Standard Operating Procedure

- GUIDELINES -

An SOP is a set of instructions or steps Vision Centre staff follow to complete a task safely, with no adverse impact on the environment, in a way that maximizes operational and production efficiency. You can write SOPs for any processes that occur in the Vision Centre or your organisation in general. We write SOP's for the person/s who will perform each particular job.

Why develop SOPs?

A Vision Centre needs staff who carry out their work responsibilities in a consistent and accurate way. We also need all staff to contribute their experience, knowledge, and ideas to constantly improve our operations for the future. Developing SOPs can help us achieve both of these things.

Well-written standard operating procedures (SOPs) provide direction, improve communication, reduce training time, and improve work consistency. The process of developing SOP's is also a great way for managers and Vision Centre staff to collaborate. A positive sense of teamwork arises when everyone works together toward common goals.

While SOP's are very useful, they need to be used in combination with planned training and regular performance reviews and feedback.

SOP's can:

- provide staff with all information required to perform a job properly
- ensure that tasks are done consistently to maintain quality control of processes and products
- ensure that processes are completed to an agreed schedule
- ensure that no accidents occur in manufacturing and other processes that would harm employees or anyone in the surrounding community
- serve as a resource document for staff training
- serve as a checklist for evaluation or auditors to reinforce proper performance
- serve as a historical record of a process for use when modifications need to be made and when a SOP must be revised
- assist in the review of an accident or when looking to improve occupational health and safety

With the use of SOP's, Vision Centre staff benefit from increased direction and confidence. This chapter describes how to produce SOPs that get everyone improving the centre's performance, successfully providing eye care services to the community.

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When should you write an SOP?

You should write SOPs for all processes that need to happen within the Vision Centre or organisation. The best time to draft SOP's is before the jobs start, to establish a standard expectation of what should occur. Use SOP writing as a planning tool for tasks to be performed at the Vision Centre. Revise them whenever jobs change, new equipment is installed or when there is a change in the setup of the Vision Centre.

To summarise:

- Write, and test, SOPs for all jobs before a job is begun.
- Review SOPs after an on-the-job trial.
- Review SOPs when any changes are made to equipment, buildings or procedures.
- Write SOPs when new equipment or processes create a new situation at work.
- Write or rewrite SOPs when you need to modify work procedures to improve performance (for example, after accident or incident investigations).

Who should write SOPs?

The way we develop SOPs is very important if we want them to be successful. It has to be a process that gains the input of everyone with an interest in the procedure's success.

Ideally, SOPs should be written by teams that include some or all of the following people:

- those who will do the job
- those who will perform maintenance on equipment involved in an SOP
- occupational health and safety advisers, and
- Vision Centre managers.

Team writing achieves several goals in addition to producing an SOP. By writing as a team, you will take advantage of an important opportunity to generate a sense of teamwork among Vision Centre staff and managers. It:

- ensures that knowledge gained from different perspectives is incorporated into the SOP
- increases the chance that the SOPs will actually be implemented
- helps train current and future trainers. Having helped to make decisions on the SOP, writers know it closely and are more likely to be effective trainers
- involves people from different parts of the organization, which makes it easier for different staff to update the SOP later on.
- ensures a complete coverage of operational, safety, and environmental requirements.

However, writing SOPs can be time consuming so the writers need to be free to dedicate themselves to the task for an appropriate amount of time.

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What to include in SOPs

Regardless of the SOP format that you use, include several basic pieces of information in every SOP:

1. Write a title that defines the purpose of the SOP.
2. The name of the authors of the SOP
3. The date on which the SOP or revision becomes effective.
4. Use document reference numbers and revision dates
    a. Include these on the title or cover page and also on a second page such as the table of contents or first page of text
5. Identify the part of the Vision Centre the SOP applies to.
6. State the purpose of the SOP including the specific users in one or two sentences.
    a. Include a "scope" statement that tells what related subjects the SOP will not cover.
7. List any materials required for following the SOP as necessary.
    a. These can be listed by category, possibly in a table.
8. Define unfamiliar terms and concepts.
    a. A long list of terms might be best in a glossary at the beginning of the document.
9. List and explain the process steps in the order in which the user should perform the steps.
    a. Provide a more detailed explanation if a reader needs more information to fully understand the reason for performing a step.
    b. Provide readers with alternative steps to take in case a desired step does not work.
    c. Consider giving an overview of the steps in the SOP that describes the process in terms of its major functions.
    d. Place safety warnings, cautions and notes prominently within the SOP before the actual step to be described.
    e. When a SOP is time-dependent, indicate the times clearly.
    f. Decide where to use graphics (drawings, photographs and thumbnail icons) to communicate clearly. Well-labelled drawings can communicate your ideas better than text at times.
10. Write a reference section that includes a complete list of source material used for the SOP.
11. Include troubleshooting instructions after testing the SOP in the Vision Centre.
    a. You can also include troubleshooting tips at each step in a process where they actually occur.

