision Centre conducts/participates in local/regional/national programmes related to eye health promotion, wellness and disease prevention. |
| | b. | The Vision Centre provides information, education and counselling in the vision centre on health promotion, wellness and disease prevention. |

Chapter 2

Human Resource Management (HRM)

Introduction

Human Resource includes the people that work *in, for, or with* the Vision Centre and are integral to ensuring the delivery of quality, patient-centred, and safe care. The Vision Centre must be able to assure the public or patients that it can meet their needs and deliver quality and safe care through a team of dedicated and qualified staff.

| STANDARDS AND CRITERIA | | |
|-------------------------------|---------------|--|
| Standard | HRM.1: | The Vision Centre has adequate and appropriate human resources. |
| Criterion | a. | The Vision Centre has suitably qualified and trained adequate human resource (Ophthalmic Allied Healthcare Professional- Vision Therapist/Ophthalmic Assistant/Optommetrist) to provide the defined scope of services. |
| | b. | The Vision Centre has a documented job description for all its staff. |
| | c. | Competent individuals provide care to patients based on their credentialing and privileging. |
| | d. | The Vision Centre applies due diligence to ensure that potential staff is free from any criminal background using appropriate methodology like police verification, previous employer reference check etc. |
| Standard | HRM.2: | The Vision Centre has a continuous professional development programme for its staff. |
| Criterion | a. | Staff is provided required training and opportunities of professional development as and when required. |
| | b. | Staff is provided with Continuous Professional Development (CPD) atleast once in a year |
| | c. | Staff are trained on safety related to occupation and surrounding environment including Cardiopulmonary Resuscitation (CPR)/ Basic Life Support (BLS). |
| Standard | HRM.3: | A documented disciplinary and grievance handling system exists for the Vision Centre. |
| Criterion | a. | Disciplinary and grievance handling policies and procedures are documented. |
| | b. | Such policies and procedures are made available to each staff. |
| Standard | HRM.4: | The details of all Vision Centre staff are well documented in their personnel files with a system of regularly updating it. |
| Criterion | a. | Personnel files are maintained and updated as necessary for each staff. |
| | b. | Personnel file contains at least the qualifications; work experience, results of evaluation and appraisals, employment history, trainings, CPD attended and job description. |

Chapter 3

Facility and Risk Management (FRM)

Introduction

The Vision Centre shall develop mechanisms for preventing avoidable risks related to unsafe care and treatment. Vision Centre must assess the potential health and safety risks during care and treatment and ensure staff has the requisite qualification, skills, experience and competence. Premises and equipment must be safe and available in optimal quantities.

| STANDARDS AND CRITERIA | | |
|-------------------------------|---------------|--|
| Standard | FRM.1: | Facility Management of the Vision Centre is guided by applicable local authority. |
| Criterion | a. | The Management of the Vision Centre is familiar with and abide by the local and national laws that govern the Vision Centre, if stated. |
| | b. | The management ensures the availability of adequate infrastructure to provide the defined services. |
| | c. | The Vision Centre should be easily accessible to patients. |
| Standard | FRM.2: | There is a documented safety and security plan. |
| Criterion | a. | The plan ensures maintaining a safe and secure environment for patients, staff and visitors. |
| | b. | There are safety signages both internally and externally available in the Vision Centre in a language understood by patient, family and community. |
| | c. | Fire safety measures are in place as applicable. |
| | d. | The Vision Centre protects patients and staff from abuse. |
| Standard | FRM.3: | The Vision Centre has provision of basic amenities during operational hours. |
| Criterion | a. | The Vision Centre ensures availability of potable water, electricity (with backup system) and toilet facilities during operational hours. |
| | b. | The quality of water should be checked every six months. |
| | c. | The Vision Centre is encouraged to provide necessary provisions for persons with disabilities. |
| Standard | FRM.4: | There is a documented equipment management programme. |
| Criterion | a. | The Vision Centre ensures availability of required equipment including bio-medical equipment as per its scope of services. |
| | b. | Equipment are periodically inspected and calibrated as applicable to ensure proper functioning. |
| | c. | The Vision Centre has a policy to address equipment maintenance and breakdown. |
| Standard | FRM.5: | The Vision Centre is encouraged to adopt best practices to reduce harm to environment and community and achieving environmental sustainability. |
| Criterion | a. | The Vision Centre uses environmentally sustainable practices like use of renewal energy (e.g. solar energy), electronic information management system, sustainable transport and water consumption policies. |

