

Notice

Comments invited on Draft Accreditation Standards for Eye Hospitals

Seeking comments/feedback from stakeholders on '[Draft Accreditation Standards for Eye Hospitals, 1st edition](#)', (Last date for sending comments is 31st July 2016). The comments may kindly be sent to Dr. Kashipa Harit, Assistant Director, National Accreditation Board for Hospitals and Healthcare Providers (NABH), Quality Council of India, at email id: kashipa@nabh.co.

**National Accreditation Board
for Hospitals and Healthcare Providers (NABH)**

**Accreditation Standards for Eye Care Organisations
(Draft)**

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Table of Contents

Sr. No.	Particulars	Page No.
Patient Centered Standards		
01.	Access, Assessment and Continuity of Care (AAC)	04
02.	Care of Patients (COP)	11
03.	Management of Medication (MOM)	22
04.	Patient Rights and Education (PRE)	27
05.	Hospital Infection Control (HIC)	35
Organization Centered Standards		
06.	Continuous Quality Improvement (CQI)	42
07.	Responsibilities of Management (ROM)	46
08.	Facility Management and Safety (FMS)	50
09.	Human Resource Management (HRM)	55
10.	Information Management System (IMS)	62
	Glossary	

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.

Summary of Standards

AAC.1.	The Eye care organisation defines and displays the scope of eye care services that it provides.
AAC.2.	The Eye care organisation has a documented registration, admission and transfer process.
AAC.3.	Patients cared for by the Eye care organisation undergo an established initial assessment.
AAC.4.	Patients cared for by the Eye care organisation undergo a regular reassessment.
AAC.5.	Laboratory services are provided as per the scope of services of the Eye care organisation.
AAC.6.	Imaging services are provided as per the scope of services of the Eye care organisation.
AAC.7.	The Eye care organisation has a documented discharge process.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

AAC.1.	The Eye care organisation defines and displays the Eye care services that it provides.
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Objective Elements

- a. The Eye care services being provided are clearly defined
- b. Each defined service should have appropriate diagnostics and treatment facilities with suitably qualified personnel who provide out-patient, in-patient and emergency cover.
- c. The defined healthcare services are prominently displayed.
- d. The staff are oriented to these services

Standard

AAC.2.	The Eye care organisation has a documented registration, admission and transfer process.
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Objective Elements

- a. Documented policies and procedures are used for registering and admitting out patients, in patients and emergency patients. *
- b. The documented policies and procedures also address managing patients during non-availability of beds. *

- c. Patients are accepted only if the Eye care organisation can provide the required service.
- d. The process addresses mechanism for transfer or referral of patients who do not match the organisation resources.
- e. Access to the healthcare services in the organisation is prioritised according to the clinical needs of the patient.
- f. The staff are aware of these processes.

Standard

AAC. 3.	Patients cared for by the Eye care organisation undergo an established initial assessment.
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Objective Elements

- a. The Eye care organisation defines content of the initial assessment for the out-patients, in-patients and emergency patients. *
- b. The Eye care organisation determines who can perform the assessment.*
- c. The Eye care organisation defines the time frame within which the initial assessment is completed.
- d. The initial assessment for in-patients is documented within 1 hour or earlier as per the patient's condition, as defined in the Eye care organisation's policy. *
- e. The initial assessment results in a documented care plan. *

Standard

AAC. 4.	Patients care is continuous and all patients cared by the Eye care organisation undergo a regular reassessment.
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Objective Elements

- 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.
- b. Patients are reassessed at appropriate intervals.
- c. Staff involved in direct clinical care document reassessments. *

Standard

AAC.5.	Laboratory services are provided as per the scope of services of the Eye care organisation.
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Objective Elements

- a. Scope of the laboratory services is commensurate to the services provided by the Eye care organisation.
- b. Qualified and trained personnel perform, supervise and interpret the investigations
- c. Documented procedures guide ordering of tests, collection, identification, handling, safe transportation, processing and disposal of specimens.*
- d. Laboratory results are available within a defined time frame and Critical results are intimated immediately to the personnel concerned.

- e. Laboratory tests not available in the Eye care organisation are outsourced to Eye care organisation(s) based on their quality assurance system. *
- f. The programme includes periodic calibration and maintenance of all equipment.*
- g. Laboratory personnel are appropriately trained in safe practices and provided with appropriate safety equipment and / or devices.

Standard

AAC.6.	Ophthalmic Diagnostic and Imaging services are provided as per the scope of services of the Eye care organisation.
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Objective Elements

- a. Scope of the Ophthalmic Diagnostic and imaging services is commensurate to the services provided by the Eye care organisation.
- b. The infrastructure (physical and equipment) and manpower is adequate to provide for its defined scope of services.
- c. Ophthalmic Diagnostic and Imaging tests not available in the Eye care organisation are outsourced to other Eye care organisation(s) in the same city/town based on their quality assurance system. *

Standard

AAC.7.	The Eye care organisation has a documented discharge process.
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Objective Elements

- a. Discharge summary is provided to the patients at the time of discharge.

- b. Discharge summary contains the patient's name, unique identification number, date of admission and date of discharge.
- c. Discharge summary contains the reasons for admission, significant findings and diagnosis and the patient's condition at the time of discharge.
- d. Discharge summary contains information regarding investigation results, any procedure performed, medication administered and other treatment given.
- e. Discharge summary contains follow-up advice, medication and other instructions in an understandable manner.
- f. Discharge summary incorporates instructions about when and how to obtain urgent care.
- g. In case of death, the summary of the case also includes the cause of death.

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:	Uniform care to patients is provided in all settings of the Eye care organisation and is guided by the applicable laws, regulations and guidelines.
COP 2:	Emergency services including ambulance are guided by documented policies, procedures, applicable laws and regulations.
COP 3:	Documented policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.
COP 4:	Documented procedures guide the performance of various procedures.
COP 5:	Documented policies and procedures define rational use of blood and blood components.
COP 6:	Documented policies and procedures guide the care of vulnerable patients.
COP 7:	Documented policies and procedures guide paediatric services.
COP 8:	Documented policies and procedures guide the care of patients undergoing moderate sedation.
COP 9:	Documented policies and procedures guide the administration of anaesthesia.

