

## **Supportive Supervision Checklist- New Normal**

Supportive supervision visits help to ensure quality at vision outreach programs working through constructive feedback, rather than checking to see what is wrong. The Supportive Supervision Checklist is a time-tested approach to promote mentorship, joint problem-solving and communication between supervisors and the supervised. With its emphasis on building local capacities, the checklist aims to improve overall effectiveness and efficiency of eye care service delivery. This further helps to identify gaps in real time, and thereby enables the system to focus on key areas. The checklist and discussions held can also identify areas of 'Best practices' that can be shared and replicated. The current supportive supervision checklist takes a minimalistic approach and aims to capture essentials of Vision camps with the goal of quality service delivery.

To Improve the quality of services provided through eye screening camps against the set parameters, following are the five standards of quality care which follows VisionSpring values.

- 1) Customer centricity
- 2) Customer and team safety
- 3) Choice of glasses
- 4) Constructive feedback
- 5) Standardization

### **Objectives**

It has been developed to structure the supportive supervision visits to monitor quality of care. And to ensure attention to the adequate availability of the essential supplies & equipment's, adherence to the protocols and quality service.

- To observe and evaluate the process quality and methodological execution of the process in the vision program
- Assessment of the evidence base effectiveness of the team members in delivering eye care services in the outreach program

Users of this checklist need to draw a Plan of Action (POA) based on their observations.

### **Instructions for filling the tool**

1. Grade the observed tasks, listed below, from 0-1

0=not done

1=Done

NA=not applicable

2. Please make comments especially for the underscored observations. Describe both what was observed as well as what was the intervention done by the visiting officer. Be as specific as possible in your comments.

3. To check the availability supervisor should verify physical presence and functionality of equipment.

4. Services at outreach program can be observed through actual practices at the time of visit or checking the records.

5. Supervisors ensure to send the complete filled checklist, incompletely filled checklist will not be taken up.

6. Supervisor ensure to check the data from the customer information sheet and from the sales report.

### **Supportive supervision visits are ongoing process**

\*Critical steps - 100% score

Non-critical steps - 90% score, Total score- 90%

<b>Project Name:</b>		<b>Project theme:</b> See to Learn/See to Earn- Workplace/Community/See to be Safe	
<b>Camp location:</b>		<b>State:</b>	<b>District:</b>
<b>Project Coordinator Name:</b>			
<b>Date of visit:</b> .....//..... //.....			
<b>Name of Manager/Supervisor/Mentor:</b>			
<b>Date of previous visit:</b> .....//.....//.....			
	<b>Program Manager</b>	<b>Execution Manager</b>	<b>Team leader</b>
Project briefing			
Counselling/SOP training	(within 90 days)	(within 180 days)	(within 120 days)
When did you get to know about the outreach program location	(day before the program)	(less than 2 days)	(less than week)
How long before the outreach program did mobilization take place (by VS team)	(on the program day)	(day before program)	(2 days back)
How long before the outreach program did mobilization take place (by CSR/funding partner)	(on the program day)	(day before program)	(2 days back)
Referral hospital identified (If yes, mention all the names)	Yes/No/NA		
Are referral cards provided to the customers as needed with hospital names, addresses, and contact numbers? Yes/No	Yes/No/NA		
Referral hospital is:	a) VS wholesale partner b) VS contracted partner c) Hospital with no current relationship with VS		
Remarks (Best practices - things that you see that the vision outreach program is doing particularly well or any innovations that might be shared at other outreach program)			
Performance Standards			
	Observations Points (*Critical Steps)	Score (0,1, NA)	Remarks
Precamp setup activities			
1.*	All stations are sanitized before start of the camp		
2.	Social distancing circles are marked for customer to stand		
3.	Customers are guided to maintain distance by standing in social distance circles		
4.*	No crowding is allowed at the entry and within the outreach premises		
1 Seating arrangements for the customers			
1.1	Chairs/bench for elderly patients even for physically challenged, or some natural place with tree shade where people can sit and wait for their turn (Community and school outreach program)		
1.2	Patients can be prevented from sunlight/rain, either with the help of a temporary structure or a room a permanent structure (Community outreach and drivers' program)		

