1/7/2016

ANGLICAN EYE CLINIC , JACHIE.

ANNUAL REPORT - 2015

Performance Review 2015 | Admin

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ABBREVIATIONS USED

CHAG	Christian Health Association of Ghana
NHIS	National Health Insurance Scheme
IGF	Internally Generated Funds
OPD	Out Patient Department
NHIA	National Health Insurance Authority
GoG	Government of Ghana

CHAPTER 1: INTRODUCTION:

1.1 Background

1.1.1 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^2. This forms 2.81% of the surface area of the Ashanti Region.

1.1.2 Anglican Eye Clinic

Established in 2002, the Anglican Eye Clinic is duly registered under the laws of the Republic of Ghana. It is a non-profit, faith-based organization set up to meet the need for an effective national eye-care programme aimed at preventing blindness.

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 invested back into the organization to expand its coverage. Part of the returns is used to cater for clients who have lost their eye sight.

1.1.3 Who Are We

The Bosomtwe District has a number of health facilities and the Anglican Eye Clinic is one of the four eye care centres in the District. 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 high quality ophthalmic care for all and sundry.

With a complimentary staff strength of 25, the Anglican Eye Clinic is committed to sustaining and building on its core vision and ensuring that it remains at the cutting edge of development in the eye care delivery in the district.

1.1.4 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 aim to provide seamless care through professional, team working and strong innovative partnerships.
5. 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 education on preventive eye care.

1.1.5 Where We Work

We treat people at our main clinic located at Jachie in the same premises as 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:

CLINICAL SERVICE	WHAT IT DOES
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 even with spectacles is far below normal
Visual Field Testing	To detect nerve damages in Glaucoma

1.2 Main Priorities For 2015

The annual plan for 2015 continued to use the strategic and enabling theme of our vision as framework for the year's strategic position.

1. Technology: To provide software and other logistics to ensure early submission of NHIS claims.
2. Transformation : To intensify the outreach programmes in schools, churches, workplaces and communities
3. Education: To sponsor staff for further training (at least one staff) and also organize in – service training programmes for staff.
4. Quality: To maintain our commitment to improving our patient experience focussing on what they tell us.
5. Conduct at least two client and staff satisfaction surveys.

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Challenges For 2015.

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. Limited space in the clinic causing overcrowding in some departments

4. No canteen or eating place for staff
5. Drug shortage and procurement challenges
6. The use of IGF in paying personal emoluments

Achievements

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

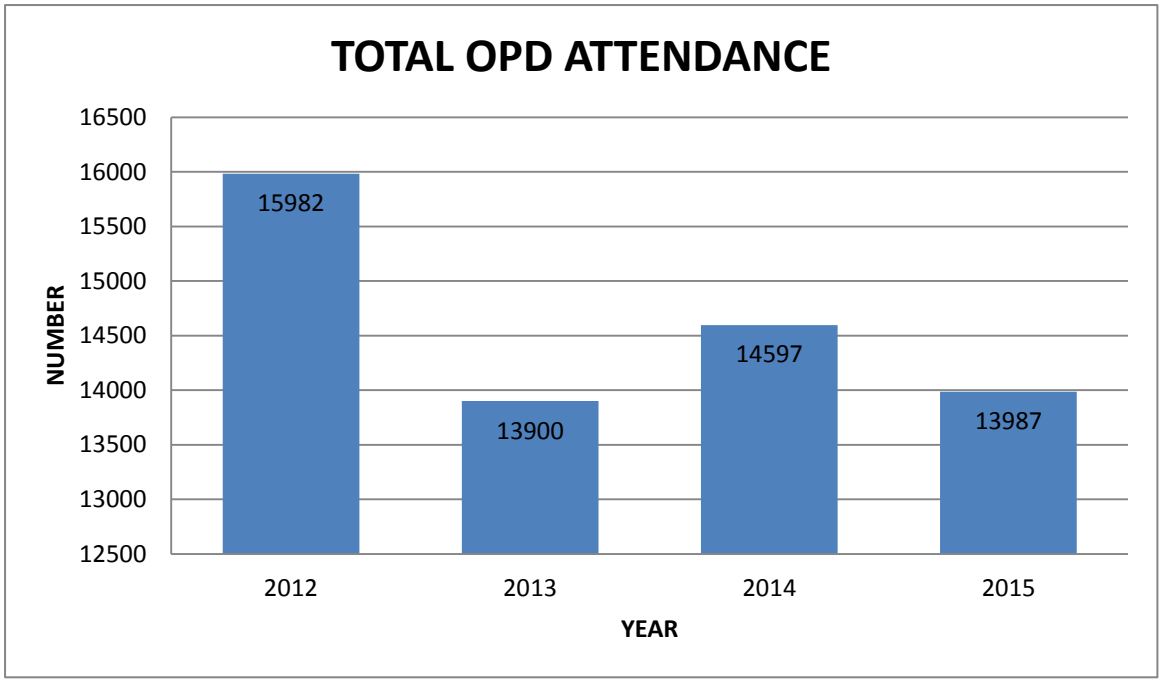
1. Success in the area of outreach.
2. Beneficiaries of the facility's social responsibilities continued to enjoy support from the clinic.
3. The clinic was able to sponsor two of its staff for further studies in Ophthalmic Nursing and Dispensing Optics.
4. Staff and Client Satisfaction Surveys were conducted during the year under review. Recommendations and findings are being implemented to improve the system.
5. The Visual Field Testing service is fully functional.