COP 10:	Documented policies and procedures guide the care of patients undergoing surgical procedures.
COP.11	Documented policies and procedures guide organ transplant programme in the Eye care organisation.
COP.12.	Documented policies and procedures guide all research activities.

Standards and Objective Elements

Standard

COP.1.	Care of patients is uniform and is guided by established standards & guidelines
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Objective Elements

- a. Care delivery is uniform when similar care is provided in more than one setting.
- b. Care delivery includes special needs of vulnerable patients (elderly, children, physically and/or mentally challenged).
- c. The care and treatment orders are signed, named, timed and dated by the concerned doctor.
- d. Evidence based medicine and clinical practice guidelines are adopted to guide patient care whenever possible.

Standard

COP.2.	Emergency services including ambulance are guided by documented policies, procedures, applicable laws and regulations.
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Objective Elements

- a. Documented Policies and procedures address care of patients arriving in the emergency including handling of medicolegal cases.

- b. Documented policies and procedures guide the triage of patients for initiation of appropriate care. *
- c. Staffs are trained on the procedures for care of emergency patients including eye emergencies.
- d. Admission or discharge to home or transfer to another organisation is also documented.
- e. The ambulance(s) is appropriately equipped and manned by trained personnel

COP. 3.	Documented procedures guide the care of patients requiring cardio-pulmonary resuscitation.
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Objective Elements

- a. Documented policies and procedures guide the uniform use of resuscitation throughout the Eye care organisation. *
- b. Staff providing direct patient care are trained and periodically updated in cardio-pulmonary resuscitation.
- c. The events during a cardiopulmonary resuscitation are recorded.

Standard

COP.4.	Documented procedures guide the performance of various procedures.
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Objective Elements

- a. Documented procedures are used to guide the performance of various clinical procedures. *
- b. Documented procedures exist to prevent adverse events like a wrong site, wrong patient and wrong procedure. *
- c. Informed consent is taken by the personnel performing the procedure, where applicable.
- d. Adherence to standard precautions and asepsis is adhered to during the conduct of the procedure.
- e. Procedures are documented accurately in the patient record. *

Standard

COP.5.	Documented procedures define rational use of blood and blood components.
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Objective Elements

- a. The transfusion services are governed by the applicable laws and regulations.
- b. Informed consent is obtained for donation and transfusion of blood and blood components.
- c. Procedure addresses documenting and reporting of transfusion reactions

Standard

COP.6.	Documented policies and procedures guide the care of vulnerable patients.
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Objective Elements

- a. Policies and procedures are documented and are in accordance with the prevailing laws and the national and international guidelines. *
- b. Care is organised and delivered in accordance with the policies and procedures.
- c. The organisation provides for a safe and secure environment for the vulnerable group.
- d. A documented procedure exists for obtaining informed consent from the appropriate legal representative. *
- e. Staff are trained to care for the vulnerable group.

COP.7.	Documented policies and procedures guide paediatric services.
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Objective Elements

- a. The Eye care organisation defines and displays the scope of its paediatric services.
- b. Provisions are made for special care of children.
- c. Patient assessment includes detailed nutritional, growth and immunisation assessment.
- d. Procedures address prevention of child/neonate abduction and abuse.

- e. The children’s family members are educated about nutrition, immunisation and safe parenting

Standard

COP.8.	Documented procedures guide the care of patients undergoing parenteral sedation.
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Objective Elements

- a) The person administering and monitoring sedation is different from the person performing the procedure.
- b) Patient’s vital parameters are monitored during and after sedation and are discharged/ transferred once they are stable.
- c) Equipment and manpower are available to manage patients who have gone into a deeper level of sedation than initially intended.

Standard

COP. 9	Documented procedures guide the administration of anaesthesia.
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Objective Elements

- a. There is a documented procedure for the administration of anaesthesia. *
- b. Patients for anaesthesia have a pre-anaesthesia assessment by a qualified individual.
- c. The pre-anaesthesia assessment results in formulation of an anaesthesia plan which is documented.

- d. An immediate preoperative re-evaluation is performed and documented.
- e. Informed consent for administration of anaesthesia is obtained by the anaesthesiologist.
- f. Anaesthesia monitoring includes regular recording of temperature, heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and end tidal carbon dioxide.
- g. Patient's post-anaesthesia status is monitored and documented.
- h. The anaesthesiologist applies defined criteria to transfer the patient from the recovery area. *
- i. Adverse anaesthesia events are recorded and monitored.

Standard

COP.10	Documented policies and procedures guide the care of patients undergoing surgical procedures.
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Objective Elements

- a. Surgical patients have a preoperative assessment and a provisional diagnosis documented prior to eye surgery.
- b. An informed consent is obtained by the surgeon prior to the procedure.
- c. Documented policies and procedures exist to prevent adverse events like wrong site, wrong patient and wrong surgery. *

- d. Persons qualified by law are permitted to perform the procedures that they are entitled to perform.
- e. A brief operative note is documented prior to transfer out of patient from recovery.
- f. The operating surgeon documents the postoperative care plan.
- g. Patient, personnel and material flow conform to infection control practices.
- h. Appropriate facilities and equipment / appliances / instrumentation are available in the operating theatre.
- i. Documented procedures exist for usage of safe consumable and sharing of consumables between the patients.
- j. The quality assurance programme includes surveillance of the operation theatre environment. *
- k. A quality assurance programme is followed for the surgical services. *

Standard

COP.11.	Documented policies and procedures guide organ transplant programme in the Eye care organisation.
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- a. The organ transplant program shall be in consonance with the legal requirements and shall be conducted in an ethical manner.
- b. Documented policies and procedures guide the organ transplant program. *

- c. The Eye care organisation ensures education and counselling of recipient and donor through trained / qualified counsellors before organ transplantation.
- d. The organisation shall take measures to create awareness regarding organ donation.

Standard

COP.12.	Documented policies and procedures guide all research activities.
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Objective Elements

- a. Documented policies and procedures guide all research activities in compliance with regulatory, national and international guidelines. *
- b. The organisation has an ethics committee to oversee all research activities.
- c. The committee has the powers to discontinue a research trial when risks outweigh the potential benefits.
- d. Patient's informed consent is obtained before entering them in research protocols.
- e. Patients are informed of their right to withdraw from the research at any stage and also of the consequences (if any) of such withdrawal.
- f. Patients are assured that their refusal to participate or withdrawal from participation will not compromise their access to the organisation's services.

