Annex I. Main points, criteria, and indicators use in de model.

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| Main Points | Criteria |  | Indicators |  |
|  | Code | Name | Code  | Definition |
| **Leadership** | A | Management capacity. | 1 | The unit has a person in charge who assumes the functions of management and organization |
| 2 | An annual evaluation of the degree of achievement of the objectives is carried out and these results are shared with the professionals of the unit |
| B | Clinical excellence. | 3 | Average impact factor of the unit publications |
| 4 | Number of international congresses in which ophthalmologist of the unit have participated as guest speaker, with oral or poster communication, in the last two years |
| **Clinical guidelines and protocols** | C | Existence of standard operating procedures. | 6 | The unit provides and uses specific and updated protocols of, at least, the pathologies of diabetic macular edema (DME), age-related macular degeneration and vascular occlusion. |
| 7 | A specific standardized procedure for the administering intravitreal injections (IVI) exists and is used on a regular basis |
| **Organization** | D | Planning of activities and resources. | 8 | The unit has its own resources that can be managed autonomously |
| 9 | Regular meetings are held with the professionals of the Unit to plan activities and resources, and to analyze and to identify opportunities for improvement |
| 10 | Performance indicators (productivity and quality) are used for the unit Staff |
| **Strategic Alliances** | E | Cooperation with General practitioner. | 11 | There are telemedicine programs that allow sending images to the retina specialist, from either general practitioner or ophthalmologist, which speed up the diagnosis process of the patient with DME |
| F | Cooperation with key suppliers. | 12 | There are valuable projects or activities with a key supplier (besides EMUREX project) that facilitate innovation in the unit |
| G | Cooperation with patient associations. | 13 | The Unit has carried out activities with patients or patient associations in the last three years |
| **Care Process** | H | Identification and definition of the key care processes of the Unit. | 14 | There are quality indicators of the care process that are measured regularly |
| 15 | There are standard operating procedures in key care processes |
| 16 | The patient and family members receive wrote clear information about the pathology, treatment, follow-up, and warning symptoms to go, if needed, to the emergency room after the IVI administration |
| 17 | The unit performs bilateral injection (on the same day) |
| 52 | At the time of administration of the injection, delays have sometimes occurred due to the management of treatment stocks |
| 18 | There is a template for the registration, control and monitoring of each patient (drug, batch, eye, optical coherence tomography [OCT]), etc.) |
| 19 | The consultation and the administration of IVI are carried out in the same visit |
| **Care Process** | 51 | In the design of the care processes, it is about reducing the number of visits of the patient to the hospital as far as possible |
| 20 | Follow-up visits are scheduled according to recommendations of the technical sheet approved by the Spanish Agency for Medicines and Health Products |
| H | Identification and definition of the key care processes of the Unit. | 21 | The patient signs specific informed consent before the administration of IVI (can contemplate several actions if it is conveniently explained) |
| 22 | Number of DME patients who have undergone OCT with respect to the total number of patients with DME treated |
| 23 | They have a ready to use kit already for administering the IVI |
| I | Obtaining results in the processes. | 24 | Incidence of endophthalmitis of the total IVI administered in the last 3 years |
| 25 | Average time elapsed (in days) since the patient is referred from specialty care until he is seen in the retina unit for the first time |
| 26 | Average time elapsed (in days) since the patient is diagnosed until the first injection is administered |
| 27 | The level of patient satisfaction is measured regularly |
| 28 | The complaints received regarding the unit are analyzed by the person in charge and corrective measures are taken, when appropriate. |
| **Innovation** | J | Participation in research, development, and innovation projects. | 29 | Number of research + development + innovation projects in which they have participated in the last 5 years |
| K | Incorporation of innovation in the processes. | 30 | The unit has incorporated some innovation in processes, facilitated by information and communication technologies, in the last 3 years |
| L | Incorporation of innovative technology. | 31 | Number of state-of-the-art equipment with respect to the total equipment of the unit |
| **Staff** | M | Adequacy (number and profile) of the professionals to the needs and activity. | 32 | Number of full-time ophthalmologists equivalent specialized in the retina in the unit / reference population of the hospital |
| 33 | Number of full-time optometrist equivalent specialized in the retina in the unit / reference population of the hospital |
| 34 | Number of professionals assigned to each action of IVI administration |
| N | Good trained staff and continuous formation programs. | 35 | Average number of hours of accredited continuing education of ophthalmologists |
| 36 | Average number of hours of accredited continuing education of the nursing professional |
| O | Level of satisfaction of the Staff. | 37 | There is a system / tool / procedure for evaluating the satisfaction of professionals in which they can also provide suggestions, complaints, or improvements. |
| **Resources** | P | Adequate facilities. | 38 | The availability of clean rooms or sterile arches is sufficient for the number of IVI |
| 39 | The distribution of spaces is appropriate for the activity (in relation to size, location, number of spaces allocated to each activity, spaces to perform OCT, etc.) |
| 40 | There is a waiting area with adequate space and comfort for patients |
| **Resources** | 41 | The operating room, clean room or sterile arch where the IIV are administered is close to the ophthalmology clinic |
| Q | Adequate equipment | 42 | Number of OCT equipment / hospital reference population |
| 43 | Number of OCT equipment <5 years / Total OCT |
| 50 | Periodic scheduled maintenance is carried out on the key equipment of the service, and in case of failure, technical assistance is received within a reasonable time (<72 hours) |
| R | Use and exploitation of the new information and communication technologies. | 44 | The unit has and conveniently uses an electronic medical record for its activity also containing image tests |
| 45 | The unit has a computerized system for the visualization of diagnostic tests |
| 46 | There is a computer system that allows data sharing and clinical administrative information among professionals of the unit, with primary and specialized |
| **Portfolio of Services** | S | Creation and definition of the portfolio. | 47 | The unit service portfolio is defined and disseminated correctly |
| 48 | The unit service portfolio is adapted to the type of hospital |
| 49 | The unit has established a referral flow with other correct and standardized hospitals |