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ANGLICAN  
EYE  
CLINIC,  
JACHIE.

## ANNUAL REPORT - 2014



Performance Review 2014 | Admin

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## **CHAPTER 1 : INTRODUCTION:**

### **BACKGROUND**

#### **DISTRICT**

Bosomtwe District is located at the central portion of the Ashanti Region. The District is bounded on the North by Atwima Nwabiagya and Kumasi Metropolis and on the East by Ejisu-Juaben Municipal. The Southern section is bounded by Amansie West and East Districts. Kuntanase is the District Capital.

According to the 2000 Population and Housing Census, the Bosomtwe District has a population of approximately 146,028 covering a land mass of 68,179km<sup>2</sup>. This forms 2.81% of the surface area of the Ashanti Region.

#### **ANGLICAN EYE CLINIC**

Anglican Eye Clinic is an unincorporated entity duly registered under the laws of the Republic of Ghana. The Clinic was established in 2002 as a non-profit faith-based organization to meet the growing need for an effective national eye-care programme aimed at preventing blindness. It was established in 2002 as a specialized primary eye care centre by Dr. R. Cowley, a retired consultant ophthalmologist, and managed by an Anglican Religious Sister, Rev Sr. Abba Otoo.

The facility is under the purview and control of the Anglican Health Ministry, Anglican Diocese of Kumasi. The Anglican Health Ministry is a member of the Christian Health Association of Ghana (CHAG) under the Ministry of Health in Ghana.

The clinic is a philanthropic faith-based organization whose main aim is the provision of quality eye care to the needy. Returns from the clinic are ploughed back into the organization

to expand its coverage. Part of the returns is also transferred to the Clinic's Educational Fund for clients who have permanently lost their sight.

## **WHO ARE WE**

Anglican eye clinic is one of the four eye care centres in the Bosomtwe District of the Ashanti region. The clinic which can pride itself as one of the leading provider of eye care services in the district has a reputation for providing the highest quality ophthalmic care for all and sundry.

Our 20 staff are committed to sustaining and building on our vision and ensuring that we remain at the cutting edge of development in the eye care delivery in the district.



**Figure 1** cross section of clients at the OPD

## **WHAT DO WE DO?**

### **Vision**

Our vision is to be an eye centre of choice providing first class treatment of eye conditions that meets the needs of all patients regardless of colour or creed and in fulfilment of the healing Ministry of Christ.

## **Mission**

1. To provide quality eye care that is accessible and affordable in a pleasant environment with the highest quality sterilization procedure in place.
2. To implement preventive eye care by embarking on outreach programmes in schools and communities
3. To provide opportunity for mission minded eye care professionals to volunteer their services within the ambit of the diocesan health ministry.

## **Values**

1. We strive to give people the best possible visual health so that they can live their lives to the fullest.
2. We put the patient at the centre of all we do by treating them with respect and compassion
3. We undertake to use our resources to effectively and efficiently provide high quality eye care.
4. We recognise the worth of our staff by providing rewarding career and supporting personal and professional development.
5. We aim to provide seamless care through professional, team working and strong innovative partnerships.
6. We are committed to acting responsibly and being held accountable for all we do.

## **Objectives**

1. Bridge gaps in access to eye health care
2. Improve and strengthen efficiency in eye health delivery
3. Intensify preventive and control of needless visual loss.

## WHERE WE WORK

We treat people at our main clinic located at Jachie in the same premises with the Jachie health centre. We also embark on outreaches every weekday. This enables us to provide eye care services to people closer to their homes, schools, workplaces and communities.

Our unique patient care – mix and the number of people we treat mean that our clinicians have expertise in ophthalmic specialities listed below:

<b>CLINICAL SERVICE</b>	<b>WHAT IT DOES</b>
Comprehensive eye care	Treatment for general eye problems including those that need referral to specialist ( ophthalmologist )
Refraction	Treatment of refractive errors using precise corrective lenses
Optical services	Glaze and fix all forms of lenses / spectacle requirement for clients
Glaucoma	Treatment of glaucoma clients by checking their IOP, VFT as well as optic disc shape and size making reference to the optic disc size
Low vision	Providing low vision aid to clients whose best vision with spectacles is below the requirement

## **MAIN PRIORITIES FOR 2014**

Our annual plan for 2014 continued to use the strategic and enabling theme of our vision as framework for the year's strategic position.

