



DESKTOP SURVEILLANCE ASSESSMENT (EYE CARE ORGANISATION)

Preface

As per NABH guidelines, ECO (Eye Care Organisation) needs to undergo for Desktop Surveillance Assessment between 15 to 18 months from the accreditation Date. To maintain the accreditation cycle, it is mandatory for the ECO to get the Desktop Surveillance Assessment done on time. The objective of this Desktop Surveillance Assessment is to verify the compliances and the continuity of the processes as per NABH Standards.

Because of unprecedented COVID -19 Pandemic, Onsite Assessments have been stopped due to complete lockdown throughout India. To overcome this unseen circumstances, NABH has developed a tool and methodology for the surveillance of Accredited ECO by using Desktop Surveillance Assessment.

In desktop Surveillance Assessment, ECO needs to provide the required documents in a defined format for the verification of the continued compliance. The information provided by the ECO shall be evaluated by the NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The ECOs are therefore advised to provide the essential information accurately as per the defined format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).



Table of Content

1. Instructions for Desktop Desktop Surveillance Assessment	4
2. Eye Care Organisation Details	5
3. Assessment Details & Accreditation Cycle ...	6
4. Statutory Compliance	7
5. Update Documents (Policies & Manuals)	9
6. Forms & Formats	10
7. Manpower Details	11
8. Equipments Details	13
9. Non-Conformities (NC's) of previous on-site assessment	14
10. Mock Drills	15
11. Committee Details	16
12. Clinical Audit Details	17
13. Facility Rounds	18
14. Fee Details	19
15. Any Litigation	19
16. Self Declaration	20

1. Instructions for Desktop Surveillance Assessment

Please read these instructions carefully and provide all the necessary Documents in the prescribed Format for conducting the Desktop Surveillance Assessment.

- Kindly upload all the necessary documents /Evidences with proper document's name in Desktop Surveillance Assessment Tab of NABH Portal.
- Please make sure that the file size should not exceeded 3 Mb and only the relevant document should be uploaded.
- Kindly upload the document in Word/PDF, Excel or JPG file Format only.
- Please do not change the given Desktop Surveillance Assessment formats in this checklist form and upload the same after filling this form alongwith the evidences in Desktop Surveillance Assessment Tab of NABH portal.
- ECO needs to submit this form alongwith evidences within one month.
- Kindly upload only the relevant and required documents asked by the NABH.
- *Make sure that each and every Documents should have proper naming with date like if the Fire NOC is updated in June 30, 2020 then uploaded PDF File should be named as **Fire NOC 30062020** or if any manual Updated in May 8, 2020 then uploaded file name should be written as **Manual 08052020**. Such nomenclature of Documents will help us to identify the relevant documents in ECO Document Folder.*
- ECO is required to attach the geotagged and time stamp photos of various areas as per the clause No.13 Facility Rounds.
 1. *Photographs related to the Facility should be labelled with proper area name and Date i.e. **Reception Area 25072020**.*
 2. Photographs to be less than 3 MB in jpg format with good resolution for geotagged & timestamp.
 3. Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/ 'Save location' option and enable it depending on your OS version.
 4. 'GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)
- *All annexures are required to be labelled properly for the identification for example Clause 10. Mock Drills annexure should be labelled as **Mock drill raw data**.*



2. ECO Details

1. ECO Name

.....

2. ECO Address

.....

.....City

.....DistrictState

Pin Code

--	--	--	--	--	--

3. Contact Details :-

Medical Director/ CEO (or Equivalent)

Name: -

Designation: -

Email ID: -

Telephone No. Mobile No.

--	--	--	--	--	--	--	--	--	--

Administrative Officer: - (or Equivalent)

Name: -

Designation: -

Email ID: -

Telephone No. Mobile No.

--	--	--	--	--	--	--	--	--	--



3. Assessment Details & Accreditation Cycle

Final Assessment Date: -

No. of Not Accepted NCs raised During Final -Assessment: -

Assessment Team:-

31

32

33

Accreditation Cycle Details:-

Valid From

Valid Upto



4. Statutory Compliance

Please provide the details of the statutory Compliances in the given tabular Form and upload the scanned copy of Statutory Compliance in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Statutory Compliance							
S/No.	License/Certificate	License/ registration/ certificate Number	Name of Issuing Authority	Date of Issue (dd/mm/yyyy)	Valid up to (dd/mm/yyyy)	If the license/certificate has expired, kindly state the date when the application for renewal has been submitted (evidence of the same needs to be submitted)	Reasons for not having a license/ certificate
General							
1	Registration under Clinical Establishment Act (or equivalent state act)						
2	Registration under Shops and Establishments Act						
3	Registration with Local Authorities e.g. City Corporation, Municipality, Village Panchayat						



Bio-medical Waste Management

4	Bio-medical Waste Management and Handling Authorization from Pollution Control Board						
---	--	--	--	--	--	--	--

Facility management

5	Fire (NOC)						
---	------------	--	--	--	--	--	--

Human Organ Transplant Act (HOTA) (if applicable)

6	HOTA						
---	------	--	--	--	--	--	--

memorandum of understanding (MOUs)

7	Eye Bank						
---	----------	--	--	--	--	--	--

8	Diagnostic Lab						
---	----------------	--	--	--	--	--	--

Any other (as applicable to the ECO) :

9							
---	--	--	--	--	--	--	--



5. Update Documents (Policies & Manuals)

Kindly mention the name of those Documents (Policies, Standard Operating Procedure (SOPs) or Manuals) which have been updated since last assessment in the given Format; also provide the reason in Remarks Column for updating the documents.