CHAPTER 2: INSTITUTIONAL CARE

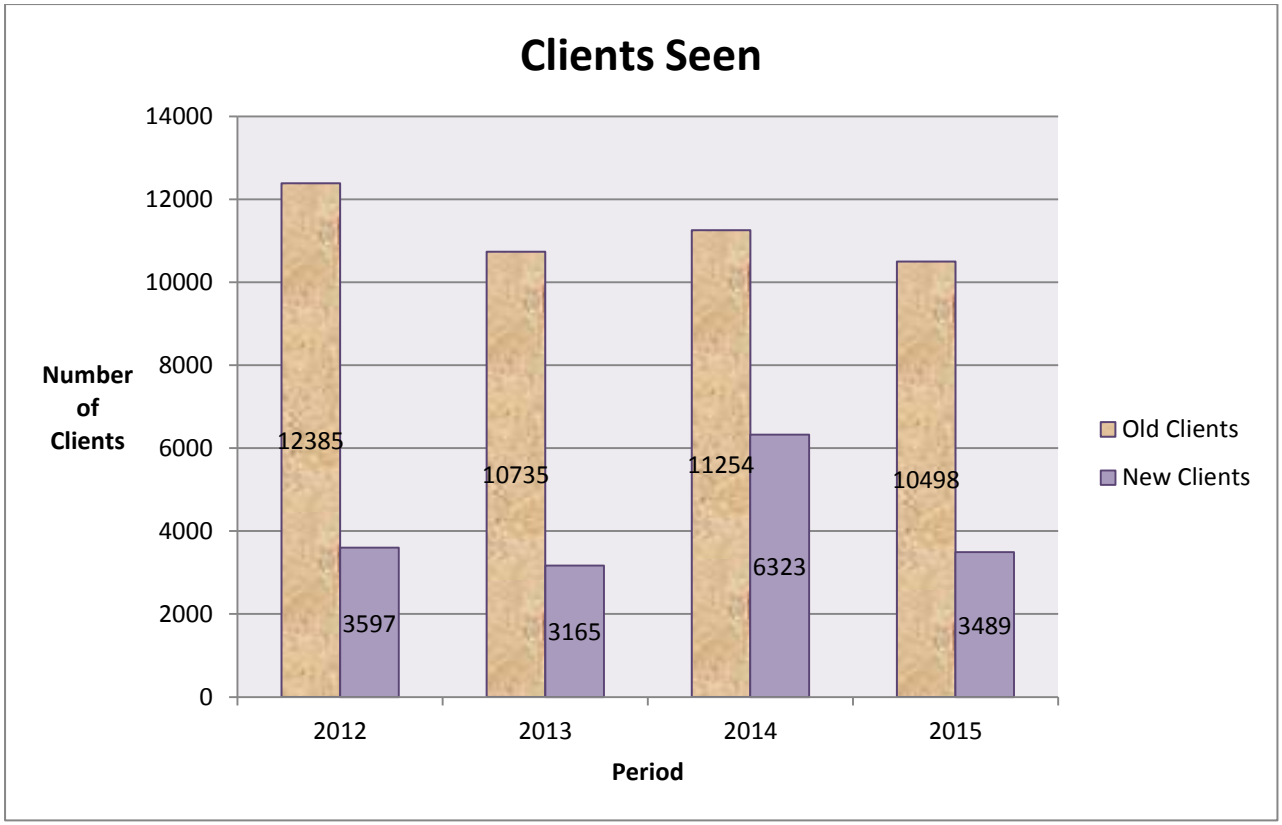
2.1 Utilization of OPD Services

Utilisation of health services is one of the measures of both geographical and financial access to these services. Over the past years, the utilization of OPD services has been decreasing steadily as shown by the total OPD attendance. Total OPD attendance fell from 14,597 in 2014 to 13,987 in 2015. This amounts to a 4.18% decrease over the 2014 performance.