1.3*	In the patients waiting area/queue awareness messages related to COVID-19, eye care, and eye related diseases are projected through posters/banners in the local language		
<b>2*</b>	<b>Preamble for the outreach program</b>		
2.1*	Permission from the CMO/NPCB or District officials for screening outreach program (See to learn, See to Earn (Community) and See to be Safe, organized by the VisionSpring Or Submission of the letter by VisionSpring to the concern authority.		
2.2	Camp location should be clean and spacious to maintain social distancing		
2.3*	Awareness about the outreach program to be made in the community prior to the program through any of the IEC materials audio messages, pamphlets, posters in the prominent places. (See to Earn- Community, See to be safe)		
2.4	Permission for the usage of public space / school with the local authorities.		
2.5	Availability of SOPs with the team (See to Earn, See to Learn and See to be Safe)		
<b>3*</b>	<b>Review of Collaterals/Materials for COVID-19 &amp; different themes</b>		
3*	Availability and usage of all the COVID-19 related awareness materials (standee.banner/poster)		
<b>3.1</b>	<b>Availability and usage See to Learn eye care program</b>		
3.1.1	Availability of Banner- girl/boy		
3.1.2	Availability of Standee- girl/boy		
3.1.3	Availability of Standee- Food for healthy eyes		
3.1.4	Availability of Standee- How to take care of eyes		
3.1.5*	Availability of Poster- Compliance poster		
<b>3.2</b>	<b>Availability and usage See to Earn-Community outreach program</b>		
3.2.1	Availability of Banner- Man/woman/boy/girl		
3.2.2	Availability of Standee- Man/woman/boy /girl		
3.2.3	Availability of Pre-camp mobilization poster- Aankhon ki nihshulk jaanch karayein		
3.2.4	Availability of Pre-camp mobilization poster- Kya aap in lakshano ka saamna kar rahe hai		
3.2.5	Availability of Posters/leaflets- Food for healthy eyes		
3.2.6	Availability of Posters/leaflets- How to take care of eyes		
3.2.7*	Availability of Poster- Compliance poster		
<b>3.3</b>	<b>Availability and usage See to Earn-Workplace program</b>		
3.3.1	Availability of Banner- Man/woman		
3.3.2	Availability of Standee- Man/woman		
3.3.3	Availability of Pre-camp mobilization poster- Aankhon ki nihshulk jaanch karayein		
3.3.4	Availability of Pre-camp mobilization poster- Kya aap in lakshano ka saamna kar rahe hai		
3.3.5	Availability of Posters/leaflets- Food for healthy eyes		
3.3.6	Availability of Posters/leaflets- How to take care of eyes		
3.3.7*	Availability of Poster- Compliance poster		

