

Experiences in quality assurance at Bawku Hospital Eye Department, Ghana

Bawku Hospital Eye Department is a 46-bed unit within a general hospital in the north east of Ghana. Following a workshop on quality assurance, run by the Upper East Region Health Administration, we decided to find out what patients think so that we could improve the quality of eye care offered in the Out-patients Department (OPD).

In 2002, we conducted a survey of patients as they were leaving the hospital. One hundred patients were interviewed with a questionnaire. To avoid interviewer bias, a member of the Civic Education Department administered the questionnaire rather than a member of the hospital staff. The 15 questions covered the following areas:

- Time taken to be seen, including patient's perceptions about unnecessary delay. (We scored 'time taken to be seen' as unacceptable if the wait was more than 2 hours)
- Communication by medical staff about the condition, instructions for care, and return visit
- Privacy
- Prescription of medicines and pharmacy instructions

- Attitude of staff
- Cleanliness of the clinic
- Promptness of emergency treatment
- Overall satisfaction.

The results showed patients to be very satisfied with the attitude of staff, the cleanliness of the clinic, the speed of treatment during an emergency and the overall satisfaction scores were over 90%.

We considered all scores below 90% needed improvement. These were:

- 70% of patients felt that there was no unnecessary delay
- 83% said they had been told the diagnosis
- 82% said they had been told about the illness
- 76% said they received an explanation about a return visit
- 60% were satisfied by the amount of privacy offered during consultations
- 89% said that they had received the drugs prescribed (some patients were obliged to buy drugs in private pharmacy shops because the hospital did not stock them)
- 87% said they had fully understood the pharmacy instructions.

Staff discussed how to improve on these scores and a number of measures were put in place. The most notable was a change in the layout and organisation of the OPD. To reduce delays, patient registration is now done by a non-medical member of staff; to

improve privacy, partitions were constructed; to improve access to prescribed eye medicines, we increased the stock to include all drugs we usually prescribe. Medical staff became more aware of patients rights and their responsibilities towards them, and undertook to provide clear explanations to patients about their illness, treatment and follow-up.

One year later, we repeated the survey, using a slightly modified questionnaire. The greatest improvement in patient satisfaction was in privacy. However, there had been a dramatic drop in satisfaction with the speed of receiving emergency treatment, which we attributed to a change in the remuneration policy for staff on-call instituted at the beginning of 2003. We continue to look for ways to improve this service within budget limitations.

Our staff have found this quality assurance exercise very helpful and stimulating. We plan to continue this as an annual activity, continually updating our questionnaire.

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Introducing Intraocular Lens Implantation at an eye centre in Yemen

In May 2000, Ibn Al-Haitham Eye Centre (affiliated to the University of Science and Technology) in Yemen, introduced intraocular lens implantation (IOL) as a routine surgical procedure for cataract patients. For those who cannot afford the increased price of the surgery, the IOL is donated by local people or non-governmental organisations.

We conducted a study to find out if there has been an associated change in cataract surgery numbers after the introduction of IOLs. Figures for the total number of cataract operations performed for each year from 1998 to 2002 were obtained from the records of the operating theatre. Cataract operations were divided into those with and without intraocular lens implantation. The numbers of other surgical procedures for the same period were also recorded.

The available data show that the number of total cataract operations increased steadily over the years after the introduction of IOL as a routine surgical procedure for cataract surgery. The number of

patients attending the Eye Centre, and patients admitted for other surgical procedures, also increased.

How can we explain this increase in numbers? Visual rehabilitation for those patients who have an IOL is much better than those who are given spectacles. Patients in Yemen depend on 'mouth-to-mouth' advertisement and they visit eye centres recommended by their neighbours, friends or family members. Patients who used to use thick spectacles and those who have bilateral cataract appreciated the difference when an IOL was implanted and encouraged others to have this new technology in the centres which provided it. It is possible that patient satisfaction following cataract treatment at Ibn Al-Haitham Eye Centre led to more patients attending the Centre, thereby increasing the number of all surgical procedures. However, these

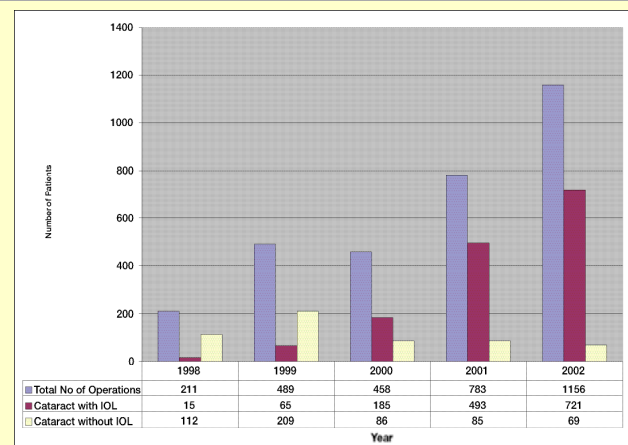


Figure 1: The increase in all surgery following the introduction of IOL surgery at Ibn Al-Haitham Eye Centre between 1998–2002

assumptions would need to be further investigated using social research methods.

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