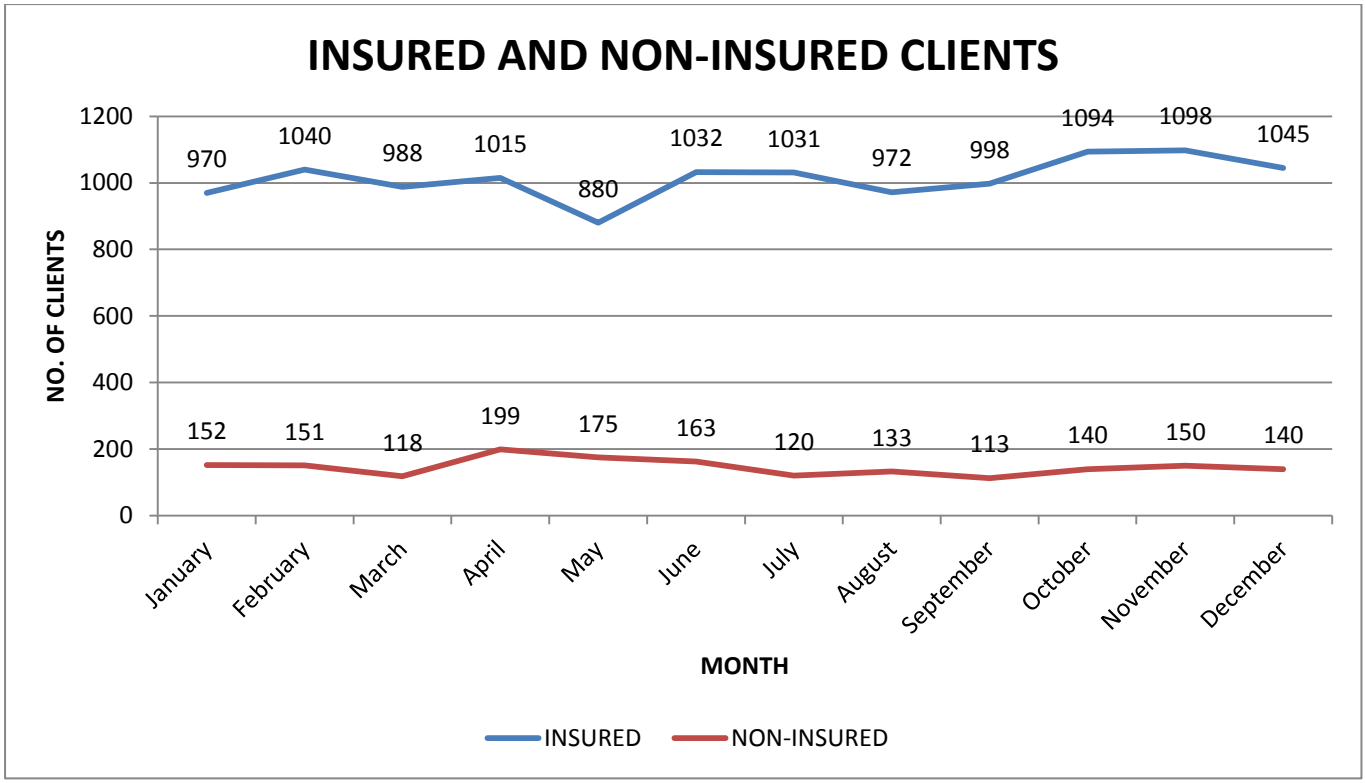
Much of this decline can be attributed to the National Health Insurance which has created significant funding gaps in healthcare delivery in the country.