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 organization of pharmacy services and usage of medication.
MOM 2:	Documented procedure guides the prescription of medications.
MOM 3:	There are defined procedures for medication administration.
MOM 4:	Patients are monitored for adverse drug events after medication administration.
MOM.5:	Documented procedures guide the use of medical gases.
MOM 6:	Documented policies and procedures guide the use of implantable prosthesis and medical devices.
MOM 7:	Documented policies and procedures guide the use of medical supplies and consumables.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

MOM.1.	Documented procedures guide the Eye care organisation of pharmacy services and usage of medication.
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Objective Elements

- a. Documented procedure shall incorporate purchase, storage, prescription and dispensation of medicines.
- b. The procedures comply with the applicable laws and regulations. *
- c. The Eye Care Organisation has a list of medications appropriate for the patients and organisation resources
- d. Look-alike and Sound-alike medications are identified and stored physically apart from each other. *
- e. The Eye care organisation determines the minimum requirements of a prescription. *
- f. Expiry dates are checked prior to dispensing.

MOM. 2.	Documented Procedure guide the Prescription of medications
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- a. The organization determines who can write orders.
- b. Orders are written in a uniform location in the medical records.
- c. Medication orders are clear, legible, dated, named and signed.
- d. Procedure addresses verbal orders and is implemented.

- e. The organization defines a list of high risk medication.

MOM. 3.	Defined Procedure guide the administration of Medications
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- a. Medications are administered by those who are permitted by law to do so.
- b. Patient is identified prior to administration.
- c. Prior to administration, medication order including dosage, route and timing are verified.
- d. Prepared medication is labelled prior to preparation of a second drug.
- e. Medication administration is documented.
- f. A proper record is kept of the usage, administration and disposal of narcotics and psychotropic medications.
- g. Documented policies and procedures govern patient's own medications brought from outside the organisation. *
- h. Documented Policies and procedures govern usage of multidose vials.

Standard

MOM.4.	Patients are monitored for adverse drug events after medication administration.
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Objective Elements

- a. Adverse drug event are defined*
- b. Adverse drug events are documented and reported within a specified time frame. Near miss, medication error and adverse drug event are defined. *
- c. Adverse drug events are collected and analysed by the treating doctor and practices are modified to reduce the same.
- d. Corrective and/or preventive action(s) are taken based on the analysis where appropriate.

MOM.5.	Documented procedures guide the use of medical gases
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- a. Documented procedures govern procurement, handling, storage, distribution, usage and replenishment of medical gases.
- b. Procedures address the safety issues at all levels.
- c. Appropriate records are maintained in accordance with policies, procedures and legal requirements.

Standard

MOM.6.	Documented policies and procedures guide the use of implantable prosthesis and medical devices.
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Objective Elements

- a. Usage of implantable prosthesis and medical devices is guided by scientific criteria for each individual item and national/international recognised guidelines/ approvals for such specific item(s).

- b. Documented policies and procedures govern procurement, storage/stocking, issuance and usage of implantable prosthesis and medical devices incorporating manufacturer's recommendation(s). *
- c. Patient and his/her family are counselled for the usage of implantable prosthesis and medical device including precautions, if any.
- d. 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.

Standard

MOM.7.	Documented policies and procedures guide the use of medical supplies and consumables.
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Objective Elements

- a. Documented procedures govern procurement, handling, storage, distribution, usage and replenishment 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).

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 staffs are 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 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 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.
PRE 7:	The organization has a system for effective communication with patients and /or families.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

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

- a. Patient and family rights and responsibilities are documented and displayed. *
- b. Patients and families are informed of their rights and responsibilities in a format and language that they can understand.
- c. Staffs are aware of their responsibility in protecting patient and family rights.
- d. Violation of patient and family rights is recorded, reviewed and corrective/preventive measures taken.

Standard

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

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

- b. Patient and family rights include protection from neglect or abuse.
- c. Patient and family rights include treating patient information as confidential.
- d. Patient and family rights include refusal of treatment.
- e. Patient rights include obtaining informed consent before carrying out procedures
- f. Patient rights include information and consent before any research protocol is initiated
- g. Patient and family rights include right to complain and information on how to voice a complaint.
- h. Patient and family rights include information on the expected cost of the treatment.
- i. Patient and family rights include access to his / her clinical records.
- j. Patient and family have a right to seek an additional opinion regarding clinical care.

Standard

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

- a. General consent for treatment is obtained when the patient enters the Eye care organisation.

- b. Patient and/or his family members are informed of the scope of such general consent.
- c. Documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent. *
- d. Informed consent process adheres to statutory norms.
- e. Informed consent includes information regarding the procedure and/or implants, its risks, benefits, alternatives and as to who will perform the procedure in a language that they can understand.
- f. The procedure describes who can give consent when patient is incapable of independent decision making. *

Standard

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

- 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.
- 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.
- c. Patient and/or family are educated about their specific disease process, complications and prevention strategies.
- d. Patient and/or family are educated about preventing healthcare associated infections.

- e. Patient and/or family are educated in a language and format that they can understand.

Standard

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

- a. There is a uniform pricing policy in a given setting (out-patient and ward category).
- b. The relevant tariff list is available to patients.
- c. The patient and/or family members are explained about the expected costs.

Standard

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

- a. The Eye care organisation has a mechanism to capture feedbacks from patients which includes patient satisfaction and patient experience.
- b. The Eye care organisation has a documented complaint redressal procedure.
*
- c. All feedback and complaints are reviewed and/or analysed within a defined time frame.
- d. Corrective and/or preventive action(s) are taken based on the analysis where appropriate.

Standard

PRE.7.	The organization has a system for effective communication with patients and /or families.
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Objective elements

- a. Documented policies and procedures guide the effective communication with the patients and/or families. *

- b. The organization shall identify special situations where enhanced communication would be required. *

- c. The organization also defines what constitutes an unacceptable communication and sensitizes the staff about the same. *

- d. The staff are trained in healthcare communication techniques periodically.

