**IEH**

**Quality Assessment Tool**

The Quality Assessment Tool has been divided in two chapters, technical and non-technical. These are followed by a sheet for the action plan at the end of this document for improvements that are recommended. The tool serves as a check list during a quality monitoring visit.

It is aligned to the format of the Partner Assessment Tool. The technical chapter is based on the six WHO building blocks of health strengthening which are

1. Infrastructure / Equipment / Consumables

2. Human Resources for Eye Health

3. Comprehensive Service Delivery

4. Eye Health Data

5. Financial Systems in Eye Hospitals

6. Eye Hospital Management

The principles of inclusive and comprehensive eye health services as well as the WHO’s concept of Integrated People-Centred Eye Care (IPEC) informed the selection of the indicator questions.

The statements for the non-technical chapter are aligned around the CBM IEH Quality Management Framework.

Practices will be assessed against the identified statements according to the following appraisal system:

**Yes:**

The practices are fully aligned with the statement. Area of work does not need improvement.

Capture good practices in the comment section.

**Partial:**

The practices are partially aligned with the statement. Area of work requires some improvement.

Clarify in the comment section existing practices and areas that require strengthening.

**No:**

The practices are not aligned with the statement. Area of work requires much improvement. Level of capacity requires significant strengthening.

1. **Technical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.1. Infrastructure / Equipment / Consumables** | | | | | |
| **1.1.1. The infrastructure is in good condition** | **Appraisal** | | | **Source of verification** | **Comment** |
| **Yes** | **Partial** | **No** |  |  |
| The infrastructure is well maintained  *The paint is not coming off the walls, no broken windows, no leakages, doors are closing well and can be locked* |  |  |  |  |  |
| There is reliable and safe electricity supply  *All sockets are well-fixed, no loose wiring,*  *stabilizers in place; backup generator functioning & fuel available* |  |  |  |  |  |
| There is reliable and safe water supply  *No leakages / blockages; Functioning water tanks and / cisterns* |  |  |  |  |  |
| There is a repair & maintenance plan and a cleaning plan in place, in use and monitored. |  |  |  |  |  |
| **1.1.2. All medical equipment required to implement eye care activities is in place, in use, functional and maintained** | **Appraisal** | | | **Source of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| The available equipment is appropriate for the eye care activities conducted by the partner |  |  |  |  |  |
| An inventory is available, up to date and matches the eye care activities |  |  |  |  |  |
| A trained technician is available, has adequate space, tools, spare parts and time for all necessary maintenance tasks. |  |  |  |  |  |
| A maintenance & repair plan for medical equipment is in place and implemented |  |  |  |  |  |
| All relevant spare parts are available |  |  |  |  |  |
| Items beyond repair are removed or dismantled into spare parts |  |  |  |  |  |
| **1.1.3. All consumables required for the planned eye care activities are available at all times and can be ordered quickly** | **Appraisal** | | | **Source of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Safe storage for items which have an expiry date and which are valuable is available |  |  |  |  |  |
| A functional fridge is available and used |  |  |  |  |  |
| Each item in storage has a stock card with indication of expiry |  |  |  |  |  |
| Stock is refilled in a timely manner to avoid shortages / expiry |  |  |  |  |  |
| **1.2. Human Resources for Eye Health** | | | | | |
| **The number of eye health staff per cadre corresponds to the HR-needs plan and matches the planned eye care activities** | **Appraisal** | | | **Source of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| There is a person in charge of HR at the eye unit |  |  |  |  |  |