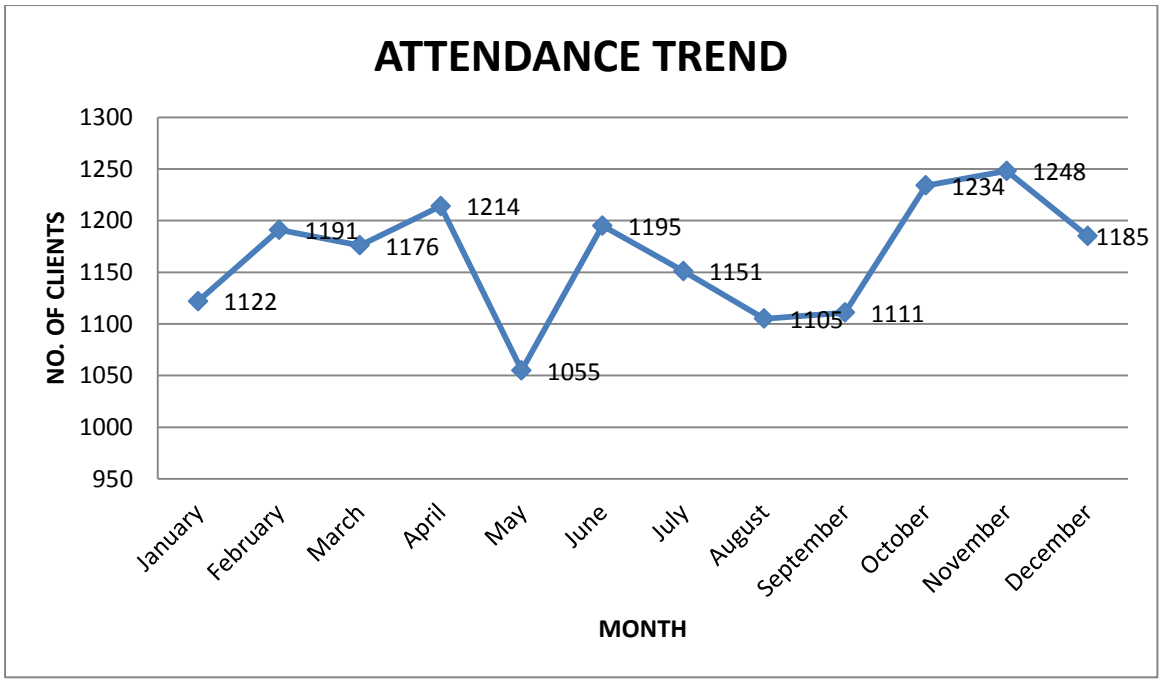
There was a decline in total OPD attendance in the year 2013 by 2,082 from the 2012 figure of 15,982. This however increased slightly by 697 to 14,597 in the year 2014. Again, OPD attendance decreased by 610 from the year 2014 to 13,987 in 2015.



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. As compared to the previous year, attendance for both new and old clients decreased for 2015 by 2,834 and 756 respectively.



From the chart above, the month of May recorded the lowest number of insured clients with November recording the highest. In the case of clients who are not registered with the NHIS, the month of September recorded the lowest whilst April recorded the highest.