For Evidence, Please do not upload complete Documents, only evidence of their periodic review and revision (if any) by ECO to be uploaded in the Desktop Surveillance Assessment Tab of NABH Portal.

Updated Documents Details		
Objective Element	Document Name	Reason

6. Forms & Formats

For Evidence, Kindly upload the only two filled forms in Desktop Surveillance Assessment Tab of NABH Portal as per the following list.

Forms & Formats		
S/No.	Objective Element	Details
1	AAC.2.a	Registration Form
2	AAC.2.d	Referral or Transfer Form
3	AAC.3.a	Initial Assessment Form
4	AAC.7.a	Discharge Summary (If Applicable)
5	COP.3.c	CPR Form
6	COP 8. e	Informed consent for administration of Anaesthesia
7	COP 9. b	Informed consent For Diagnostic / Laser / Surgical procedures
8	COP 11. c	Informed consent for Research Activities (If Applicable)
9	MOM 4.b	Adverse drug events Form
10	PRE.3.a	General Consent Form
11	CQI.6.a	Sentinel Event Form



7. Manpower Details

Kindly provide the current Manpower details of Ophthalmologists and Staff in the given format and upload the same **Excel Sheet** in the **Desktop Surveillance Assessment Tab** of NABH Portal. Make Sure that all the manpower details should be in single excel sheet which can be divided into sub-sheets for Ophthalmologists & Staff.

Details of Ophthalmologists						
S/No	Scope	Doctor Name	Qualification	Registration No.	Type of engagement	Can Attend Emergency
1	Anesthesiology					
2	Ophthalmic Emergency*					
3	Comprehensive Ophthalmic Services					
4	Cataract Services					
5	Glaucoma Services					
6	Medical Retina Services					
7	Surgical Retina Services					
8	Oculoplasty & Reconstructive Surgery					
9	Orbit Surgery					



10	Ocular Oncology					
11	Paediatric Ophthalmology					
12	Cornea Services					
13	Refractive Services					
14	Uvea Services					
15	Neuro-ophthalmology					
16	Strabismus Clinic					
17	Community Ophthalmology					

Details of Para-medical Staff					
S/No	Name	Designation	Qualification	Department	Joining Date (dd/mm/yyyy)
1					
2					
3					
4					



8. Equipments Details

Kindly provide the details of ophthalmic equipments as per the given format and upload the same Excel **Sheet** in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Equipments Details					
S/No.	Equipment Name	Model Number	Purchase Date	AMC /CMC Status	Remarks
1					
2					
3					
4					
5					
6					



9. Non-Conformities (NC's) of previous on-site assessment

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on all **non-conformities** raised during previous on-site assessment: *(please provide details in tabular format)*

Non-Conformities (NC's) of previous on-site assessment				
S/No.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1				
2				
3				
4				
5				
6				



10. Mock Drills

Please provide details in tabular format & upload evidence in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Mock Drills					
Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
1	Fire				
2	Cardiac/ medical Emergency (CPR)				
3	Any other				



11. Committee Details

Kindly provide the details of committees as per the given format and upload the last minutes of meeting in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Objective Element	Committee Name	Status (Yes/No)	If Yes then Kindly share the date of last Meeting
COP 11.b	Ethics committee		
HIC 1. a	Infection control committee		



12. Clinical Audit Details

As per Objective element CQI.5, Kindly provide **Clinical Audit Details** in the given format and upload the report as labelled annexure in the **Desktop Surveillance Assessment Tab** of NABH Portal.

S/No.	Topic	Date
1		
2		
3		
4		
5		

13. Facility Rounds (With Geotagged Photograph and time Stamped)

ECO is required to enclose geotagged photographs with timestamp of the following and upload the same in the Desktop Surveillance Assessment Tab of NABH Portal.

S.No	Areas	Attached Photographs
1.	Reception Area	
2.	Display Board of Scope of Services	
3.	Display of Patient's Rights & Responsibilities	
4.	Consultation Area	
5.	In-Patient Department	
6.	In- Patient Pharmacy	
7.	Instrument storage Area	
8.	Instruments Cleaning & Autoclave Area	
9.	Diagnostic Equipments	
10.	Patient Waiting Area	
11.	MRD	
13.	Operation Room	
14.	Recovery Area	



14. Fee Details

Kindly provide the following details of Annual Fee:-

Annual Fee Details				
Annual Fee	Date	Transaction No.	Amount	Mode of Payment
First Year				
Second Year				

15. Litigation

1. Has ECO faced any litigations from the last onsite assessment? Yes/No
2. If yes, provide list and present status of the same.

S.No	Description	Status (Open or Closed)
1.		
2.		
3.		
4.		
5.		

16. Self-Declaration

Self-Declarations (to be submitted on the letter head of ECO, duly signed by Head of ECO)

1. I hereby declare that the ECO (name) is in continued compliance of First Edition of NABH Eye Care Organisation Standards since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

Signature of Head/ Director/ CEO of ECO

Name & Designation

Date & Place

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
& HEALTHCARE PROVIDERS (NABH)**

Quality Council of India

5th Floor, ITPI Building; 4 A, Ring Road, IP Estate

New Delhi - 110 002, India

Tel/ Fax: 91-11-42600600

Website: www.nabh.co

Email: helpdesk@nabh.co