Chapter 5

Hospital Infection Control (HIC)

Intent of the chapter:

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

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

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

The programme includes an action plan to control outbreaks of infection, disinfection/sterilization activities, biomedical waste (BMW) management, training of staff and employee health.

Summary of Standards

HIC 1:	The Eye care organisation has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing/eliminating risks to patients, visitors and providers of care.
HIC 2:	The Eye care organization has an infection control manual which is periodically updated and conducts surveillance activities
HIC 3:	The Eye care organization takes actions to prevent and control Healthcare Associated Infections (HAI) in patients.
HIC 4:	There are documented policies and procedures for sterilization activities in the Eye care organization.
HIC 5:	Biomedical waste (BMW) is handled in an appropriate and safe manner.
HIC 6:	The infection control programme is supported by the management and includes training of staff.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

HIC.1.	The Eye care organization has a well-designed, comprehensive and coordinated Hospital Infection Prevention and Control (HIC) programme aimed at reducing / eliminating risks to patients, visitors and providers of care.
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Objective Elements

- a. The hospital has an infection control committee, which co-ordinates all infection prevention and control activities. *
- b. The hospital has designated individual for infection control activities. *
- c. The hospital infection control programme is documented.

Standard

HIC.2.	The Eye care organisation has an infection control manual, which is periodically updated and conducts surveillance activities
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Objective Elements

- a. The Eye care organisation identifies the various high-risk areas and implements procedures to prevent infection in these areas. *
- b. Surveillance activities are appropriately directed towards the identified high-risk areas.
- c. The Eye care organisation adheres to cleaning, disinfection and sterilization practices. *

- d. The Eye care organisation implements the antibiotic policy and monitors rational use of antimicrobial agents. *
- e. The Eye care organisation adheres to laundry and linen management processes.*
- f. The Eye care organisation adheres to kitchen sanitation and food-handling issues.*
- g. The Eye care organisation has appropriate engineering controls to prevent infections. *
- h. The Eye care organisation adheres to housekeeping procedures. *

Standard

HIC.3.	The Eye care organisation takes actions to prevent and control Healthcare Associated Infections (HAI) in patients.
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Objective Elements

- a. Hand washing facilities in all patient care areas are accessible to health care providers.
- b. Compliance with proper hand washing is monitored regularly.
- c. The scope of surveillance activities incorporates tracking and analyzing of infection risks, rates and trends.
- d. Appropriate feedback regarding Healthcare Associated Infection (HAI) rates is provided on a regular basis to appropriate personnel.

- e. Adequate and appropriate personal protective equipment, soaps, and disinfectants are available and used correctly.
- f. Appropriate pre- and post-exposure prophylaxis is provided to all staff members involved in patient care activities *

Standard

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

- a. The Eye care organisation provides adequate space and appropriate zoning for sterilization activities.
- b. Documented procedure guides the cleaning, packing, disinfection and/or Sterilization, storing and issue of items. *
- c. The Eye care organisation shall have a documented policy and procedure for reprocessing of Instruments, Equipments and devices whenever applicable. *
- d. Regular validation tests for sterilization are carried out and documented. *
- e. There is an established recall procedure when breakdown in the sterilization system is identified

Standard

HIC.5.	Biomedical waste (BMW) is handled in an appropriate and safe manner.
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Objective Elements

- a. The Eye care organisation adheres to statutory provisions with regard to biomedical waste.
- b. Proper segregation and collection of biomedical waste from all patient-care areas of the hospital is implemented and monitored.
- c. The Eye care organisation ensures that biomedical waste is stored and transported to the site of treatment and disposal in properly covered vehicles within stipulated time limits in a secure manner.
- d. Appropriate personal protective measures are used by all categories of staff handling biomedical waste.

Standard

HIC.6	The infection control programme is supported by the management and includes training of staff.
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Objective Elements

- a. The management makes available resources required for the infection control programme.
- b. The Eye care organisation conducts pre-induction training for all relevant categories of staff.
- c. The Eye care organisation conducts appropriate “in-service” training sessions for all relevant categories of staff at least once in a year.

Chapter 6

Continual Quality Improvement (CQI)

Intent of the chapter:

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

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

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

The quality programme should be supported by the management.

Summary of Standards

CQI 1:	There is a structured quality improvement and continuous monitoring programme in the Eye care organisation.
CQI.2.	There is a structured patient-safety programme in the organisation
CQI 3:	The Eye care organisation identifies key indicators to monitor the clinical and managerial structures, processes and outcomes, which are used as tools for continual improvement.
CQI 4:	The quality improvement programme is supported by the management.
CQI 5:	There is an established system for clinical audit.
CQI 6:	Sentinel events are intensively analysed.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

CQI.1.	There is a structured quality improvement and continuous monitoring programme in the Eye care organisation.
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Objective Elements

- a. The quality improvement programme is developed, documented, implemented and maintained by a multi-disciplinary committee.*
- b. The quality improvement programme is documented which is comprehensive and covers all the major elements related to quality assurance.*
- c. There is a designated individual for coordinating and implementing the quality improvement programme.*
- d. The designated programme is communicated and coordinated amongst all the staff of the Eye care organisation through appropriate training mechanism.
- e. The quality improvement programme identifies opportunities for improvement based on review at pre-defined intervals.*
- f. The quality improvement programme is a continuous process and updated at least once in a year.
- g. Audits are conducted at regular intervals as a means of continuous monitoring.*

CQI. 2.	There is a structured patient-safety programme in the Eye care organisation.
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- a. The scope of the programme is defined to include adverse events ranging from “no harm” to “sentinel events”.
- b. There is a designated individual for coordinating and implementing the patient-safety programme.
- c. The designated programme is communicated and coordinated amongst all the staff of the Eye care organisation through appropriate training mechanism.
- d. The patient-safety programme identifies opportunities for improvement based on review at pre-defined intervals.
- e. The patient-safety programme is a continuous process and updated at least once in a year.
- f. The Eye care organisation adapts and implements national/international patient-safety goals/solutions.

Standard

CQI.3.	The Eye care organisation identifies key indicators to monitor the clinical structures, processes and outcomes, which are used as tools for continual improvement.
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Objective Elements

- a. The Eye care organisation shall identify the appropriate indicators in both clinical and managerial areas
- b. Monitoring includes appropriate patient assessment.