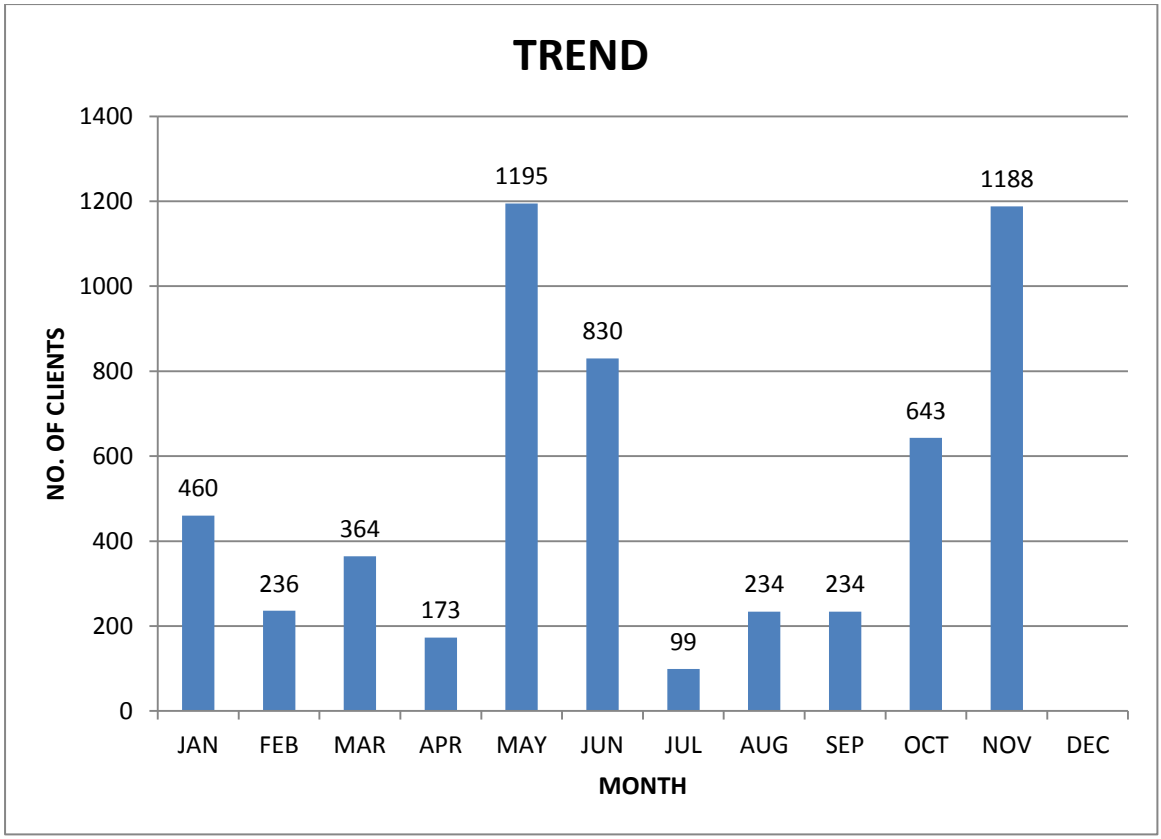
As aforementioned, the general decline in numbers for services can be attributed to the non-payment of claims by the NHIA and the general deteriorating economic conditions.

The clinic is therefore taking remedial action lessen the impact of challenges faced with re imbursement from the NHIS and this includes education of clients and strengthening quality assurance systems within the facility.

2.2 Outreach Services

The number of clients seen on outreach saw a decline from 15,367 in 2012 to 12,904 in 2013 and a further decline to 6,323 in 2014. The year under review saw a corresponding decrease in outreach numbers to 5,292. Of these, 3,773 were from 26 schools and 1,519 from 35 communities. Out of the total number of clients treated on the outreach programme, 898 were referred to the clinic for further diagnosis and treatment.

INDICATOR	**2012**		**2013**		**2014**		**2015**	
	OLD	**NEW**	**OLD**	**NEW**	**OLD**	**NEW**	**OLD**	**NEW**
OPD	12,385	3,597	10,735	3,165	11,245	3,352	10,498	3,489
Outreach	-	15,367	-	12,904	-	6,323		5,292
Total	12,385	18,964	10,735	16,069	11,245	9,675	10,498	8,781



The month of May recorded the highest number of clients seen on outreach. Compared to previous years, outreach numbers was generally low mostly due to the fact that on outreach, the clinic no longer treated clients on NHIS ticket.