1. New Hospital Project : To initiate the construction of eye hospital at Asokore Mampong
2. Technology: To provide software and other logistics to ensure early submission of NHIS claims.
3. Transformation : To intensify the outreach programmes in schools, churches, workplaces and communities
4. Education: To sponsor staff for further training (at least one staff) and also organize in – service training programmes for staff.
5. Power : To purchase plant ( generator) to serve the clinic in times of power outages
6. Equipment: To purchase and install a VFT machine.
7. Quality: To maintain our commitment to improving our patient experience focussing on what they tell us.

## **CHALLENGES FOR 2014.**

The clinic experiences internal and external setbacks in its operations in the year under review.

1. Delay in mechanization of professional staff
2. Delay in payment of NHIS claims
3. Lateness of staff member to work
4. Limited space in the clinic causing overcrowding in some departments
5. Resignation of key personnel (accountant)
6. No canteen or eating place for staff

7. Drug shortage and procurement challenges
8. The use of IGF in paying personal emoluments
9. Power outages

## **ACHIEVEMENTS**

Despite the challenges that confronted the clinic in the year under review there were some remarkable achievements.

1. Success in the area of outreach.
2. Beneficiaries of the facility's social responsibilities continue to enjoy from the clinic
3. Acquisition / purchasing of a plant to provide electricity in times of power outages
4. Extension of the clinic to provide space for optical and dispensary
5. Acquisition / purchasing of a VFT machine.
6. Training of a staff to help at the dispensary
7. Employment of an administrator to manage the day to day activities in the clinic
8. New display units for spectacles at the VA department.



## CHAPTER 2: ADMINISTRATION AND SUPPORT SERVICES

### GOVERNANCE:

The Hospital is managed by a four member team known as Hospital Management Team supported by a number of Committees. These include the Unit Heads, Procurement Committee, Advisory Committee and Clinical Team.

### FINANCE

The clinic is run with internally generated fund, proceeds from the NHIS and donation from both foreign and local benefactors. It is however worth noting that most of these funds are from the NHIS and as a matter of fact delays in payment causes the clinic to delay lots of its planned activities. The accountant requested to be transferred from the facility.

### REVENUE MOBILIZATION

The clinic generated revenue for its operations as indicated from the table below

#### RECEIPTS

<b>INDICATORS</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Insured clients	189,938.57	236,008.67	231,519.59
Non – insured clients	43,760.00	78,063.00	107,607.00
Drugs	139,885.20	188,130.10	207,459.19
Non – drugs	93,813.37	125,941.57	131,667.40

#### EXPENDITUIRE

<b>INDICATORS</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Personal emoluments	138,661.53	149,703.79	152,552.36
Administrative expenses	54,005.51	56,046.17	78,790.01
Service expenses	5,913.65	15,331.01	22,026.13
Investment expenses	–	–	30264

## **HUMAN RESOURCE**

The clinic is currently has a staff strength of 20. This number has not witnessed any significant change during the last 3 years. The only inclusion for the year under review is an Administrator.

### **Staff strength**

<b>INDICATOR</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Principal Nursing Officer	1	1	1
Doctor of Optometrist	3	3	3
Staff Nurses	2	2	2
Optician		2	2
Administrator	-	-	1
Accountant/Finance Officer	2	3	3

Records Officer	2	2	2
Medicine Counting Assistant	-	-	1
Enrolled Nurse	1	1	1
Health Aids	3	2	2
NYEP	2	2	2
NSP	1	3	1
Driver		1	1

## TRANSPORT

The clinic currently has 2 vehicles for administrative and clinical work. The challenge confronting this unit has been the bad roads we use. This results in frequent car maintenance.