<b>3.4</b>	<b>Availability and usage See to be Safe eye care program</b>		
3.4.1	Availability of Banner- Driver/mechanic		
3.4.2	Availability of Standee- Driver/mechanic		
3.4.3*	Availability of Poster- compliance		
3.4.4	Availability of How to take care of eyes		
3.4.5	Availability of Food for healthy eyes		
3.4.6	Availability of Nomogram		
3.4.7	Availability of Measurement tape (kindly make this a part of all programs)		
3.4.8*	Availability and usage of Contrast sensitivity chart		
3.4.9*	Availability and usage of Colour vision booklet		
<b>4</b>	<b>Arrangement at various stations/counters/desks</b>		
<b>4.1</b>	<b>Symptomatic screening for COVID-19 &amp; Registration</b>		
4.1.1	Team was wearing VisionSpring uniform		
4.1.2	Availability of chair and table		
4.1.3*	Availability of thermal scanner with batteries		
4.1.4*	Management of crowd, guide the customer to make a line and stand inside the circle		
4.1.5*	Team consistently and properly wears a mask		
4.1.6*	Team ensures that customer is wearing mask, if customer is not wearing mask		
4.1.7*	Team guides the customer to wash hands from the hand washing station and inform about handwashing techniques at the entrance of the camp		
4.1.8*	Thermal screening is systematically performed with each customer		
4.1.9	Thermal scanner is held 4 fingers (or one hand length) away from the forehead of the customer and VS team member has their own hand/arm extended.		
4.1.10	Temperature noted for each customer in the health assessment form		
4.1.11	Systematically asks about the customer's history of cough and shortness of breath taken		
4.1.12	Systematically asks each customer about fever and chills		
4.1.13	Systematically asks each customer about sore throat		
4.1.14	Systematically asks each customer about new-onset loss of taste and smell		
4.1.15	Systematically asks each customer about headache and muscle pain		
4.1.16	Systematically asks each customer about their history of travel or contact with a COVID positive patient (family or others COVID positive)		
4.1.17	Systematically asks each customer about their history of eye redness/conjunctivitis associated with fever in the last 2 weeks		
4.1.18*	Systematically observes the customer to see if they are presenting with severe conjunctivitis and also considers if the person has a fever (if yes, this person should be referred and not continue at the camp)		
4.1.19*	Consistent availability and usage of hand sanitizer by the team member		
4.1.20*	Customer's hands are sanitized before signature on customer examination sheet		
4.1.21	Customer is informed on COVID awareness guidelines at the registration or entry point		
4.1.22*	Customer information is fully recorded		
<b>4.1.1*</b>	<b>Referral for those customers who fail to pass COVID-19 symptomatic screening</b>		
4.1.1a*	Customer with temperature >100°F with positive history is sensitively and confidentially (to the extent possible) told they can't use the camp today and		

	are advised to go for COVID (1075) consultation immediately. <i>The referral is also noted in the health risk assessment form.</i>		
<b>4.2</b>	<b>Screening Optometrist / team member</b>		
4.2.1*	Optometrist/ team member was wearing mask over mouth and nose and face shield consistently w/ customers		
4.2.1	Consistent availability and usage of hand sanitizer by the optometrist at this station		
4.2.1*	Sanitized hands after checking every patient		
4.2.1*	If chair(s) is available, it should be sanitized after every customer		
4.2.1	Encourage children to participate in pre-screening and technical screening by creating a happy and friendly environment (see to Learn)		
4.2.1*	Prescription card is handed over to the customer with no touch technique in case of normal vision, and asked the customer to exit the camp		
4.2.1*	Maintain sanitization record in the checklist		
<b>4.3</b>	<b>Refraction</b>		
4.3.1	Sufficient light and maintain proper dark room for visual acuity test/ Canopy used for usage of retinoscope to get the visual acuity		
4.3.2	6 meter/3 meters long space required for collecting visual acuity		
4.3.3*	The alignment of vision drum should be in such a way, so that it is parallel to the patient's eye		
4.3.4	Separate Snellen chart/vision drum for pediatric patients		
4.3.5*	Availability of retinoscope with charger/Battery		
4.3.6*	Availability of sanitization kit		
4.3.7*	Optometrist consistently wears a mask and face shield		
4.3.8*	Optometrist wears gloves consistently (2-3 hrs use per pair); after refraction, the optometrist sanitizes hands above the gloves		
4.3.9*	Optometrist consistently sanitizes hands after refraction with every customer		
4.3.10	Optometrist instructs the patient to keep talking to a minimum		
4.3.11*	Chair(s) is sanitized after every customer (after refraction)		
4.3.12*	Availability of soapy water container which is changed 2 times per day		
4.3.13*	Used trial frames and lenses are dipped into the red container with soapy water atleast for 30 seconds		
4.3.14*	Used trial frames and lenses are put in the red case and clean ones are accessed from the green case		
4.3.15*	Near vision chart is sanitized after every use, if used by customer		
4.3.16	Prescription card is handed over to all the customers (including for those with other eye disorders)		
4.3.17*	<p>Following steps are followed (mandatory)</p> <ul style="list-style-type: none"> <li>- Sanitized hands</li> <li>- Transfer used trial frame and lens to clean bowl</li> <li>- Red tray is placed back in position</li> <li>- In cleaning bowl -Spray soap solution on the lens/ trial frame, covering all surface. Leave it on for at least 2 mins</li> <li>- Meanwhile, spray sodium hypochlorite solution on stool/chair and near vision chart</li> <li>- Wipe the sodium hypochlorite solution using wiping sponge or cloth</li> <li>- Back to cleaning bowl - Wash lens and trial frames in clean water</li> </ul>		