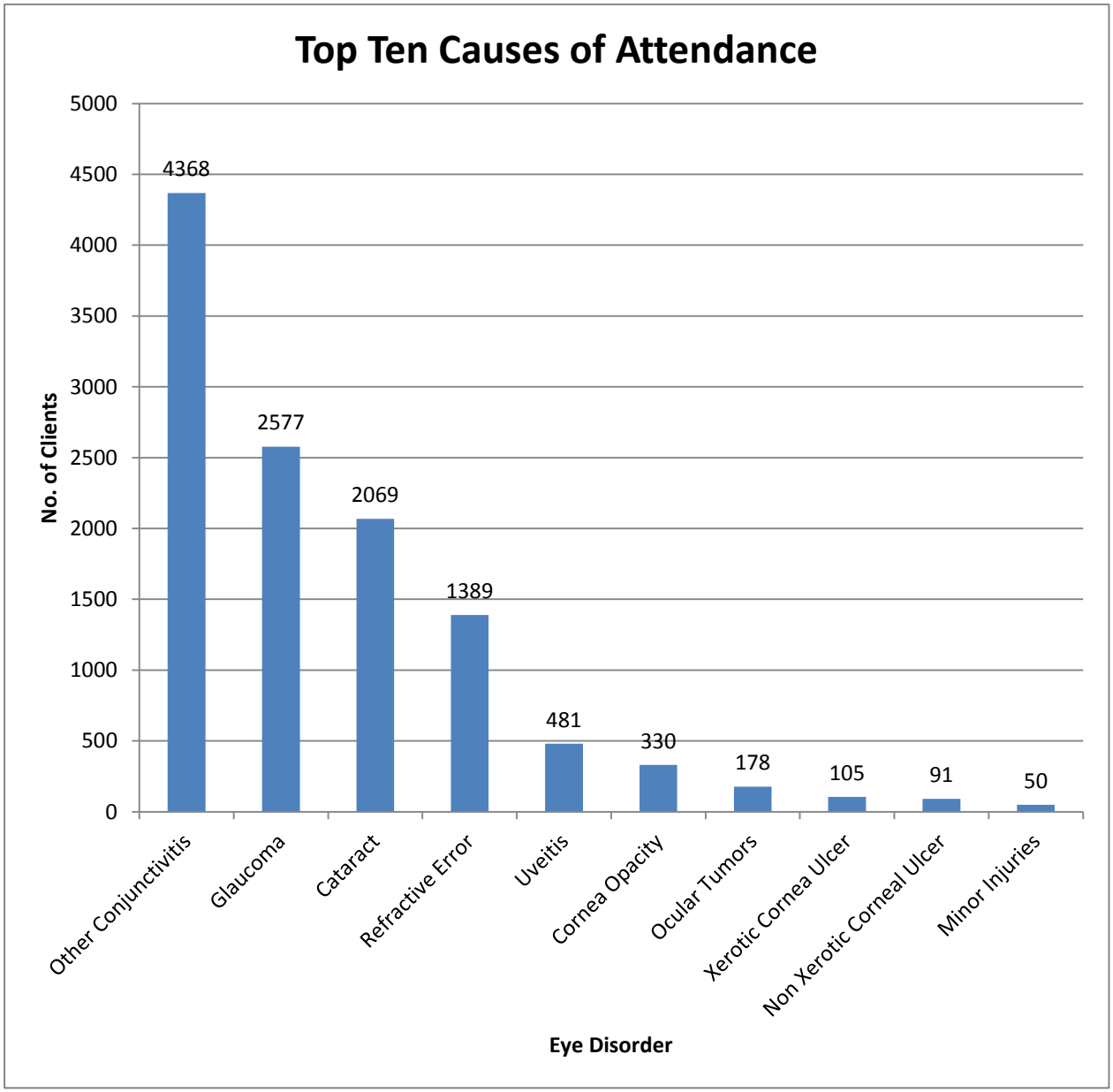
2.3 Outpatient Morbidity

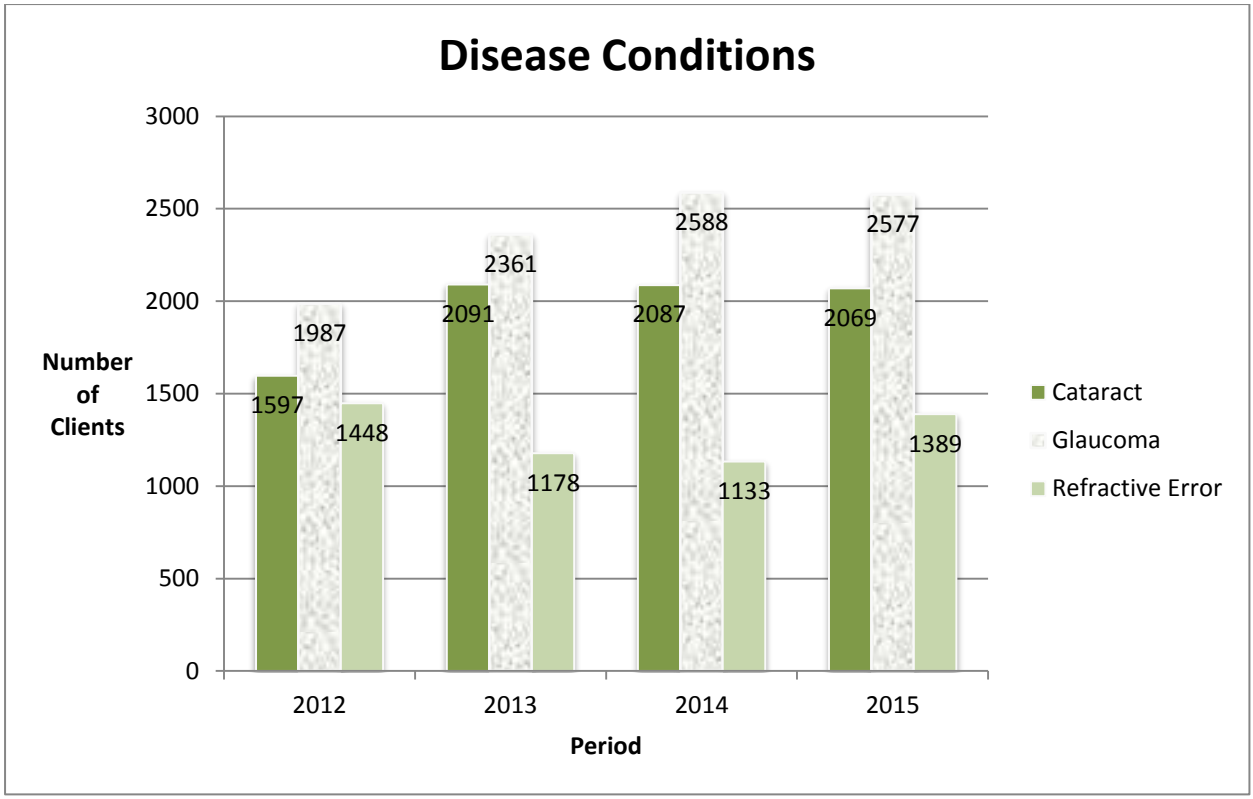
Cataract is a leading cause of avoidable blindness in Ghana and worldwide. Other causes of preventable blindness in Ghana include Trachoma and Onchocerciasis. It is estimated that in Ghana, Cataract is responsible for between 45-50% of blindness. The incidence of new cases of Cataract blindness is relatively unknown though the disease is associated with aging.