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| b. | Building design and construction based on low carbon approaches. |
| c. | Waste minimisation. |

Note: Standard FRM.5 is optional for a Vision Centre (VC). In case, where a VC is able to demonstrate compliance with the requirements of FRM.5, such Vision Centre would be given additional mention of 'Green Vision Centre'.

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Chapter 4

Information Management System (IMS)

Introduction

An effective Information management system is based on the information needs of the Vision Centre. The information system should be able to capture, transmit, store, analyse, utilise and retrieve information “as and when” required for improving the clinical outcomes as well as individual and overall Vision Centre performance. It is therefore important that the Vision Centre has a robust information management system.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|---|
| Standard | IMS.1: | The Vision Centre implements a system of managing data and information. |
| Criterion | a. | Standardised formats are used for data and information collection. |
| | b. | There is a procedure for storing and retrieving data and information. |
| Standard | IMS.2: | The Vision Centre maintains medical record for all patients. |
| Criterion | a. | A medical record contains demographic data of the patient, information about reasons for visiting Vision Centre, findings, diagnosis, results of tests carried out, if any, consultation and treatment given. |
| | b. | Medical record contains name, date and signatures of ophthalmic allied health professional (Vision Therapist/Ophthalmic Assistant/ Optometrist). |
| | c. | When a patient is referred to another healthcare facility, the medical record contains the date and reason for the referral and the name of the receiving facility. |
| Standard | IMS.3: | The Vision Centre has documented policy and procedure for maintaining data and information. |
| Criterion | a. | Documented policy and procedure exist for maintaining confidentiality, security and integrity of records, data and information in accordance with the applicable laws. |
| | b. | There is a contingency plan (back up) of the data and information. |
| Standard | IMS.4: | There is a documented policy and procedure regarding the retention time, retrieval and destruction of records, data and information. |
| Criterion | a. | Documented policy and procedure are in place on retaining the patient’s medical records, data and information in accordance with the local and national laws and regulations. |
| | b. | The destruction of medical records (both paper and electronic), data and information are done in accordance with the laid-down policy. |

Chapter 5

Continual Quality Improvement (CQI)

Introduction

Vision Centre must have an effective governance system in place, including assurance and auditing systems. These must assess, monitor and drive improvement in the quality and safety of the services provided. The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the services. The facility must continually evaluate and seek to improve their quality in patient care and overall performance.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|--|
| Standard | CQI.1: | There is a structured quality improvement programme. |
| Criterion | a. | A quality improvement programme is developed and implemented as per the purpose of the Vision Centre. |
| | b. | The programme is communicated and coordinated amongst all the staff of the Vision Centre through appropriate training mechanism. |
| | c. | The quality improvement programme is reviewed at least annually and opportunities for improvement are identified and acted upon. |
| Standard | CQI.2: | There is a patient-safety programme in the Vision Centre. |
| Criterion | a. | Patient-safety programme is developed as per the need and scope of the Vision Centre. |
| | b. | The scope of the programme is defined to include patient safety practices e.g. WHO Guidelines |
| | c. | The patient-safety programme is reviewed and updated at least once in a year. |
| Standard | CQI.3: | The Vision Centre defines and monitors performance indicators as per its scope. |
| Criterion | a. | Clinical quality indicators (compliance to clinical protocols, glass acceptance rate, cataract surgery acceptance rate, accuracy of refraction, referral compliance rate, referral rate for cataract vs non-cataract, etc.) are defined and measured |
| | b. | Managerial quality indicators (staff satisfaction, patient satisfaction, spectacle delivery time, population coverage, number of working days, equipment downtime, staff attrition, waiting time, etc.) are defined and measured. |
| | c. | Results from the monitoring of the defined indicators are used to make improvement. |