INDICATOR	2012	2013	2014
Number of road worthy vehicles	2	2	2

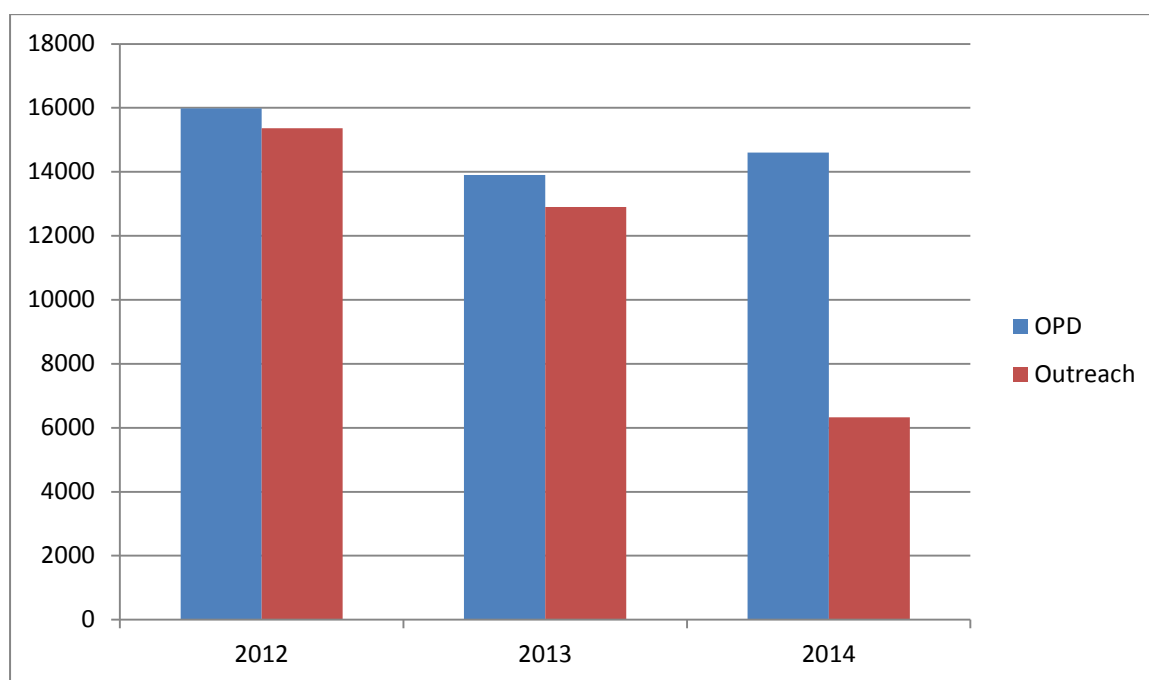
## CHAPTER 3: CLINICAL /INSTITUTIONAL CARE

The indicators that follow are what we shall use to account for our stewardship for services rendered for the period under review.