How much detail is needed?

It is often difficult to know how much detail to include in an SOP. Procedures should certainly include all steps that are important and that need to be performed the same way by all staff. Not including any of these key steps may lead to confusion for the user or variation in performance and output among different workers. However, we also have to avoid writing procedures so detailed that they are too difficult and impractical for everyday use.

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Examples of SOP's

WORKFLOW

In this example we discuss and describe the work flow and some of the standard operational procedures required to run the Vision Centre.

1.1 Staff Responsibilities: (Depending on the number and designation of staff)

The **Eye Examiner** (EE) is responsible for all procedures relating to the eye examination.

The **General Administrator** (GA) is responsible for all procedures relating to general administration, customer service, transactions, entering stock and patient data, and Vision Centre cleanliness.

The **Vision Centre Manager** (VCM) is responsible for managing inventory, finances, human resources, M&E data, governance, reporting and SOPs maintenance.

The **Spectacle Technician** (ST) is responsible for dispensing glasses and ensuring workshop cleanliness.

Tasks and duties are assigned to be performed by each staff member; however, a team effort is necessary where all members are responsible for carrying out the Standard Operating Procedures (SOP) on a daily basis. Note: a staff member may be responsible for more than one above listed roles.

1.2 General Operations

The procedures outlined below document the daily functions and tasks of opening, closing and operating the Vision Centre. Specifics should be tailored to apply in country context.

1.3 Operation Hours

- Monday to Friday - 9:00am to 5:00pm (7 hours)
- Saturdays - 8:30am to 12:00pm (optional)
- Lunch break - 1.00pm to 2.00pm (1 hour)
- Closed on Sundays and National Public Holidays.

The Vision Centre should not be closed before the scheduled closing time. Exceptions include special circumstances such as scheduled official meetings or other official work outside the Vision Centre premises. All changes to operation hours should be pre-planned and notified to the patients in a visible manner.

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1.4 Opening Procedures

- Unlock the front door and turn all the lights on (VCM or staff first to arrive).

- Reception / Waiting Room Area (GA/VCM):
  - Make sure the waiting area is clean and tidy
  - Turn on and log in to computers
  - Make sure order books, cash receipt books and patient records cards are ready for the day
  - Unlock the door and turn the sign on the door to say "OPEN" at 9.00am sharp
  - Open all windows as required.

- Eye Examination Room (EE):
  - Make sure all equipment is working and out on the bench tops
  - Make sure adequate patient record cards, prescriptions slips, and referral slips are accessible (in the eye examination room)
  - Make sure the eye examination room is clean and tidy.

- Optical Workshop (ST):
  - Uncover and turn on all equipment; make sure all dispensing equipment is clean and working.

1.5 Closing Procedures

- Reception / Waiting Room Area (GA/VCM):
  - Make sure the waiting area is clean and tidy
  - Make sure all data (stock and patient data) for the day has been entered into the computer
  - M&E data has been entered in as required
  - Back-up computer data and shut down computers
  - File away all patient record cards and tidy up paper work
  - Make sure all order books, cash receipt books and patient records cards are ready for the next day
  - Put all spectacles and spectacle frames back into the display cases neatly
  - Lock all cash into the safe and lock cupboard where safe is kept
  - Close all opened windows
  - Turn the sign on the door to say "Sorry we are closed, please come again tomorrow (or specified date)".

- Eye Examination Room (EE):
  - Make sure all equipment is turned off and put away in original place
  - Recharge battery-operated equipment as required
  - Put away lenses in the trial lens set properly in its place
  - Cover all equipment with plastic cover
  - Make sure all patient record cards are fully completed, data has been entered into the computer system (where applicable), and have been filed away
  - Make sure the eye examination room is left clean and tidy.

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- Dispensing Workshop (ST):
  - Make sure all dispensing equipment is cleaned and put away in original place
  - Rinse out bucket under the edger and set it up for the next day
  - Turn off all equipment and cover with plastic cover
  - Lock the front door and turn all lights off (VCM or staff last to leave),

1.6 General Maintenance Procedures

- Overall appearance – responsibility of all staff:
  - All areas of the Vision Centre must be kept clean and tidy; paper work must be sorted and filed away throughout the day
  - Wash basins and toilet (if applicable) should be disinfected and cleaned – refill soap and toilet paper as required
  - Hand towels should be washed and dried regularly
  - Display frames should be cleaned weekly (the lenses gather fingerprints when patients try them on)
  - Rubbish should be taken out daily

- A cleaner may be hired to:
  - sweep and mop (with disinfectant) all floors of the Vision Centre
  - wipe down all bench tops and chairs with disinfectant
  - clean and disinfect wash basins and toilet (if applicable) daily - refill soap and toilet paper as required
  - change hand towels daily
  - empty all rubbish bins
  - turn off all the lights
  - lock and close the door when leaving.