| A HR-needs assessment is in place and regularly up-dated and aligned to the eye care activities and WHO recommendations (e.g. ratio ophthalmologists to nurses) |  |  |  |  |  |
| All professionals are qualified & accredited |  |  |  |  |  |
| All members of staff have a job description |  |  |  |  |  |
| Job Descriptions are implemented |  |  |  |  |  |
| An annual job appraisal is conducted and documented |  |  |  |  |  |
| All do the job they are trained in |  |  |  |  |  |
| A salary scale structure is in place and used |  |  |  |  |  |
| There is an organogram with roles and responsibilities |  |  |  |  |  |
| Staff meetings are held regularly |  |  |  |  |  |
| There is a CPD plan in place and implemented |  |  |  |  |  |
| **1.3. Comprehensive Eye Health Services** | | | | | |
| **1.3.1. Promotion & prevention activities are integral part of the eye hospital’s activities** | **Appraisal** | | | **Sources of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Health education for communities (e.g. during outreach screening activities and at the Outpatients’ Department of the base hospital) is conducted to promote awareness of knowledge of eye health, beliefs & attitudes, improve behaviours, e.g. face washing; up-take of services |  |  |  |  |  |
| Advocacy for improved government support for blindness prevention policies is conducted |  |  |  |  |  |
| All Information, Education and Communication materials (IEC) are accessible for people with all types of impairments (plain language, Braille etc.) |  |  |  |  |  |
| **1.3.2. Medical management / Optical services / Low Vision therapy follow national / international standards** |  |  |  |  |  |
| **1.3.3. OPD** | **Appraisal** | | | **Sources of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| A comprehensive eye examination is performed for all new patients |  |  |  |  |  |
| Visual Acuity (VA) is taken at each visit including for children of all ages |  |  |  |  |  |
| VA in pre-verbal children is done via e.g. fixing / following objects; reaction to light or more standardized tools for preferential looking (e.g. Lea paddles etc.) |  |  |  |  |  |
| Intraocular pressure (IOP) is taken in all patients above 40 and those at risk of glaucoma |  |  |  |  |  |
| IOP is regularly monitored according to protocol |  |  |  |  |  |
| All findings are always documented |  |  |  |  |  |
| **1.3.4. Optical services are available at the eye centre and affordable** | **Appraisal** | | | **Sources of verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| The optical workshop offers ‘one-stop-services’ |  |  |  |  |  |
| Good quality glasses are available at affordable costs |  |  |  |  |  |
| Prices are visibly indicated, there is a smart showroom / display case |  |  |  |  |  |
| Patients are counselled on different spectacle types, costs involved, proper use and follow up, if indicated |  |  |  |  |  |
| Patients with unexplained vision loss are refracted by trained personnel |  |  |  |  |  |
| Correct refraction is cross-checked with the prescription before spectacles are produced |  |  |  |  |  |
| Pediatric refraction is performed in cycloplegia, retinoscopy is performed on all young children, if indicated |  |  |  |  |  |
| **1.3.5. Low Vision Services are available at the eye centre and affordable** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| All patients with a VA of 6/60 or less who do not improve with any medical or optical care will be referred to and assessed at the low vision unit |  |  |  |  |  |
| **1.3.6. Surgeries** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| **Preparation for surgeries** | | | | | |
| A pre-op. protocol is in place and in use |  |  |  |  |  |
| Minimum pre-op. check includes blood pressure & blood sugar. |  |  |  |  |  |
| **In the operating theatre** | | | | | |
| The manual “Ophthalmic Operating Theatre Practices” (Heather Machin) is available in theatre and the key resource for theatre practices |  |  |  |  |  |
| Standard sterilisation procedure is applied with a priority of using an autoclave unless indicated otherwise on the item |  |  |  |  |  |
| Surgical approaches according to guidelines (SICS, phaco) are applied |  |  |  |  |  |
| **Post-operatively** | | | | | |