- c. Monitoring includes safety and quality-control programmes of all the diagnostic services.
- d. Monitoring includes medication management.
- e. Monitoring includes use of anaesthesia.
- f. Monitoring includes surgical services.
- g. Monitoring includes risk management.
- h. Monitoring includes utilisation of space, manpower and equipment.
- i. Monitoring includes patient satisfaction which also incorporates waiting time for services.
- j. Monitoring includes employee satisfaction.
- k. Monitoring includes adverse events and near misses.
- l. Monitoring includes availability and content of medical records.

Standard

CQI.4 .	The quality improvement programme is supported by the management.
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Objective Elements

- a. The management makes available adequate resources required for quality improvement programme.

- b. The Eye care organisation uses appropriate quality improvement, statistical and management tools in its quality improvement programme.

Standard

CQI.5.	There is an established system for clinical audit.
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Objective Elements

- a. Medical staff participates in this system.
- b. The parameters to be audited are defined by the Eye care organisation.
Patient and staff anonymity is maintained.
- c. All audits are documented, and remedial measures are implemented

Standard

CQI. 6 .	Sentinel events are intensively analysed.
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Objective Elements

- a. The Eye care organisation has defined and documented sentinel events.*
- b. Sentinel events are intensively analysed when they occur.
- c. Corrective and preventive actions are taken based on the findings of such analysis.

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 Eye care organisation is managed by the leaders in an ethical manner.
ROM 3:	Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

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

- a. The Eye Care Organisation has a documented organogram.*
- b. Those responsible for management support safety initiatives and quality-improvement plans.
- c. The management defines the rights and responsibilities of employees.
- d. Those responsible for governance address the Eye care organisation's social responsibility.
- e. The organization is registered with appropriate authorities as applicable.

Standards

ROM.2.	The organization is managed by the leaders in an ethical manner
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Objective Elements

- a. The leaders make public the vision, mission and values of the Eye care organisation.
- b. The leaders establish the Eye care organisation's ethical management. *
- c. The Eye care organisation discloses its ownership.

- d. The Eye care organisation honestly portrays the services which it can and cannot provide.
- e. The Eye care organisation honestly portrays its affiliations and accreditations.
- f. The Eye care organisation accurately bills for its services based upon a standard billing tariff.
- g. The functioning of committees is reviewed for their effectiveness.
- h. The Eye care organisation has a formal documented agreement for all outsourced services which include monitoring the quality of the outsourced services.

Standard

ROM. 3	Management ensures that patient-safety aspects and risk-management issues are an integral part of patient care and hospital management.
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- a. The organization has a designated individual(s) to oversee the hospital wide safety programme.
- b. The scope of the programme is defined to include adverse events ranging from 'no harm' to 'sentinel events'.
- c. Management ensures that appropriate corrective and preventive actions are taken to address safety-related incidents.
- d. Management ensures internal and external reporting of system and process failures.

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 to ensure safety of patient, their families, staff and visitors
FMS 2:	The Eye care organisation has a programme for clinical, biomedical and support service equipment management and utility system.
FMS 3:	The Eye care organisation has provision 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.

*** This implies that this objective element requires documentation.**

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.
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Objective Elements

- a. There is a documented operational and maintenance plan (preventive and breakdown)
- b. Up-to-date drawings are maintained which detail the site layout, floor plans and fire-escape routes.
- c. The provision of space shall be in accordance with the available literature on good practices (Indian or international standards) and directives from government agencies.
- d. There is a maintenance plan for facility and furniture.*
- e. The Eye care organisation takes initiatives towards an energy efficient and environmental friendly hospital.*

Standard

FMS.2.	The Eye care organisation has a programme for clinical (Biomedical equipment), support services and utility system.
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Objective Elements

- a. The Eye care organisation plans for equipment in accordance with its services and strategic plan.

- b. Equipments are inventoried and proper logs are maintained as required.
- c. Qualified and trained personnel operate and maintain the medical equipment.
- d. Equipment are periodically inspected and calibrated for their proper functioning.
- e. There is a documented operational and maintenance (preventive and breakdown) plan forequipment. *
- f. There is a documented procedure for equipment replacement and disposal. *
- g. There is a maintenance plan for Information technology & communication network *

Standard

FMS.3.	The Eye care organisation has provisions for safe water, electricity, medical gas and vacuum systems.
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Objective Elements

- a. Potable water and electricity are available round the clock.
- b. Alternate sources for electricity and water are provided as backup for any failure/shortage.
- c. Documented procedures are available for procurement, storage, usage and replenishment of medical gases. *

Standard

FMS.4.	The Eye care organisation has plans for fire and non-fire emergencies within the facilities.
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Objective Elements

- a. The Eye care organisation has plans and provisions for early detection, abatement and containment of fire, and non-fire emergencies. *
- b. The Eye care organisation has a documented safe-exit plan in case of fire and non-fire emergencies.
- c. Staffs are trained for its role in case of such emergencies.

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:	There is an ongoing programme for professional training and development of the staff.
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 organisation has documented disciplinary and grievance handling policies and procedures.
HRM 6:	The Eye care organisation addresses the health needs of the employees.
HRM 7:	There is documented personal information for each staff member.
HRM 8:	There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.
HRM 9:	There is a process for credentialing and privileging of Nursing professionals, permitted to provide patient care without supervision.
HRM 10:	There is a process for credentialing and privileging of allied health care professionals, to assist in patient care.

*** This implies that this objective element requires documentation.**

Standards and Objective Elements

Standard

HRM.1.	The Eye care organisation has a documented system of human resource planning.
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Objective Elements

- a. The Eye care organisation maintains an adequate number and mix of staff to meet the care, treatment and service needs of the patient.
- b. The Eye care organisation verifies the antecedents of the potential employee with regards to criminal/negligence background.

Standard

HRM.2.	The Eye care organisation has a procedure for recruiting staff and orienting them to the Eye care organisation's environment.
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Objective Elements

- a. Every staff member entering the Eye care organisation is provided induction training.
- b. The induction training includes orientation to the Eye care organisation's vision, mission and values.
- ~~b.c.~~ Each staff member is made aware of his/her rights and responsibilities
- ~~c.d.~~ The induction training includes awareness on patient's rights and responsibilities.