- All Vision Centre personnel should:
  - wear clean clothing every day
  - wear shoes at all times in the Vision Centre
  - be well groomed (bathe daily); clean hands and nails
  - EE should wash their hands between patients.

1.7 Record Keeping

It is essential that all records be taken and kept for monitoring and evaluation purposes. It is the responsibility of all Vision Centre personnel to keep records of all matters and procedures.

1.7.1 Data Collection – Patient Record Card

EE will collect information on:

- general patient information: name, date of birth, address and contact details
- eye examination results: vision, spectacle prescription, type of glasses required, measurement between pupils (PD), referral details.

ST/VCM/GA will collect information on:

- confirm general patient information
- lens and frame order details (custom made or ready made spectacles)
- payment details.

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Where a computer program is used, this information must also be captured onto the system by the end of each day.

Relevant details must still be captured if a patient:

- only purchases glasses and has their eye examined elsewhere
- only has their eyes examined and does not purchase glasses.

A copy of the prescription form should be given to the patient to keep. (Refer to CD – Stage 4 – Standard Operating Procedure – Prescription Form).

1.7.2 Data Collection – Referral Form
All referral letters must be written on standard referral form. The details required are the patient's name, address, contact numbers, date, and reason for referral (EE).

- Copies of all referrals must be attached to the Patient Record Card (EE/GA/VCM)

1.7.3 Data Collection – Monitoring & Evaluation
GA/VCM must complete M&E reports regularly, as required.

1.8 Spectacle sales and orders

- Receipts should be generated for all money exchanges. If computer system allows, receipts can be printed out from a specific computer program. Or else, a manual receipt can be written (GA/VCM).

- Receipt originals must be kept and attached to the Patient Record Card. A copy of the receipt should be given to the patient (GA/VCM).

- At the end of every day, recorded cash sales must be reconciled with the amount of cash collected for that day and all monies must then be locked away in the safe or cash box. All monies must then be deposited into the specified bank account for the VC the following day (GA/VCM).

- At the end of every month the VCM must prepare a sales and inventory report to identify spectacle movements and the need to purchase additional inventory.

1.9 Filing

- The Patient Record Card, receipt and copy of Referral Form should be kept together and filed away neatly.

- Any method of filing that has order and is easy to use should be put in place, e.g. a Lever Arch File folder for each letter of the alphabet. The Patient Record Card will be filed away in alphabetical order.

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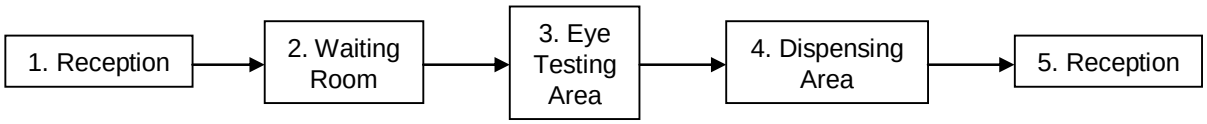
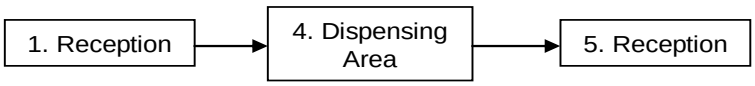
1.10 Patient Flow

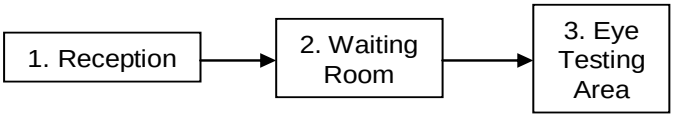
A patient that will have their eyes examined and purchase specs will follow Steps 1 to 5, in the chart below.



If the patient is only purchasing specs and not having their eye examined Steps 1, 4 and 5 are applicable:



If the patient is only having their eye examined and not purchasing specs Steps 1, 2 and 3 are applicable:



1.10.1 Reception (AA/VCM/ST/EE)

- Patient will approach reception desk to ask if they can have their eyes tested. All personnel can help and can inform patient to sit and wait to have their eyes tested, or to come back at another time when it is possible. An approximate wait time should be given to the patient.
- Patient should fill in their general information onto the Patient Record Card.
- The order of patients should be kept – first come first serve principle. This keeps the wait time fair.