### OPD / OUTREACH

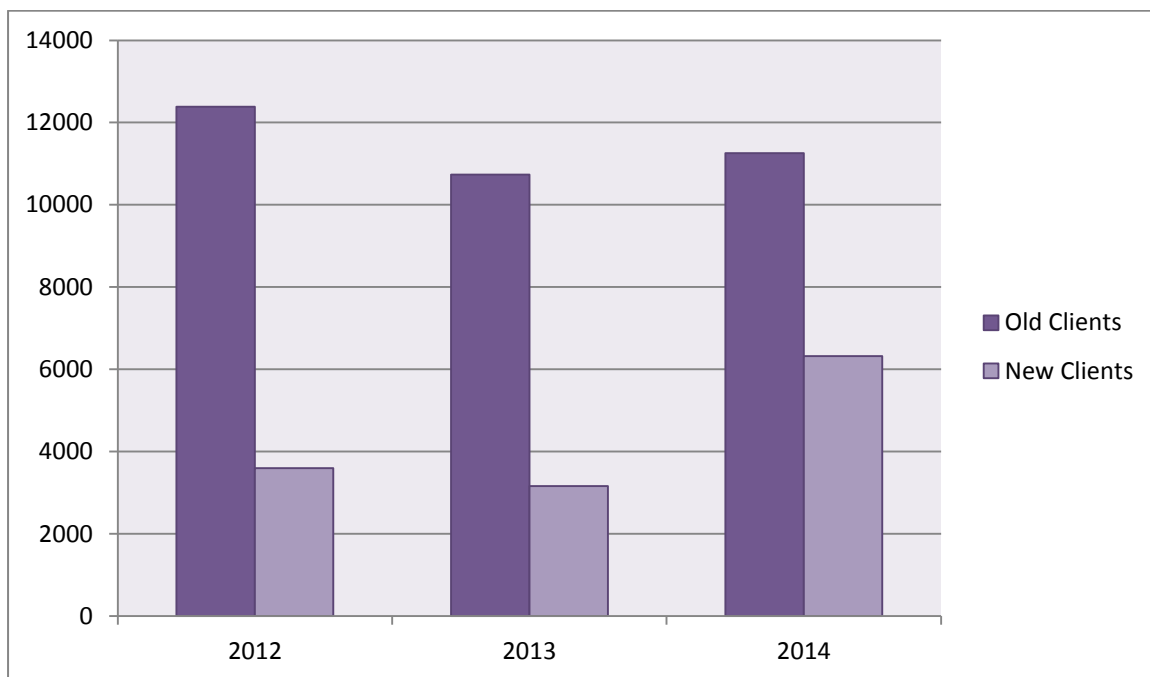
The year under review saw an increase in the number of attendants at the OPD but a significant decrease in outreach numbers.

INDICATOR	2012		2013		2014	
	OLD	NEW	OLD	NEW	OLD	NEW
OPD	12,385	3,597	10,735	3,165	11,245	3,352
Outreach	-	15,367	-	12,904	-	6,323
Total	12,385	18,964	10,735	16,069	11,245	9,675



There was a decline in total OPD attendance in the year 2013 by 2,082 from the 2012 figure of 15,982. This however increased slightly by 706 in 2014 to 14,606 in the year 2014.

Outreach activities also recorded a significant decline from 2012 to 2014.



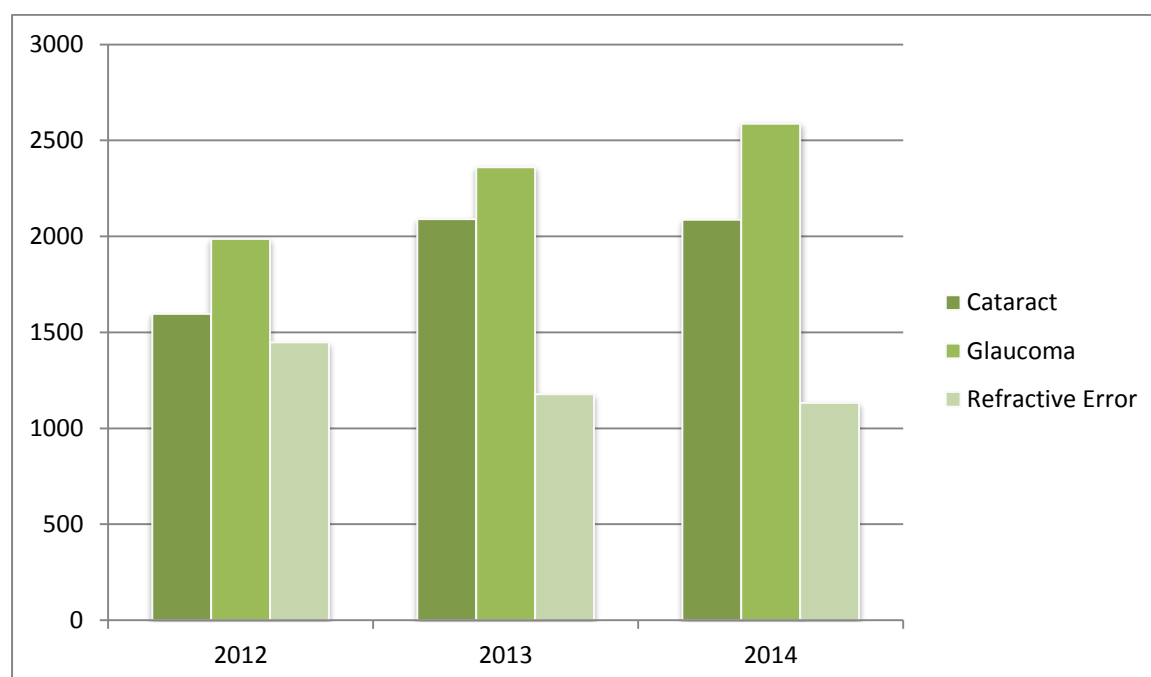
The number of new clients that attended the clinic on OPD basis was also directly related to the number of Old Clients and hence total OPD attendance over the course of the years being compared.

