

Community Eye Health

Volume 15 Issue No. 41
2002



AN INTERNATIONAL JOURNAL TO PROMOTE EYE HEALTH WORLDWIDE



SUPPORTING VISION 2020: THE RIGHT TO SIGHT

HOW CAN WE IMPROVE PATIENT CARE?

Gullapalli N Rao MD

*L V Prasad Eye Institute
Hyderabad – 500 034
India*

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. Greater awareness among the public, increasing demand for better care, keener competition, more health care regulation, the rise in medical malpractice litigation, and concern about poor outcomes are factors that contribute to this change.

The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient orientated'. Existing problems in health care relate to both medical and non-medical factors and a comprehensive system that improves both aspects must be implemented. Health care systems in developing countries face an even greater challenge since quality and cost recovery must be balanced with equal opportunities in patient care.

Non-medical Aspects

The fact that the patient is the most important person in a medical care system must be recognised by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. In developing countries financial constraints often lead to compromised quality of care. This can be corrected by the introduction of management systems that emphasise cost recovery. Our experience shows that a system should first be developed to attract patients who can afford to pay for high quality services and such a system should then be extended to non-paying patients. This system has the advantages of high quality care and good cost recovery. Some of the issues that need to be addressed to improve patient care are listed below.

1. **Access.** Accessibility and availability of



An Afghan mother and child wait for eye care in Kabul, Afghanistan

Photo: Murray McGavin

both the hospital and the physician should be assured to all those who require health care.

2. **Waiting.** Waiting times for all services should be minimised. In most developing countries, the high demand for services often makes this a huge problem. Nevertheless, it has to be addressed effectively through continual review of patient responses and other data and using this feedback to make the necessary changes in systems.
3. **Information.** Patient information and instruction about all procedures, both medical and administrative, should be made very clear. Well trained patient counsellors form an effective link between the patient and the hospital staff and make the patient's experience better and the physicians' task much easier.
4. **Administration.** Check-in and check-out procedures should be 'patient friendly'. For example, for in-patients, we have instituted a system of discharging patients in their rooms, eliminating the

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thalmologists in diagnostic techniques will help achieve better control of sight-threatening diseases.

3 **Equipment.** All the necessary equipment must be in place and properly maintained. This is vital to the performance of the medical system and contributes significantly to better results. Eye-care equipment of acceptable standards is now available at reasonable prices, and this must be accompanied by appropriate maintenance systems.

4. **Use of Proper Instruments.** Good quality instruments are now available at lower costs. With the development of proper inventory control systems for a given operation, the costs can be lowered.

5. **Use of Appropriate Medications.** Access to low cost medicines is an absolute necessity for appropriate care.

6. **Use of Newer Technologies.** It is important to continually employ newer technologies that improve the quality

of care. Of course, this must be done with reference to cost-efficiencies.

Improvement of patient care is a dynamic process and should be uppermost in the minds of medical care personnel. Development and sustenance of a patient-sensitive system is most critical to achieving this objective. It is important to pay attention to quality in every aspect of patient care, both medical and non-medical.

☆ ☆ ☆

Review Article

The Patients View: How Can We Improve Patient Care?

Ingrid Cox
RGN KRN COA ENB 176
CCBRT Disability Hospital
PO Box 23310
Dar es Salaam
Tanzania

Introduction

The number of blind people in the world has reached over 50 million. For Vision 2020: The Right to Sight to succeed, there must be a significant increase in those receiving health education and also patients coming for surgery.

In his booklet, 'Breaking Down Barriers', Gert Vaneeste¹ outlines the barriers that patients can face when required to go to hospital and also practical ideas on how to overcome these barriers.

- But how do the patient and the community perceive the care that is offered to them?
- Do they want to receive the care that we feel they should receive?
- Is the care itself a barrier?
- Should we accept that some patients just want to remain as they are without our help?



Pre-operative eye clinic in Sudan

Photo: Ingrid Cox

An Example: Joseph Mwangi

"My backache is getting worse, my eyesight is not good, I find it difficult to help with the digging in the family vegetable plot, I can just about get to the toilet and back with a bit of assistance from my grandchild.

However I am lucky, my family is looking after me; they give me somewhere to sleep, a hot meal every day and in exchange I try to look after their young children by telling them stories. I never went to school so reading is not an issue. I feel secure and safe with my family around me.

The village 'doctor' is also my friend. He comes and sees me from time to time with his lotions and potions but they do not do much for me now, although I still live in hope and believe what he says.

After all, at least I am better off than my other friend who was blind and went to the hospital and returned blind and is now in pain. Noone can help him. Even the 'doctor' cannot stop his pain.

I am getting old. We have always known that we are going to get old, weak and blind and now I just enjoy each day as it comes. My parents worked hard to look after me. I did the same for my children. Now I just want to be left in peace, be cared for and relax in this quiet time I now have left."

This is the view of many of our patients who may have low vision or are blind . . .

The Ophthalmic Field Worker

The enthusiastic ophthalmic field worker who wishes to make an impact on the community and reduce the amount of avoidable blindness, may see Joseph Mwangi as a



A person with unilateral cataract in Cambodia

Photo: Ingrid Cox

blind cataract patient, not as an individual with rights and opinions. She can help to improve the quality of his remaining life by offering to him a 'quick' 30 minute operation which will restore his sight. Or perhaps her contribution is improving the sanitation in his village and reducing the amount of trachoma; then taking a few patients with end stage glaucoma for a second opinion to the large hospital a day's journey away, even though she knows not much can be done about their condition.

Our field worker is a carer who has been trained and wants to show that skills and knowledge can improve the lives of those in the community. However, often as field /health workers we impose our values, training and knowledge on our patients and forget that there may be some very good reasons why they do not want to come to the hospital. We find this difficult to accept.

The Blind Patient and Hospital

It is forgotten that for a blind patient to come to hospital is very difficult. Travelling to an unknown city, perhaps never even visited when sighted, is a terrifying experience and more daunting now that he or she is blind. The fears of the city, where to stay, what is going to happen