



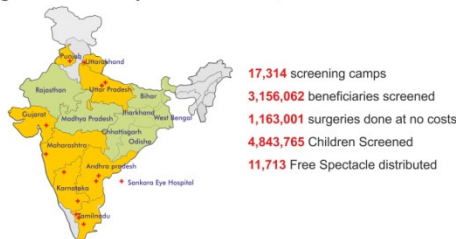
Developing a Standard Operating Protocol for improving the quality and efficiency of eye care delivery for the rural poor by Sankara Eye Care Institutions, India

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Background:

Sankara Eye Care Institutions, India is a registered, not for Profit, Public Charitable Trust, with a focus on providing "High Quality, cost effective, readily available eye care at the door steps of rural India" at no cost through its 13 hospitals (units) spread across various states of India (Refer Fig 1). With the rapid expansion of Sankara in India and the associated socio cultural and regional variation, there was an acute need to standardise systems and processes in the form of **Standard Operating Protocol (SOP)**

Figure 1. Sankara Eye Care Institutions, India Network

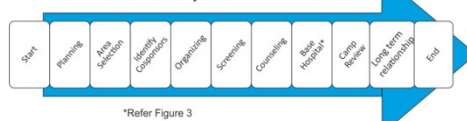


Program Objectives:

1. To standardise clinical and administrative processes (across 13 hospitals, 9 states covering a length of 2800 km and breadth of 1000 km of the country) for the following:

a. Community Outreach services (Refer Figure 2)

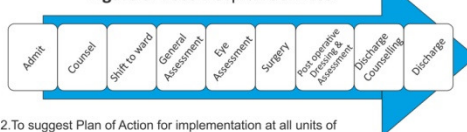
Figure 2. Gift of Vision Community Outreach services



*Refer Figure 3

b. Base hospital services (Refer Figure 3)

Figure 3. Base Hospital Services

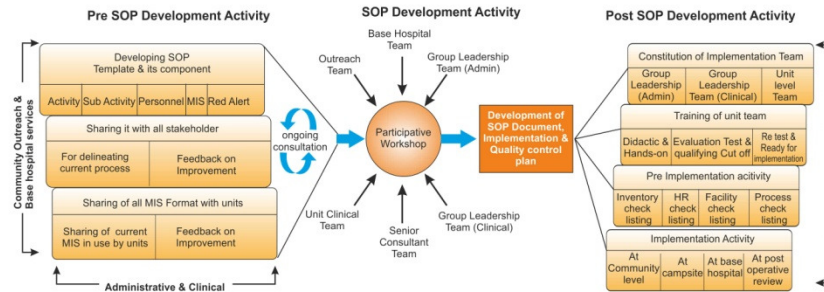


2. To suggest Plan of Action for implementation at all units of Sankara along with audit and quality control mechanism

Methods:

The entire project was done in a participative manner with active support of group leadership. The methodology followed is as shown in Figure 4

Figure 4. Methodology for Development and Implementation of SOP



The major aim of the entire exercise was:

1. To standardise system and processes across the network to increase efficiency
2. To "weed out" duplication in systems / processes across network so that staff time is best allocated for the core function of patient care
3. To conform to the sector level norms followed for similar activities
4. To take advantage of the existing HMIS to reduce manual duplication of work

The SOP once formulated was widely circulated across the network for wider inputs and suggestion which was incorporated. The SOP was pre tested at two of the units of Sankara – Coimbatore and Shimoga, India in order to gauge the implementation level challenge and to re visit processes within the SOP which required fine tuning.

The implementation of the SOP at the various units of Sankara was done with the joint involvement of the group leadership team of administration and clinical activity. The implementation was done in a participative manner along with the unit through a rigorous check list approach.

Results:

Short term results: (Refer Figure 5)

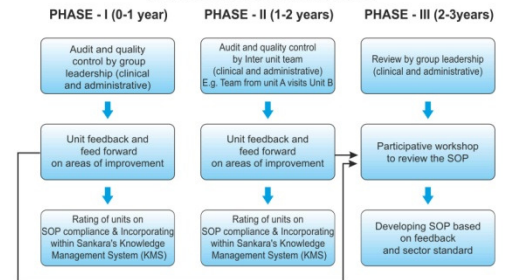
Figure 5. Short term benefits of SOP



Long term results:

There is a plan to initiate an audit and quality control program for SOP in future. (Refer Figure 6)

Figure 6. Long term benefits of SOP



Conclusion:

Quality of services generally offered in a charitable / non-paying setting is an area which receives the least attention in the general scheme of things and most of the non-paying activity is done in an ad hoc manner without any proper organisation and order.

Recognising these overriding needs Sankara Eye Care Institutions, India embarked on the ambitious journey of standardising its systems and processes for non-paying patients with a focus on improving the overall quality of services.

Through the SOP, Sankara looks forward to providing world-class eye care at no cost to the rural poor and at the same time make the processes and system so efficient that it can widen its coverage in rural India so that nobody goes blind due to preventable and curable blindness.

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For further information

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