The reason for this declining trend in both OPD and outreach attendance can be attributed to challenges faced in receiving reimbursements from the NHIS with its attendant consequences. The clinic, in collaboration with relevant stakeholders is taking the necessary steps to remedy this and this includes education of clients, embarking on outreach to communities every working day and taking measures to further reduce the patient waiting time.

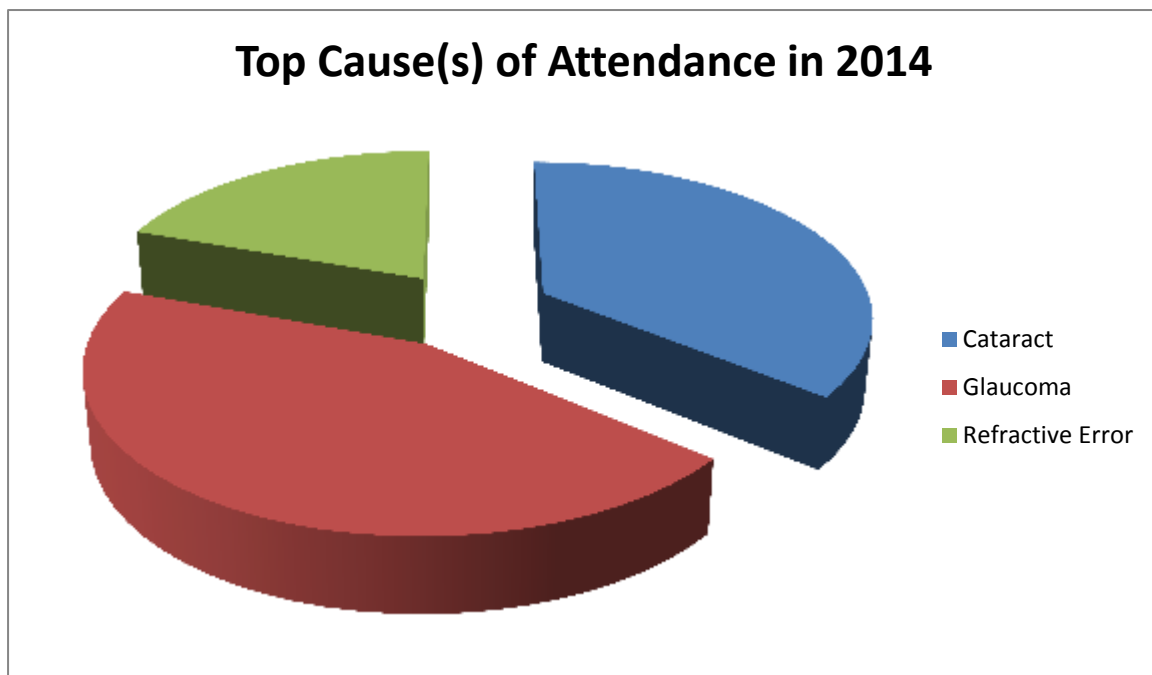
## DISEASES / DISORDERS (OPD)

The year under review saw cataract and glaucoma still leading the major ocular disorders.