| Each surgical patient is seen post-op by an experienced eye worker |  |  |  |  |  |
| A Check list is in place and used for post-op treatment and review, prescription of glasses |  |  |  |  |  |
| **1.3.7. Cataracts** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Biometry (A-scan and keratometry) is done by trained & experienced personnel and on each eye to be operated |  |  |  |  |  |
| Calibration of the A-Scan probe is regularly verified |  |  |  |  |  |
| The correct choice of power of the IOL is verified by the surgeon |  |  |  |  |  |
| Choice of IOL-power is verified post-op with refraction and if necessary, the formula is adapted or changed |  |  |  |  |  |
| Small incision cataract surgery (SICS) is the minimum standard for cataract surgery |  |  |  |  |  |
| When doing phaco surgery or training phaco surgeons, the ‘ICO-CBM Phaco Surgeon Training Curriculum’ is adhered to. |  |  |  |  |  |
| **1.3.8. Efficiency in the operating room** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Each surgeon does surgeries at least twice per week |  |  |  |  |  |
| On operating days, surgeries are done for at least 5 hours per surgeon |  |  |
| Each surgeon does surgeries at least twice per week |  |  |
| **1.3.9. Rehabilitation & link to CBID** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Referral links to CBID programmes and rehabilitation programmes are in place |  |  |  |  |  |
| All patients who need visual rehabilitation services are referred |  |  |  |  |  |
| **1.4. Eye Health Data (HMIS)** | | | | | |
|  | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Entry of patient data is electronic |  |  |  |  |  |
| Data is disaggregated by gender and age |  |  |  |  |  |
| Data is disaggregated by disability |  |  |  |  |  |
| Data is regularly submitted to government, in a timely manner |  |  |  |  |  |
| **1.5. Financial Systems in Eye Hospitals**  **(Complementary to Section 3 in the PA)** | | | | | |
|  | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| Fees for consultations are visibly displayed at the registration desk, in particular if a multi-tier system is used |  |  |  |  |  |
| Fees are appropriate to the purchase power of the population |  |  |  |  |  |
| A list with all fees is available and in use |  |  |  |  |  |
| A policy for subsidies to poor patients is in place |  |  |  |  |  |
| There are no hidden costs: Fees for cataract surgery include biometry, fundoscopy, IOP-taking, the surgery itself, surgical consumables, immediate post-op review and initial post-op medication. There are no additional costs except for personal expenses |  |  |  |  |  |
| Fees for all other surgeries include the surgery itself and consumables |  |  |  |  |  |
| All income from all sources (patient fees, optical workshop, outreach) contributes to the sustainability of the eye hospital |  |  |  |  |  |
| **1.6. Eye Hospital Management** | | | | | |
| **A professional eye hospital management system is in place** | **Appraisal** | | | **Sources of Verification** | **Comment** |
| **Yes** | **Partial** | **No** |
| A trained hospital manager with adequate experience is in charge and competently runs the day-to-day-activities |  |  |  |  |  |
| A sustainability plan is in place with the aim to reduce costs to the patient. |  |  |  |  |  |
| Cost containment: supplies are bought in bulk either locally or online. |  |  |  |  |  |
| Market research for competing suppliers is done regularly |  |  |  |  |  |
| There is accountability and cost recovery from outreach camps |  |  |  |  |  |
| There is a sustainability plan for outreach camps (see guideline)  https://www.iapb.org/sib-news/low-cost-technology-driven-outreach-eye-camps-an-effective-and-sustainable-approach/ |  |  |  |  |  |
| Other cost recovery mechanisms are in place, (income is returned to and invested in the eye unit) |  |  |  |  |  |
| Income generation:  An optical workshop is in place and generates income to the eye unit e.g. private patient clinic, tiered fee system, other clinical services where fees are charged such as eye drops, non-clinical services that generate income such as coffee shop, etc. |  |  |  |  |  |
| A procurement policy is in place and in use |  |  |  |  |  |