1.10.2 Waiting Room

- Patients sit and wait here for their turn to have their eyes tested by the EE.
- Educational eye health posters / brochures should be kept here for patients to have a look at while they wait.

1.10.3 Eye Testing Area (EE)

- Patients have their eyes tested and are informed on the appropriate management.
- The top half of the Patient Record Card is completed, a prescription slip and/or a referral form is given (if applicable).

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1.10.4 Dispensing Area (ST/VCM)

- If a patient requires custom-made specs, they will choose their frames here. The ST/VCM should help the patient to choose an appropriate frame to suit their face and visual needs.
- If a patient requires a RMS, the ST/VCM will find the correct RMS and let the patient try it on. If the RMS is for reading, the patient should try reading for example a newspaper with the glasses on. If the RMS is for distance, the patient should be asked to look in the distance.
- Spectacle measurements should be taken (e.g. PD, Bifocal Seg Height).
- Details of chosen frames / lenses should be recorded onto the Patient Record Card.

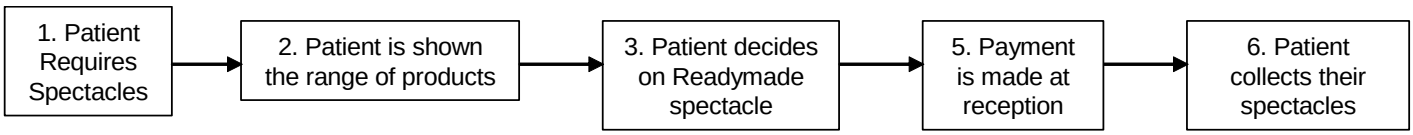
1.10.5 Reception (GA/VCM)

- The patient will make any payment required. Details of transaction should be recorded accurately. A receipt should be given to the patient.
- If a custom-made spec is ordered, the patient should be informed when to pick up their glasses. They can be contacted when their glasses are ready.
- If a readymade spectacle is purchased, make sure the lenses are cleaned and a case is given.
- General patient information should be confirmed.

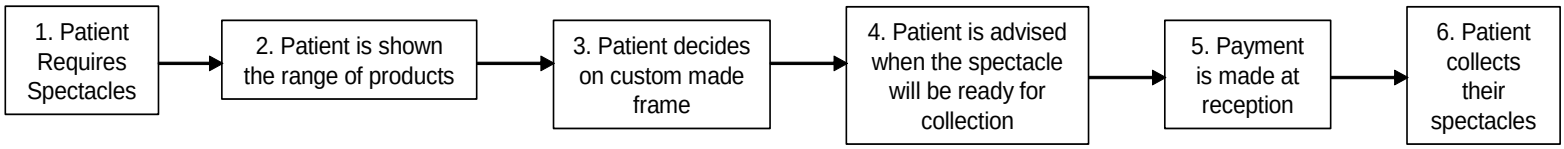
1.11 Spectacles Flow

After patient has had their eyes examined (by EE at Vision Centre or else where), they have the choice of purchasing specs (readymade or custom-made).

If the patient purchases readymade spectacles:



If the patient purchases custom-made spectacles:



1.11.1 Patient Requires Spectacles

- The patient's eye examination has been completed and the EE has identified that the patient requires spectacles.

1.11.2 Patient is shown the range of products

- The patient is shown the spectacle product range available for purchasing.
- The ST/VCM should help the patient to choose an appropriate frame to suit their face and visual needs.
- The ST/VCM should advise the patient on the costs of the spectacles.

1.11.3 Patient decides on readymade / custom made spectacles

- Patient decides on which spectacle they wish to purchase
- The EE/ST should update the patient record card to capture if the patient has purchased custom-made or readymade spectacles.

1.11.4 Patient is advised when the spectacle will be ready for collection

- If the patient purchases a custom-made spectacle or a readymade not in stock, the ST/VCM/GA must advise the patient when the spectacle will be ready for collection.

- The ST/GA should create a purchase order for any products not in stock for VCM approval. The ST/GA should update the Inventory Management System (manual or computer) to correspond with all products sold.

1.11.5 Payment is made at reception

- The payment must be made on the day of purchase. Vision Centres can implement payment schedules for individual patient needs.

- The GA/VCM must enter the transaction into the accounting system (manual or computer) and provide the patient with a receipt of the purchase and a copy of their patient record card.

- All payments must be made before the patient can collect the spectacles

1.11.6 Patient collects their spectacles

- The ST must advise the GA/VCM when the spectacles are ready for collection.

- The GA/VCM should inform the patient that their spectacles are ready to be collected.

- The ST/GA/VCM should ensure the patient is satisfied with the spectacles before the patient leaves the Vision Centre.

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