INDICATOR	2012		2013		2014	
	OLD	NEW	OLD	NEW	OLD	NEW
Trachoma	0	0	0	0	0	0
Cataract	1,205	392	1,767	324	1,753	334
Glaucoma	1,659	328	2,154	207	2,330	258
Refractive error	705	743	585	593	536	597
Normal eyes	8	8	6	6	6	4
Others	14,806	3,387	20,195	3,347	22,679	3,726
total	18,383	4,858	24,707	4,477	27,304	4,919



Cases of Glaucoma and Cataract seen increased steadily from 2012 to 2014 however clients who reported with refractive error declined over the same period. Glaucoma (Primary Open Angle), the leading cause of OPD attendance recorded 2,588 in 2014 from 1,987 and 2,361 in 2012 and 2013 respectively. Types of Cataract cases seen at the clinic during the period under review included Nuclear, Posterior subcapsular and Cortical Cataract and this increased from 1,597 in 2012 to 2,091 in 2013. There was a slight decline in the number of reported cases of cataract at the clinic in 2014 by 4. Clients with Refractive Error declined steadily from 2012 to 2014.



## DISEASES / DISORDERS (OUTREACH)

INDICATOR	2012	2013	2014
Cataract	331	106	205
Glaucoma	1026	332	371
Refractive error	1402	578	384
Normal eyes	439	15	134
Others	2328	1114	1055
total	5526	2145	2149

Refractive Error and Glaucoma were the top cases seen on by the outreach teams.

## REFRACTION

The number of refractions done increased steadily. Presbyopia which is as a result of ageing accounted for the increase.

INDICATOR	2012	2013	2014
Refraction	560	667	693

## OPTICAL

The optical department glazed more lenses due to the increase in refraction. The challenge facing the optical department is that clients do not come for their fished jobs as expected.

INDICATOR	2012	2013	2014
Optical	560	667	693





Figure 2 Some equipment at optical lab

## HEALTH EDUCATION

Compliance, drug abuse, understanding of the health system and the rational use of medicines are among the major challenges facing the health sector and Anglican eye clinic has also had its fair share. The clinic in the year under review instituted a health education for all clients to address some of the challenges. Though no data has been taken yet to see the feedback the clinic hopes to develop measures to get feedback from the clients.

## **CHAPTER 4: SUMMARY AND CONCLUSION**

### **PRIORITIES FOR 2015**

1. Increase staff strength to meet the plans and needs of the clinic. The clinic hopes to have at least four staff nurses, 3 enrolled nurses and 1 community health nurse.
2. Education of staff to enhance their skills and also to help the clinic deliver quality health care. Training workshops and in service training for all staff in customer care, quality assurance and other emerging health issues.
3. Conduct staff and client satisfaction surveys
4. Improvement of pharmaceutical services according to the essential medicines list.
5. Improve outreach service and set up a surveillance system.
6. Research
7. Extension of records to accommodate more folders.
8. Extension of the clinic to provide an eating area and an account office.
9. Mechanization of professional staff.

### **WAY FORWARD**

To overcome the challenges faced in the year under review, the clinic was able to provide some solutions to curtail the internal setbacks to some degree however the external problems still pose a challenge.

1. The clinic has introduced a punitive measure to ensure that workers come to work on time.
2. General meeting with staff members were organized to address some of the staff challenges so as to improve on their attitude towards work
3. Management of the clinic engaged stakeholders both local and foreign to help address challenges such as limited space and power outages

4. Negotiate with Regional and District Health Directorates of the Ghana Health Service for skilled staff (Optometrists, nurses, & other professionals).
5. Intensify needed in-service training for staff.
6. Continue with good relationship with NHIA to ensure prompt payment and eliminate the rejection of submitted claims.
7. Encourage more health talk on our PA system.
8. Motivate staff within the hospital's means to entice them to stay and work.
9. To ensure discipline through the standards of the Christian Health Association of Ghana and the Anglican Health Ministry.
10. Seek support from stakeholders for provision of equipment, machinery, infrastructure and to procure some through IGF.