1. **Non-technical**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.1. Patient-centred care** | | | | | | | | | | | |
| **2.1.1. Creating access for patient care** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Clinic/hospital is close to the community and located in an accessible area (suburb of town / near a main road) with good public transport |  |  | | |  | | |  | |  | |
| It can be easily seen (e.g. billboard) and reached from the main road |  |  | | |  | | |  | |  | |
| Adequate opening hours (depending on the local situation and the regulations of the government) are in place and communicated clearly |  |  | | |  | | |  | |  | |
| Vulnerable patients and those who need emergency care are given priority |  |  | | |  | | |  | |  | |
| Patients are taken care of on the same day |  |  | | |  | | |  | |  | |
| Referral pathways are followed (primary, secondary, tertiary health facility) |  |  | | |  | | |  | |  | |
| Care is given equally for all people, irrespective of their gender, economic status or belief |  |  | | |  | | |  | |  | |
| **2.1.2. Maintaining dignity and being responsive to patient needs** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Child protection/safeguarding policies are observed |  |  | | |  | | |  | |  | |
| Every member of staff is trained in safeguarding policies and regular safeguarding updates are provided. |  |  | | |  | | |  | |  | |
| Appropriate communication methods are used, e.g. the use of a sign language interpreter, whenever possible |  |  | | |  | | |  | |  | |
| Patients are treated with respect and compassion, especially with regards to the special needs and challenges of children, the elderly and persons with disability |  |  | | |  | | |  | |  | |
| Waiting time is minimized. If there are long waiting times, e.g. due to unscheduled emergencies, this is communicated well to patients |  |  | | |  | | |  | |  | |
| Comprehensive information is provided to patients in a timely manner, e.g. delays in treatment, location of clinics etc. |  |  | | |  | | |  | |  | |
| **2.1.3. Enabling informed decision making and getting proper informed consent** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Proper counselling is provided (on risks related to health problems, explain how patients need to take medication, come for follow up etc.) |  |  | | |  | | |  | |  | |
| Proper informed consent is obtained for all procedures and processes |  |  | | |  | | |  | |  | |
| Special counselling and consent are done if the prognosis for the visual outcome after a procedure is poor |  |  | | |  | | |  | |  | |
| **2.1.4. Ensuring follow up for all patients** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Proper systems and processes are in place for follow up. |  |  | | |  | | |  | |  | |
| Follow up of patients who are at risk of losing vision without treatment is ensured, e.g. by calling patients to remind them of their appointment. |  |  | | |  | | |  | |  | |
| Assistive devices are provided, e.g. spectacles or low vision assistive devices, as well as training in their use. |  |  | | |  | | |  | |  | |
| Identification of barriers to follow up services and mechanisms to overcome such barriers are in place. |  |  | | |  | | |  | |  | |
| **2.1.5. Ensuring and facilitating patient feedback** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Patients have opportunity to give feedback on received services |  |  | | |  | | |  | |  | |
| Feedback is used to improve services as an ongoing process |  |  | | |  | | |  | |  | |
| Patients are encouraged to give feedback and able to do this anonymously |  |  | | |  | | |  | |  | |
| If patients added their contact details to feedback, a system is in place to give answers to them |  |  | | |  | | |  | |  | |
| **2.1.6. Ensuring availability of appropriate patient amenities** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Drinking water and hygienic food are available at appropriate cost |  |  | | |  | | |  | |  | |
| Toilet facilities are in reach, culturally acceptable, functional and clean; this includes accessible toilets |  |  | | |  | | |  | |  | |
| Waste bins with options to segregate waste safely are in place |  |  | | |  | | |  | |  | |
| **2.1.7. Putting in place a process of continuous improvement** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Patient care related data – on patient flow, clinical inputs, outcomes, patient satisfaction etc. are collected regularly |  |  | | |  | | |  | |  | |
| This evidence is reviewed regularly in review meetings |  |  | | |  | | |  | |  | |
| Decisions taken at the review meetings are acted on |  |  | | |  | | |  | |  | |
| Relevant aspects are integrated into training of staff. |  |  | | |  | | |  | |  | |
| **2.1.8. Improving patient flow** | **Appraisal** | | | | | | | **Sources of Verification** | | **Comment** | |
| **Yes** | **Partial** | | | **No** | | |
| Patient flow is organized in an efficient way avoiding waiting times and unnecessary steps for patients whenever possible |  |  | | |  | | |  | |  | |
| Efficient systems, use of space and use of staff are in place |  |  | | |  | | |  | |  | |