Standard

HRM.3.	There is an on-going programme for professional training and development of the staff.
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Objective Elements

- a. A documented training and development policy exists for the staff.*
- b. Staffs are trained on the risks within the Eye care organisation's environment.
- c. Training also occurs when job responsibilities change / new equipments are introduced

Standard

HRM.4.	An appraisal system for evaluating the performance of an employee exists as an integral part of the human resource management process.
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Objective Elements

- a. A documented performance appraisal system exists in the Eye care organisation.*
- b. The employees are made aware of the system of appraisal at the time of induction.
- c. Performance is evaluated based on the pre-determined criteria at pre-defined intervals and is documented.

Standard

HRM.5	The Eye care organisation has documented disciplinary and grievance handling policies and procedures.
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Objective Elements

- 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 organisation.
- c. The disciplinary and grievance procedure is in consonance with the prevailing laws.
- d. The redress procedure addresses the grievance.

Standard

HRM.6.	The Eye care organisation addresses the health needs of the employees.
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Objective Elements

- a. Health problems of the employees are taken care of in accordance with the Eye care organisation's policy.
- b. Occupational health hazards are adequately addressed.

Standard

HRM.7.	There is documented personal information for each staff member.
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Objective Elements

- a. Personal files are maintained with respect to all staff.
- b. Personal files contain personal information regarding the employees qualification, disciplinary background and health status.
- c. Personal files contain results of all evaluations.

Standard

HRM. 8	There is a process for credentialing and privileging of medical professionals, permitted to provide patient care without supervision.
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Objective Elements

- a. Medical professionals permitted by law, regulation and the Eye care organisation to provide patient cares without supervision are identified.
- b. Medical professionals are granted privileges to admit and care for patients in consonance with their qualification, training, experience and registration.
- c. Medical professionals admit and care for patients as per their privileging.

Standard

HRM.9.	There is a process for credentialing and privileging of nursing professionals, permitted to provide patient care without supervision.
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Objective Elements

- a. Nursing staff permitted by law, regulation and the Eye care organisation to provide patient care without supervision are identified.
- b. The education, registration, training and experience of nursing staff is documented and updated periodically.
- c. Nursing staff are granted privileges in consonance with their qualification, training, experience and registration.
- d. Nursing professionals care for patients as per their privileging.

Standard

HRM.10.	There is a process for credentialing and privileging of allied health care professionals, to assist in patient care.
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Objective Elements

- a. The education, training and experience of allied health care professionals is documented and updated periodically.
- b. Allied health care professionals are granted privileges in consonance with their qualification, training and experience.
- c. Allied health care professionals care for patients as per their privileging.

Chapter 10

Information Management System (IMS)

Intent of 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-computerised systems and future technologies.

Summary of Standards

IMS 1:	Documented policies and procedures exist to meet the information needs of the care providers, management of the Eye care organisation as well as other agencies that require data and information from the Eye care organisation.
IMS 2:	The Eye care organisation has a complete and accurate medical record for every patient.
IMS 3:	The medical record reflects continuity of care.
IMS 4:	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.
IMS 5:	Documented policies and procedures exist for retention time of records, data and information.
IMS 6:	The Eye care organisation regularly carries out review of medical records.

*** This implies that this objective element requires documentation.**

Standard

IMS.1.	Documented policies and procedures exist to meet the information needs of the care providers, management of the Eye care organisation as well as other agencies that require data and information from the Eye care organisation.
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Objective Elements

- a. The information needs of the Eye care organisation are identified and are appropriate to the scope of the services being provided by the Eye care organisation. *
- b. Formats for data collection are standardized.
- c. Necessary resources are available for analyzing data.
- d. Documented procedures are laid down for timely and accurate dissemination of data.*
- e. Documented procedures exist for storing and retrieving data.*
- f. Documented policies and procedures guide the use of Telemedicine facility in a safe and secure manner.

Standard

IMS. 2	The Eye care organisation has a complete and accurate medical record for every patient.
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Objective Elements

- a. Every medical record has a unique identifier.

- b. Eye care organisation identifies those authorized to make entries in medical record.
- c. Entry in the medical record is named, signed, dated and timed.
- d. The author of the entry can be identified.
- e. The contents of medical record are identified and documented. *
- f. The Eye care organisation has a documented policy for usage of abbreviations and develops a list based on accepted practices.

Standard

IMS. 3.	The medical record reflects continuity of care.
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Objective Elements

- a. The record provides a complete, up-to-date and chronological account of patient care.
- b. The medical record contains information regarding reasons for admission, diagnosis and care plan.
- c. The medical record contains the results of tests carried out and the care provided.
- d. Operative and other procedures performed are incorporated in the medical record.
- e. The medical record contains a copy of the discharge summary duly signed by appropriate and qualified personnel.

- f. In case of death, the medical record contains a copy of the cause of death certificate.
- g. Care providers have access to current and past medical record.

Standard

IMS.4	Documented policies and procedures are in place for maintaining confidentiality, integrity and security of records, data and information.
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Objective Elements

- a. Documented policies and procedures exist for maintaining confidentiality, security and integrity of records, data and information.*
- b. Documented policies and procedures are in consonance with the applicable laws.
- c. The policies and procedure(s) incorporate safeguarding of data/record against loss, destruction and tampering.
- d. Privileged health information is used for the purposes identified or as required by law and not disclosed without the patient’s authorization.
- e. A documented procedure exists on how to respond to patients/physicians and other public agencies requests for access to information in the medical record in accordance with the local and national law.*

IMS.5	Documented policies and procedures exist for retention time of records, data and information.
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Objective Elements

- a. Documented policies and procedures are in place on retaining the patient's clinical records, data and information.*
- b. The policies and procedures are in consonance with the local and national laws and regulations.
- c. The retention process provides expected confidentiality, security and is in accordance with the laid down policy.

Standard

IMS.6.	The Eye care organisation regularly carries out review of medical records.
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Objective Elements

- a. The medical records are reviewed periodically.
- b. The review uses a representative sample based on statistical principles.
- c. The review is conducted by identified individuals.
- d. The review focuses on the timeliness, legibility and completeness of the medical records.
- e. The review process includes records of both active and discharged patients.