As with previous years, the year under review saw Cataract and Glaucoma still leading the major eye disorders though all other types of conjunctivitis collectively gave the highest prevalence.

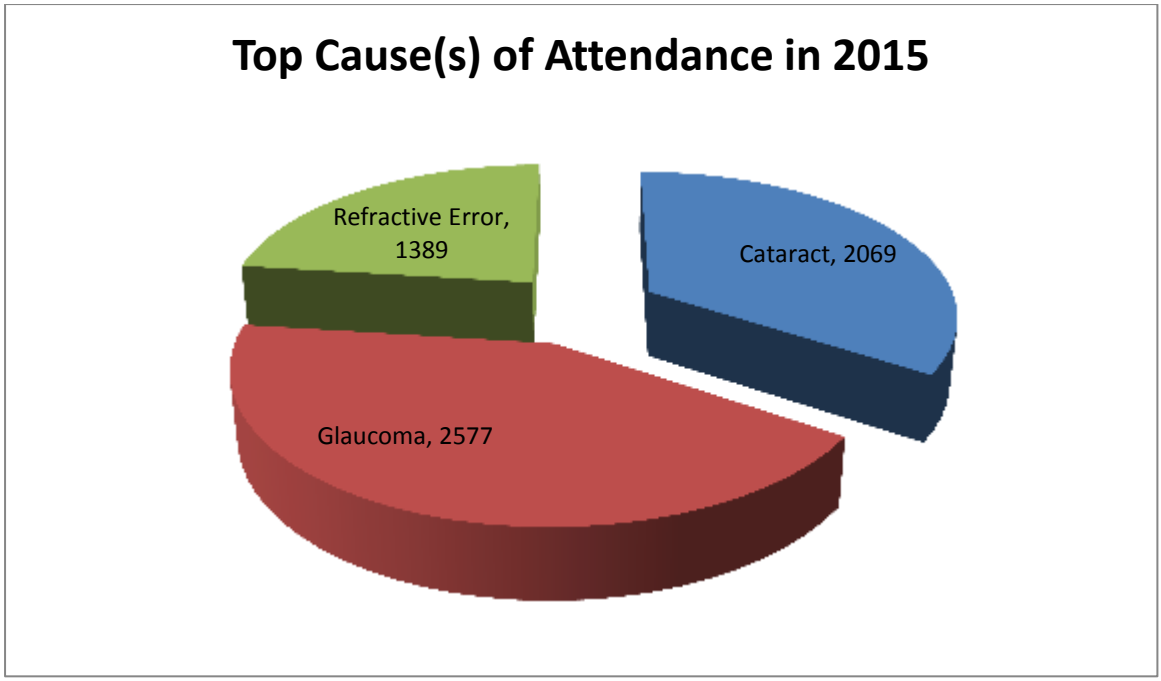
The top ten causes of OPD attendance in 2015 include Conjunctivitis, Glaucoma, Cataract, Refractive Error, Uveitis, Cornea Opacity, Ocular Tumour, Xerotic and Non-Xerotic Corneal

Ulcer and Minor Eye Injuries. This is virtually the same picture as in 2014.Other Conjunctivitis accounted for 11.91% of total cases at the OPD whilst Glaucoma, Cataract and Refractive Errors accounted for 7.026%, 5.642% and 3.787% respectively.