| Patient flows are adapted to local safety protocols (COVID-19) |  |  | | |  | | |  | |  | |
| **2.2. Patient safety** | | | | | | | | | | | |
| **2.2.1. Improving the accuracy of patient identification** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Patient and the eye requiring treatment are accurately identified |  |  | | |  | |  | | |  | |
| Operative or procedure site is marked |  |  | | |  | |  | | |  | |
| Timeout is done immediately before start of procedure |  |  | | |  | |  | | |  | |
| Verification processes in place to confirm: correct patient, correct procedure, correct labelling of the eye to be operated |  |  | | |  | |  | | |  | |
| Applicable to ALL procedures, not only surgeries in theatre |  |  | | |  | |  | | |  | |
| **2.2.2. Improving the effectiveness of communication among caregivers** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Medically important information is conveyed to correct person at correct time |  |  | | |  | |  | | |  | |
| Documentation is completed at every stage |  |  | | |  | |  | | |  | |
| **2.2.3. Improving the safety of using medication** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| 5 rights: right patient, right drug, right dose, right route, right time ensured |  |  | | |  | |  | | |  | |
| Patients at risk of allergy are identified and recorded for management |  |  | | |  | |  | | |  | |
| Patients at risk of developing adverse reactions are monitored |  |  | | |  | |  | | |  | |
| Correct mode of preparation of drugs or dilution, method of administration are ensured |  |  | | |  | |  | | |  | |
| **2.2.4. Reducing the risk of health care associated infections** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Patient’s own microbial flora is minimized |  |  | | |  | |  | | |  | |
| No infection transmission from surgeons and nurses, instruments, environment, fluids and medications, other patients |  |  | | |  | |  | | |  | |
| No transmission of infections from patients to staff and vice versa |  |  | | |  | |  | | |  | |
| **2.2.5. Reducing the risk of complications due to systemic diseases** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Patients are routinely asked with regard to general medical history; e.g. hypertension, diabetes or allergies, previous surgeries |  |  | | |  | |  | | |  | |
| Proper documentation of any systemic history and past medication is ensured |  |  | | |  | |  | | |  | |
| **2.2.6. Reducing the risk of patient harm resulting from falls** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | | **Partial** | | **No** | |
| Potential areas that might cause falls are identified |  | |  | |  | |  | | |  | |
| Patients who are at risk are identified |  | |  | |  | |  | | |  | |
| Measures to prevent falls are in place |  | |  | |  | |  | | |  | |
| **2.2.7. Encouraging patients’ active involvement in their own care** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Awareness among patients is strengthened |  |  | | |  | |  | | |  | |
| Sharing of information is encouraged |  |  | | |  | |  | | |  | |
| **2.3. Quality Management System** | | | | | | | | | | | |
| **2.3.1. Monitoring and evaluation of Quality Indicators** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Eye health partner regularly monitors quality indicators beginning with the Cataract Surgical Outcome Monitoring (CSOM) and sends reports to CBM |  |  | | |  | |  | | |  | |
| Additional quality indicators are monitored depending on size of partner and setting |  |  | | |  | |  | | |  | |
| Areas that need improvement are identified and acted accordingly |  |  | | |  | |  | | |  | |
| **2.3.2. Critical Incident Reporting System** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | | **No** | |
| Critical Incident Reporting System (CIRS) is in place |  |  | | |  | |  | | |  | |
| Governance group (a senior doctor, a senior nurse and others as necessary) is in charge of the reporting system |  |  | | |  | |  | | |  | |
| Members of staff are encouraged to report any critical incidents and enabled to send reports to the governance group confidentially |  |  | | |  | |  | | |  | |
| Governance group analyses information from reports and makes necessary changes to minimize mistakes in the future |  |  | | |  | |  | | |  | |
| Serious incidents, like the death of an eye patient, endophthalmitis, loss of vision after cataract surgery are reported according to the local Critical Incident Reporting System and to CBM as well |  |  | | |  | |  | | |  | |
| **2.3.3. Internal Audit** | **Appraisal** | | | | | | **Sources of Verification** | | | **Comment** | |
| **Yes** | **Partial** | | **No** | |  | | |  | |
| An internal audit team is in place consisting of representatives of different cadres |  |  | |  | |  | | |  | |
| An internal audit is done at least yearly |  |  | |  | |  | | |  | |
| The audit focusses on the results of the CSOM and monitoring of other quality indicators. It covers clinical, non-clinical and support services |  |  | |  | |  | | |  | |
| Results are documented and recommendations are followed up |  |  | |  | |  | | |  | |