- f. The review points out and documents any deficiencies in records.
- g. Appropriate corrective and preventive measures are undertaken within a defined period of time and are documented.

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. Notwithstanding 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.

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	<p><i>Adverse event:</i> 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.</p> <p><i>Adverse Drug Reaction:</i> A response to a drug which is noxious and unintended and <i>which occurs at doses normally used in man</i> for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function.</p> <p>Therefore ADR = Adverse Event with a causal link to a drug.</p> <p><i>Adverse drug event:</i> The FDA recognises the term <i>adverse drug event to be a synonym for adverse event.</i></p>

	<p>In the patient-safety literature, the terms <i>adverse drug event</i> and <i>adverse event</i> 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</p> <ul style="list-style-type: none"> • drug • harm caused by drug use, and • a medication error with or without harm <p>Institute of Medicine: “An injury resulting from medical intervention related to a drug”, which has been simplified to “<i>an injury resulting from the use of a drug</i>”</p> <p><u><i>Adverse drug events extend beyond adverse drug reactions to include harm from overdoses and under-doses usually related to medication errors.</i></u></p> <p>A minority of adverse drug events is medication errors, and medication errors rarely result in adverse drug events.</p>
Adverse event	<p>An injury related to medical management, in contrast to complications of 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)</p>
Ambulance	<p>A patient carrying vehicle having facilities to provide unless otherwise indicated at least basic life support during the process of transportation of patient. There are various types of ambulances that provide special services viz. coronary care ambulance, trauma ambulance, air ambulance, etc.</p>

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 anaesthesia due to cases related to anaesthesia. 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	<ol style="list-style-type: none"> 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
Barrier nursing	<p>The nursing of patients with infectious diseases in isolation to prevent the spread of infection.</p> <p>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 minimise the risk of passing on infectious agents.</p>
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).
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 specific action. For example, a competent gynaecologist knows about the patho-physiology of the female genitalia and can conduct both normal as well as abnormal deliveries.
Confidentiality	Restricted access to information to individuals who have a need, a

	<p>reason and permission for such access. It also includes an individual's right to personal privacy as well as privacy of information related to his/her healthcare records.</p>
Consent	<ol style="list-style-type: none"> 1. 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, alternative procedure with their risk and benefits so as to enable the patient to take an informed decision of his/her health care. 2. In law, it means active acquiescence or silent compliance by a person legally capable of consenting. In India, 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	<p>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 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.</p>
Credentialing	<p>The process of obtaining, verifying and assessing the qualification of a healthcare provider.</p>

Critical path method (CPM)	<p>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.</p> <p>In applying the CPM, there are several steps that can be summarized as follows:</p> <ul style="list-style-type: none"> • Define the required tasks and put them down in an ordered (sequenced) list. • Create a flowchart or other diagram showing each task in relation to the others. • Identify the critical and non-critical relationships (paths) among tasks. • Determine the expected completion or execution time for each task. • Locate or devise alternatives (backups) for the most critical paths.
Data	<p>Facts or information used usually to calculate analyse or plan something.</p>
Discharge summary	<p>A part of a patient record that summarises 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).</p>
Disciplinary proceedings	<p>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 organisation.</p>

Drug dispensing	The preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug. <i>(Reference: Mosby's Medical Dictionary, 9th edition, 2009, Elsevier.)</i>
Drug Administration	The giving of a therapeutic agent to a patient, e.g. by application, infusion, injection or tablet.
Effective communication	<p>A two way information sharing process which involves the communicator, communicating a message that is easily understood by the recipient.</p> <p>Good medical care depends upon 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.</p>
Employees	All members of the healthcare Eye care organisation who are employed full time and are paid suitable remuneration for their services as per the laid-down policy.
Ethics	A moral principle that governs a person's or group's behaviour.
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.

<p>Failure Mode and Effect Analysis (FMEA)</p>	<p>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.</p> <p>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 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.</p>
<p>Formulary</p>	<p>An approved list of drugs. Drugs contained on the formulary are generally those that are determined to be cost effective and medically effective.</p> <p>The list is compiled by professionals and physicians in the field and is updated at regular intervals. Changes may be made depending</p>

	on availability or market.
Goal	<p>A broad statement describing a desired future condition or achievement without being specific about how much and when. (ASQ)</p> <p>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)</p>
Grievance-handling procedures	Sequence of activities 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	<p>Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (CDC)</p> <p>This was earlier referred to as Nosocomial/hospital-acquired/hospital-associated infection(s).</p>
Healthcare Eye care organisation	Generic term is used to describe the various types of Eye care organisation that provide healthcare services. This includes ambulatory care centres, hospitals, laboratories, etc.
High Risk /High	High-risk / high-alert medications can be defined as those drugs

Alert Medications	that have a heightened risk for adverse events or have heightened risk of catastrophic harm whenever there is an error. These drugs include generally have 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.
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 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 minimise total costs.
Isolation	Separation of an ill person who has a communicable disease (e.g., 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. The qualifications/physical requirements, experience and skills required to perform 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)
Medical equipment	Any fixed or portable non-drug item or apparatus used for diagnosis, treatment, monitoring and direct care of 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,

	<p>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)</p>
Medication Order	<p>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. (<i>Reference: Mosby's Medical Dictionary, 9th edition, Elsevier</i>)</p> <p>Primary difference between <i>Prescription & Medication Order</i> is that the medication order is used after Prescription, to get medicines issued/ dispensed from Pharmacy.</p> <p>Medication Order is an active Record, while Prescription is a Document.</p>
Mission	<p>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.</p>
Monitoring	<p>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.</p>

Multi-disciplinary	A generic term which includes representatives from various disciplines, professions or service areas.
Near-miss	<p>A near-miss is an unplanned event that did not result in injury, illness, or damage--but had the potential to do so.</p> <p>Errors that did not result in patient harm, but could have, can be categorised as near-misses.</p>
No harm	<p>This is used synonymously with near miss. A near-miss is defined when an error is realised just in the nick of time and abortive action is instituted to cut short its translation. In no harm scenario, the error is not recognised 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).</p>
Notifiable disease	<p>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:</p> <ul style="list-style-type: none"> (a) Smallpox (b) Poliomyelitis due to wild-type poliovirus (c) Human influenza caused by a new subtype (d) Severe acute respiratory syndrome (SARS). <p>In India, the following is a indicative list of diseases which are also</p>

