

PART II: BACK GROUND INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Eye Care Centre</u>	<u>Remarks of QCI (NABH)</u>
1.	Historical Background		
	Date of Establishment		
	Registered/Not Registered* (with State Health Authorities)		
	Type-Govt/Private/Corporate		
	Management (Individual/Corporate/Trust or any other – please specify		
	Recognition by other schemes – CGHS/ Rlys/Public Schemes* - indicate which schemes are you linked with. Already empanelled with ECHS – Yes/No		
2.	Location		
	Distance from nearest ECHS Polyclinic		
	Availability of public transport		
	Distance from Railway station/Bus stand/Airport to Hospital		
	Distance from nearest Military Hospital		
	Social Environment – please indicate natures of civic services, and whether the institution is in a rural, semi rural, urban or semi-urban area		

(Note: Attach relevant documents/certificates for items marked *)

SIGNATURE OF THE AUTHORIZED APPLICANT

PART III: HOSPITAL INFORMATION

<u>Ser No</u>	<u>Subject</u>	<u>Information given by Eye Care Centres</u>	<u>Remarks of QCI (NABH)</u>
1.	Building		
	Total Area		
	Floor Area		
	Macro environments-		
	External Ambience		
	Parking Area		
	Waiting Area		
	Reception and waiting for Relatives (Specify approx area)		
<p><i>(Notes: 1. An outline diagram showing plan of Hospital/Nursing Home may be added, if available. 2. A Brochure, if available, may be included.</i></p>			
2.	Miscellaneous (Specify) – You may include any other pertinent details, you feel necessary.		

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PART IV: FACILITIES APPLIED FOR

1. Applied for Empanelment as (Specify)

- (a) Cataract/Glaucoma
- (b) Retinal – Medical – Vitreo – retinal surgery
- (c) Strabismus
- (d) Oculoplasty & Adnexa & other specialized treatment

Remarks by QCI (NABH)

2. FOR IOL IMPLANT:-

Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery

Yes No

Name and Qualification

- (i) Phacoemulsifier Unit IIIrd or IVth generation) - minimum 2 with extra hand pieces
- (ii) Flash/rapid sterilizer – one per OT
- (iii) YAG laser for capsulotomy
- (iv) Digital anterior segment camera
- (v) Specula microscope

Remarks by QCI (NABH)

- All Specialist employed on regular and visiting basis must possess M.C.I recognized qualification

Yes No

- Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications.

Yes No

Whether beds available (General, Semi Private or Deluxe Room (If yes, specify the number)

Yes No

Gl. Ward Semi-Pvt Ward Pvt Ward

Remarks by QCI (NABH)

3. OCULOPLASTY & ADENEXA.

Specific for Oculoplasty & Adenxa :
Specialised Instruments and kits for :

- (a) Dacryocystorhinostomy
- (b) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
- (c) Orbital surgery
- (d) Socket reconstruction
- (e) Enucleation/evisceration
- (f) Availability of Trained proficient Oculoplasty surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery

Remarks by QCI (NABH)

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4. (a) **INVESTIGATIVE FACILITIES**

(i) Syringing, Dacryocystography	<input type="checkbox"/>	<u>Remarks of QCI NABH</u>
(ii) Exophthalmometry	<input type="checkbox"/>	
(iii) Ultrasonography – A & B Scan	<input type="checkbox"/>	
(iv) Imaging facilities – X-ray, CT Scan & MRI Scan	<input type="checkbox"/>	
(v) Ocular pathology, Microbiology service	<input type="checkbox"/>	
(vi) Blood bank services	<input type="checkbox"/>	
(vii) Consultation facilities fom related Specialties such as ENT, Neurosurgery, Haematology, Oncology	<input type="checkbox"/>	

(b) **OPERATIVE (O.T.) FACILITIES**
Specialized instruments & Kits for the following surgeries should be available.

(i) Dacryo cystorhinostomy	<input type="checkbox"/>	<u>Remarks of QCI (NABH)</u>
(ii) Lid surgery including eyelid reconstruction & Ptosis correction	<input type="checkbox"/>	
(iii) Orbital surgery	<input type="checkbox"/>	
(iv) Socket reconstruction	<input type="checkbox"/>	
(v) Enucleation & Evisceration	<input type="checkbox"/>	
(vi) Orbital & Abnexal Trauma including Orbital fractures	<input type="checkbox"/>	

(c) **PERSONNEL**

(i) Resident Doctor Support	<input type="checkbox"/>	<u>Remarks of QCI (NABH)</u>
(ii) Nursing care 24 hours)	<input type="checkbox"/>	
(iii) Resuscitative facilities	<input type="checkbox"/>	
(iv) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery	<input type="checkbox"/>	

5. **STRABISMUS SURGERY**

(a) Functional OT with Instruments needed for strabismus surgery

Yes No

(b) Availability of set up for Pediatric Strabismus – Orthoptic room with distance fixation targets (preferably child friendly) may have TV/VCR, Less/Hess Chart

Yes No

6. **GLAUCOMA**

(a) Specific : Facilities for Glaucoma investigation & management.

(i) Applanation tonometry	<input type="checkbox"/>	<u>Remarks of QCI (NABH)</u>
(ii) Stereo Fundus photography/OCT/Nerve fibre Analyser	<input type="checkbox"/>	
(iii) YAG Laster for Iridectomy	<input type="checkbox"/>	
(iv) Automated/Goldmann fields (Perimetry)	<input type="checkbox"/>	
(v) Electrodiagnostic equipments (VER, ERG, EOG)	<input type="checkbox"/>	
(vi) Colour Vision – Ishiahara Charts	<input type="checkbox"/>	
(vii) Contrast sensitivity – Pelli Robson Charts	<input type="checkbox"/>	
(viii) Pediatric Vision testing – HOTV cards	<input type="checkbox"/>	

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- (ix) Autorefractometers
- (x) Synaptophone (basic type with antisuppression)
- (xi) Prism Bars
- (xii) Stereo test (Randot/TNO)
- (xiii) Red – Green Goggles
- (xiv) Orthoptic room with distance fixation targets
(Preferably child friendly) may have TV/VCR)
- (xv) Less/Hess chart

**Remarks
of QCI
(NABH)**

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SECTION III

INSPECTION REPORT AND RECOMMENDATIONS OF QCI (NABH)

Recommendations of the QCI (NABH)

1.....(Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) is recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS) for service offered by the institution.

2. The Specialities of (Name of Hospital/ Nursing Home/Diagnostic Centre/Hospice) listed in the table below are recommended/not recommended for empanelment for Ex-Servicemen Contributory Health Scheme (ECHS).

(Note: Mention R for Recommended and NR for Not Recommended. Strike out specialities not offered for empanelment with an X)

(a) **General Services**

(i) Ophthalmology

(b) **Specialised Services**

(i) Cataract/Glaucoma

(ii) Retinal – Medical –
Vitreous – Retinal Surgery

(iii) Strabismus

(iv) Oculoplasty & Adneza
& other specialised treatment

<u>Remarks of QCI (NABH)</u>

Seal of NABH

SIGNATURE OF THE AUTHORIZED OFFICER
OF NABH/QCI