**Additional comments**

**Summary Report**

**Name and position of individuals participating in the assessment:**

### For the partner For CBM

|  |  |
| --- | --- |
| **Date:** | **Date:** |
| Name and position: | Name and position: |
| (Please add as many lines as needed) | (please add as many lines as needed) |

1. **Action Plan**

Name of the eye department / hospital and country:

**Ruharo Eye Centre, Uganda.**

**Project number: 0867**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Criteria number** | **Recommendation** | **Action to be taken** | **Who** | **When** | **Progress as of date** |
| 1.1.1 | **Infrastructure:** Develop a plan to facilitate proper cleaning and maintenance of the buildings. The facility water supply system should also be upgraded with water reservoirs to ascertain constant supply of water.  Fix an automatic power back up system. | Develop a plan to repair all critical areas of the facility: painting on the ceiling; terrazzo cleaning /proper cleaning and management, Floor carpets. |  |  |  |
| 1.1.2 | **Medical equipment maintenance:** Conduct an inventory assessment of available medical equipment matched with expected eye care services at tertiary facility. In addition, put in place a medical equipment maintenance, repair and disposal plan. Identify the gaps and recommendations to improve the situation. | * Plan to purchase an OCT machine and Fundus camera. |  |  |  |
| 1.2.1 | **Human Resources for Eye Health:** Conduct HR needs assessment matched with the planned eye care activities. Identify the gaps and recommendations to address the situation. |  |  |  |  |
| 1.3.1 | **Promotion & prevention activities:** Improve the planning, consistency and impact of promotion and prevention activities. Also consider access of these activities by persons with disabilities. |  |  |  |  |
| 1.3.6 | **Surgeries:** No Ophthalmic Operating Theatre practices manual in use. The eye unit should put in place manuals and train users. For further guidance Consult Dr. Lisbon about new online downloadable manual. |  |  |  |  |
| 1.3.7 | **Cataracts:** Phaco surgeries should be on list of eye services offered. Put in place the equipment and skills required to deliver the service. | * Replace the oldmodel contact scan with emersion or optical. |  |  |  |
| 1.4 | **Eye Health data:** Need to start collecting data about patients with disabilities. Disability disaggregated data will support the eye unit plan and better serve persons with disabilities. |  |  |  |  |
| 1.5 | **Financial systems:** Formalize the policy of service subsides targeted beneficiaries. Put in place clear criteria to screen patients eligible to subsidized eye services. An option to adopt Ministry of Gender vulnerability assessment tool. |  |  |  |  |
| 1.6 | **Eye hospital management:** Develop Eye unit sustainability plan with clear strategies, costed and assigned targets. The same should apply to outreach camps. |  |  |  |  |
| 2.1 | **Patient centred care:** Put in place patient feedback system with accessible communication channels. Patients should be encouraged to provide feedback on services received. In addition, extensively utilize the system to inform service improvements. | * Provide telephone number for direct feedback / desk for easy communication. |  |  |  |
| 2.2.3 | **Improving safety of using medicines:** Develop a protocol to guide monitoring of adverse reactions for risky patients admitted. |  |  |  |  |
| 2.2.4 | **Reduce risk of health care associated infections:** Develop an infection register and train users. Utilize the information collected to address the risks associated. |  |  |  |  |
| 2.3.1 | **Monitoring and Evaluation of quality indicators:** Increase utilization of service data and results to inform planning and improvements of eye services. |  |  |  |  |
| 2.3.2 | **CIRS:** Put in place Critical Incidence Reporting and management system. | Develop CIRS policy / guidelines |  |  |  |
| 2.3.3 | **Internal Audit:** Improve internal audits carried out at Eye unit: set up a representative audit team; assessments should cover clinical, non-clinical and support services; and disseminate findings to the users. |  |  |  |  |

Name, designation and signature of eye department / hospital’s representative:

**Joseph Magyezi, Ophthalmic Clinical Officer**

**Signature: …………………………………………**.

**Date of approval of the Action Plan**: *Insert date of approval*

**Date of last update of the Action Plan:** *please insert date of update, if applicable*

## For CBM use only

**Overall outcome of the assessment (max. 150 words)**

***Briefly describe overall outcome of the assessment, indicating whether the minimum criteria have been met, eye department / hospital strengths and weaknesses, as well as relevance of the eye department / hospital for attaining the Country Plan/Federation strategy.***

Ruharo Eye Centre IEH quality assessment was successfully conducted by both CBM and RMH teams. The exercise was participatory in a sense that; REC was tasked to do a mock exercise and assess the facility and the services offered based on the six WHO building blocks of health strengthening. This was intended for the partner to have ownership of the process. The discussion between CBM and REC was centred on mock exercise report and physical tour of the facility by both teams.

The assessment findings (**detailed in table above**) indicated that REC meetsminimum criteria for IEH. There is however, a lot that needs to be done in order to meet the required standards according to CBM and WHO (**Ref. recommendations above).** The action plan will be jointly discussed and agreed upon by CBM and RMH / REC for proper implementation, management, and monitoring.