	<ul style="list-style-type: none"> <li>- Place wet items in green tray over wiping cloth, wipe them dry before use</li> <li>- Wipe retinoscope handle with savlon/ alcohol wipes</li> </ul> <p>Sanitized gloved hands before attending next customer</p>		
4.3.18	Consistently and empathetically listens to the patient complaints and visual problems		
4.3.19	Interact with the patient to understand their problems, and in case of children probe them to understand their problems		
4.3.20	First level of counseling for eye care and glasses		
4.3.21	Customer information and results completely recorded on Customer information form		
4.3.22*	Maintain sanitization record in the checklist		
4.3.23	If needed, optometrist counsels and refers the customer to a nearby hospital		
<b>4.4</b>	<b>Counselling</b>		
4.4.1	Availability of Reading glasses VisionSpring frames		
4.4.2	Availability of Prescription glasses frames (adults/children)		
4.4.3	Availability of Mirror		
4.4.4	Availability of Display stand		
4.4.5	Availability of Pre-cut interchangeable SV lens (See to be safe)		
	<b>Counselling during the frame and power dispensing</b>		
4.4.6	Counsellor makes the customer feel comfortable		
4.4.7	Smile on his/her face with positive tone of voice		
4.4.8*	Counsellor ensures that he/she listens to the customer actively		
4.4.9	Makes eye to eye contact		
4.4.10*	Support and Offer customer a choice of frames, and a mirror to choose preference (Readers, Rx both)		
4.4.11*	Offer and guide customer a choice of glasses, according to their work and need		
4.4.12*	Focuses on counselling for First Time Wearers		
4.4.13	Focuses on counselling for kids (See to learn and Community)		
4.4.14	Counselling who are not willing to wear eyeglasses/anxiety		
4.4.15*	Consistent availability and usage of hand sanitizer by the team member at this station		
4.4.16*	Frames, mirror and near vision chart are consistently sanitized after usage by every customer		
	<b>Counselling during glasses dispensing</b>		
4.4.17*	Counselling is shared with the customer on usage and care of glasses		
4.4.18*	Counselling is shared with the customer on when and how to use glasses		
4.4.19	Informs customer how to get accustomed to wearing glasses		
4.4.20*	Informs single vision reader wearers not to use when walking around, riding bike, etc		
4.4.21*	Provide duly filled Prescription card to all the patients with no touch technique, and inform customer about toll free helpline number		
4.4.22	Record complete customer information		
4.4.23	Availability and usage of sanitization kit		
	<b>Counselling during payment collection</b>		
4.4.24*	No-touch technique used for collecting money into a box or other method		

4.4.25*	Handed over receipt, glasses and case to the customer with no touch technique		
4.5	<b>Clean-up: Disposal of masks and gloves</b>		
4.5.1*	Staff cut/shred used masks and gloves and dispose in a separate bag		
4.5.2*	Linkage/informed local hospital to dispose of biomedical waste at the end of each day		
4.6	<b>Post camp activities</b>		
4.6.1	All team members wash hands with soap and water		
4.6.2	All instruments are sanitized before storing, collaterals / canopy etc. are stored separately		
4.6.3	Symptomatic screening and sanitization sheet scan/picture is sent as a part of daily reporting		

<b>Critical steps*</b>	/	%
<b>Non-critical steps</b>	/	%
<b>Total score</b>	%	