Chapter 6

Patient Assessment and Care (PAC)

Introduction

Patients are made aware of the services being offered by the Vision Centre. Processes are defined for various activities including registration and referral. Patients once taken into the Vision Centre either as an out-patient and are assessed as per policy for their clinical needs and treatment. Diagnostic services may be provided as per the scope of services.

| STANDARDS AND CRITERIA | | |
|-------------------------------|---------------|---|
| Standard | PAC.1: | The Vision Centre defines and displays its services. |
| Criterion | a. | The Vision Centre clearly defines and displays (bilingual) the services it provides. |
| | b. | The concerned staff is aware of these services. |
| | c. | Charges for the services are available/displayed |
| | d. | The Vision Centre displays its working days/ timing. |
| Standard | PAC.2: | The Vision Centre has a documented registration process. |
| Criterion | a. | The Vision Centre has a documented procedure for registration of patients. |
| | b. | The procedure includes identifying patients with urgent eye care needs and these patients are treated/referred at the earliest. |
| | c. | Patients are accepted as per the scope of services of the Vision Centre. |
| | d. | A unique number is generated to identify the patient throughout the Vision Centre. |
| Standard | PAC.3: | Initial assessment and follow-up assessment are conducted of all patients being cared for in the Vision Centre. |
| Criterion | a. | All patients undergo an initial assessment and follow-up assessment as required based on their needs, age and condition. |
| | b. | The Vision Centre defines the contents of the assessment. |
| | c. | The initial assessment is documented. |
| | d. | An advice is prepared based on such assessments and signed by the concerned person and given to the patient. |
| | e. | The patient is provided appropriate instructions (Verbally/written). |
| | f. | There is a documented procedure for prescribing and dispensing spectacles. |
| Standard | PAC.4: | The Vision Centre has a mechanism for referral of patients. |
| Criterion | a. | The Vision Centre has documented procedure for the referral of patients based on their health status and need. |
| | b. | The Vision Centre maintains a list of healthcare providers for referring the patients appropriately. |

Chapter 7

Patient Rights and Education (PRE)

Introduction

Patient is in the centre of the care being provided in a health care setting. It is therefore important that patients' rights are documented and known to patients. It is also important to make them aware about their responsibilities. Also, it is important to educate patients regarding their plan of care. Better patient satisfaction or outcome is achieved when patients are adequately informed about their care, their rights are respected and they are involved in the decision-making process.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|--|
| Standard | PRE.1: | The Vision Centre identifies and documents the rights of patient supporting individual beliefs and values. |
| Criterion | a. | Patient rights include personal dignity and privacy while receiving care. |
| | b. | Patient rights include confidentiality of information. |
| | c. | Patient rights include refusal of treatment. |
| | d. | Patient rights include information on the expected cost of treatment. |
| | e. | Patient rights include access to his/her medical records. |
| | f. | Patient rights include right to complaint and how to voice a complaint. |
| | g. | Patient rights include information on his/her treatment and healthcare needs. |
| | h. | Patient rights include right to his/her safety. |
| Standard | PRE.2: | The Vision Centre protects rights of patients and/or family, and inform them about their responsibilities. |
| Criterion | a. | Patient and/ or family rights and responsibilities are documented and displayed in bilingual. |
| | b. | Patients and/ or families are informed of their rights and responsibilities in a manner that they can understand. |
| | c. | Staff is aware of patient's rights and protect them. |
| Standard | PRE.3: | Patients and/ or family are educated about treatment and healthcare needs. |
| Criterion | a. | Patients and families are educated about safe and effective use of medication and the potential side effects of the medication. |
| | b. | Patient and families are educated about diet, nutrition, immunisations and their well-being (e.g. healthy life style, no-smoking). |
| | c. | Patient and families are educated about their specific disease process, treatment, prognosis, complications, prevention strategies, and follow-up. |
| Standard | PRE.4: | The Vision Centre has a documented feedback (compliment and complaint) system. |
| Criterion | a. | The Vision Centre documents its procedure for receiving and handling feedback (compliments and complaints) from the users of its services. |