	<p>notifiable, but may vary from state to state:</p> <ul style="list-style-type: none"> (a) Polio (b) Influenza (c) Malaria (d) Rabies (e) HIV/AIDS (f) Louse-bornetyphus (g) Tuberculosis (h) Leprosy (i) Leptospirosis (j) Viral hepatitis (k) Dengue fever <p>The various diseases notifiable under the factories act lead poisoning, byssinosis, anthrax, and asbestosisandsilicosis.</p>
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 standard which can be measured objectively on a rating scale. The acceptable compliance with the measureable elements will determine the overall compliance with the standard.
Occupational health hazard	The hazards to which an individual is exposed during the course of performance of his job. These include physical, chemical, biological, mechanical and psychosocial hazards.
Operational plan	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.
Outsourcing	Hiring of services and facilities from other Eye care organisation 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 house-keeping, 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 organisations: 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. ICU, 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	<p>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 Health care providers.</p> <p>Patient Experience is the sum of all interactions, shaped by an Eye care organisation's culture, that influence patient perceptions</p>

	<p>across the continuum of care.</p> <p>It is a holistic perception that the patient forms about the healthcare provider based on the overall interactions/ care touch points.</p>
Performance appraisal	<p>It is the process of evaluating the performance of employees during a defined period of time with the aim of ascertaining their suitability for the job, potential for growth as well as determining training needs.</p>
Point of care equipment	<p>Medical Equipments 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 equipments that help in reducing turn-around times. POCT Machine examples; Glucometer, ABG Analyzer, , portable USG etc.</p>
Policies	<p>They are the guidelines for decision-making,e.g. admission, discharge policies, antibiotic policy,etc.</p>
Preventive maintenance	<p>It is a set of activities that are performed on plant equipment, machinery, and systems before the occurrence of a failure in order to protect them and to prevent or eliminate any degradation in their operating conditions.</p> <p>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.</p>
Prescription	<p>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.</p> <p>Legally, it is a written directive, for compounding or dispensing and administration of drugs, or for other service to a particular patient.</p> <p><i>(Reference: Miller-Keane Encyclopedia and Dictionary of Medicine,</i></p>

	<i>Nursing, and Allied Health, Seventh Edition, Saunders)</i>
Privileging	It is the process for authorising all medical professionals to admit and treat patients and provide other clinical services commensurate with their qualifications and skills.
Procedure	<ol style="list-style-type: none"> 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)	<p>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.</p> <p>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.</p>
Protocol	A plan or a set of steps to be followed in a study, an investigation or an intervention.

Quality	<p>1. Degree to which a set of inherent characteristics fulfil requirements (Para 3.1.1 of ISO 9000: 2000).</p> <p>Characteristics imply a distinguishing feature (Para 3.5.1 of ISO 9000: 2000).</p> <p>Requirements are a need or expectation that is stated, generally implied or obligatory (Para 3.1.2 of ISO 9000:2000).</p> <p>2. Degree of adherence to pre-established criteria or standards.</p>
Quality assurance	Part of quality management focussed 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.
Re-assessment	It implies 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. <i>(Reference: Institute for Healthcare Improvement)</i>
Resources	It implies all inputs in terms of men, material, money, machines, minutes (time), methods, metres (space), skills, knowledge and information that are needed for 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

	<p>alternative methods to help modify behaviour. Restraint may be physical or chemical (by use of sedatives).</p>
Risk assessment	<p>Risk assessment is the determination of quantitative or qualitative value of risk related to a concrete situation and a recognised threat (also called hazard). Risk assessment is a step in a risk management procedure.</p>
Risk management	<p>Clinical and administrative activities to identify evaluate and reduce the risk of injury.</p>
Risk reduction	<p>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.</p> <p>It is the decrease in the risk of a healthcare facility, given activity, and treatment process with respect to patient, staff, visitors and community.</p>
Root Cause Analysis (RCA)	<p>Root Cause Analysis (RCA) is a structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace. Root because analysis (RCA) is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events.</p> <p>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.</p>
Safety	<p>The degree to which the risk of an intervention/procedure, in the</p>

	care environment is reduced for a patient, visitors and healthcare providers.
Safety programme	A programme focused on patient, staff and visitor safety.
Scope of services	Range of clinical and supportive activities that are provided by a healthcare Eye care organisation.
Security	Protection from loss, destruction, tampering, and unauthorised access or use.
Sedation	<p>The administration to an individual, in any setting for any purpose, by any route, moderate or deep sedation. There are three levels of sedation:</p> <p>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.</p> <p>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.</p> <p>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.</p>
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 <i>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.</i>
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 by the healthcare professionals, patients and family have special educational needs depending on the situation. Eg: a post surgical patient who has to take care of his eyes, trauma patient with bandage, temporarily blind patients who needs to be supported by the family etc. The special educational needs are also greatly influenced by the 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 organisation 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

	<p>(PPE), disposal of sharps and safe housekeeping</p> <p>2. 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.</p> <p>Standard Precautions apply to blood, all body fluids, secretions, and excretions (except sweat) regardless of whether or not they contain visible blood, non-intact skin and mucous membranes</p>
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	<p>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 market leader in provision of cardiothoracic and vascular services. The resource allocation will have to follow the pattern to achieve the target.</p> <p>The process by which an Eye care organisation envisions its future and develops strategies, goals, objectives and action plans to achieve that future.</p>
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 prioritising patients based on the severity of their condition so as 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 and 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 and performing the test till the time results are made available.
Unstable patient	A patient whose vital parameters need external assistance for their maintenance.
Validation	<ol style="list-style-type: none"> 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. 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 fulfills its requirements. It also refers to what extent does a test

	accurately measure what it purports to measure.
Values	<p>The fundamental beliefs that drive Eye care organisational behaviour and decision-making.</p> <p>This refers to the guiding principles and behaviours 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.</p>
Vision	<p>An overarching statement of the way an Eye care organisation wants to be, an ideal state of being at a future point.</p> <p>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.</p>
Vulnerable patient	<p>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.</p>