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| b. | A documented complaint redressal procedure exists to receive, investigate and resolve complaints in a timely manner. |
| c. | A mechanism exists for receiving feedback from the base/ affiliated hospital. (As the Vision Centre is set up by a hospital as its extended activity for the community to provide primary eye care, and the necessary treatment, if required after the examination/ evaluation at the Vision Centre. Hence, feedback from the hospital would help the Vision Centre to improve. |
| d. | The Vision Centre uses the results of complaint investigation to make improvements. |

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Chapter 8

Medication Management and Safety (MMS)

Introduction

The purpose of Medication Management is to provide a frame work for safe and effective ocular medication management system as per the services and regulatory requirements. Safe and effective ocular medication management includes the processes for procurement, storage, prescribing, transcribing, preparing, dispensing and administering. Procurement and storage can only be done by a licensed pharmacy. It may happen that a Vision Centre may not engage in many of these steps and just provide a consultation and prescription. In such cases, many of the Criteria may become Not Applicable.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|--|
| Standard | MMS.1: | Documented policy and procedure exist for the management of ocular medication. |
| Criterion | a. | There is a policy on medication management (pharmacy service and usage of medication) as per applicable laws. |
| | b. | There is a documented procedure for purchase, storage, prescription and dispensing of medications. |
| Standard | MMS.2: | There is documented policy and procedure for prescription of medication through tele-medicine as applicable. |
| Criterion | a. | Only qualified healthcare providers according to licensure, training or certification can prescribe medication. |
| | b. | The Vision Centre determines what a complete medication order is but minimally contains patient identification, medication name, route of administration, dose, and frequency. |
| | c. | Medication orders are clear, legible, dated, named and signed. |
| Standard | MMS.3: | A documented procedure exists for safe instilling of diagnostic eye drop. |
| Criterion | a. | Diagnostic Eye drop is instilled only by trained personnel and only when indicated by the doctor. |
| | b. | Patient is identified and diagnostic eye drop is verified from the order (for dosage and timing) and physically inspected prior to instilling. |
| | c. | Diagnostic Eye drop instilling is recorded in the patient records. |
| Standard | MMS.4: | Documented policies and procedures guide the use of medical supplies (including spectacles, lens, etc) and consumables. |
| Criterion | a. | There is a defined process for acquisition of medical supplies and consumables. |
| | b. | Medical supplies and consumables are stored in a clean, safe and secure environment; and incorporating manufacturer's recommendation(s). |
| | c. | There is a defined inventory mechanism. |

Chapter 9

Hygiene and Infection Control (HIC)

Introduction

Changing technology and disease profile continue to present new challenges for infection prevention and control within healthcare facilities. Patients are at risk of developing healthcare associated infections because an increasing variety of medical procedures and invasive techniques create potential routes of infection. Poor infection control practices, transmission of drug-resistant bacteria leads to an increase in hospital acquired infections. Healthcare associated infections are the most common complications affecting patients.

| STANDARDS AND CRITERIA | | |
|------------------------|---------------|--|
| Standard | HIC.1: | The Vision Centre has a hygiene and infection prevention and control programme. |
| Criterion | a. | The Vision Centre has documented procedure for hygiene and infection prevention and control including cleaning and disinfection of surfaces and equipment. |
| | b. | Staff follows standard precautions including hand hygiene at all times. |
| | c. | The Vision Centre follows good housekeeping practices. |
| Standard | HIC.2: | The Vision Centre has a policy and procedure to handle bio-medical waste, if applicable. |
| Criterion | a. | Bio-Medical waste is segregated, collected, handled and disposed of as per the laws/ regulations. |
| | b. | Staff is trained in handling bio-medical waste and adhere to policy and procedure. |

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