A case by case analysis of the major causes of blindness revealed that cases of Cataract reported at the clinic declined by 0.86% from 2014, Glaucoma also declined by 0.43% but clients who were diagnosed with Refractive Error increased by 22.59% from the 2014 figure. Cataract, as can be seen from above, increased steadily from 2012 to 2014 however clients who reported with refractive error declined over the same period and increased in 2015. Glaucoma (Primary Open Angle), one of the leading causes of OPD attendance was 2,577 as against the 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.



DISEASES / DISORDERS (OUTREACH)

INDICATOR	2012	2013	2014	2015
Cataract	331	106	205	171
Glaucoma	1026	332	371	310
Refractive error	1402	578	384	321
Normal eyes	439	15	134	112
Others	2328	1114	1055	883
Total	5526	2145	2149	1797

As with previous years, Refractive Error and Glaucoma were the top cases seen on by the outreach teams.

2.4 Refraction

As aforementioned, the number of clients with refractive errors increased as compared to the previous year. However the number of lenses glazed reduced by 56. This decline could be due to deteriorating economic conditions in the country. The optical department had a hard time convincing clients to come for their finished lenses. The Clinic is stepping up education in that direction to encourage clients to respond positively.

INDICATOR	2012	2013	2014	2015
Refraction	560	667	693	637

2.5 Rational Use of Medicine Indicators

SELECTED INDICATOR	2015
Average drugs/prescription	2
% of prescription with antibiotic written	42
% of prescription not available at the dispensary	1.13
% of Prescriptions fully served at the dispensary	98.87
% With Diagnosis	100
% of prescription with review date written	75.06
% Essential Medicines List	95
% Generic	78

2.6 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 3: ADMINISTRATION AND SUPPORT SERVICES

3.1 Governance:

The Anglican Eye Clinic has at its apex, the Board of Trustees which oversees the management of the Clinic at the Diocesan level. Internally, the Management Team is in charge of the daily running of the Clinic. They are supported by a number of Committees which include Unit Heads, Procurement Committee, Quality Assurance and Clinical Team.

3.2 Finance

The clinic is run with internally generated fund and proceeds from the NHIS. 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 Clinic also benefits from donations both in cash and in kind in the form of machinery from Benefactors from around the World.

3.2.1 Revenue Mobilization

The clinic generated revenue for its operations as indicated from the table below. These were from both Insured and Non-Insured Clients.

3.2.1.1 Receipts

INDICATORS	2013	2014	2015
Drugs	188,130.10	207,459.19	231,264.46
Non – drugs	125,941.57	131,667.40	139,678.41

3.2.1.2 Expenditure

Monies expended during the year under review are tabulate below:

INDICATORS	2013	2014	2015
Personal emoluments (GoG)	81,214.31	82,790.17	211,033.56
Personal emoluments (IGF)	68,489.48	69,762.19	177,806.47
General and Administrative expenses	71,377.18	100,816.14	106,080.39
Investment expenses	_	30,264	

Personal Emoluments paid consists of staff salaries paid by the Government of Ghana and Internally Generated Funds from the Clinic. General and Administrative expenses cover all supplies and service charges, whilst investment expenses has to go with capital costs related to infrastructure.

3.3 Human Resource

The situation of human resource for the Anglican Eye Clinic has continued to improve. However there are still major challenges to overcome in order in roll out all the available cost effective health interventions. Efforts to increase access to quality health services will continue to be constrained by the limited supply of adequately trained optometrists, ophthalmic nurses, staff nurses and other skilled health service providers.

The clinic currently has a staff strength of 25. This number has not witnessed any significant change during the last 3 years. One of the optometrists transferred out of the facility at the later part of the year under review.

Staff strength

INDICATOR	**2015**
Deputy Director of Nursing Services	1
Doctor of Optometry	3
Staff Nurses	3
Optician	2
Administrator	1
Accountant/Finance Officer	2
Supply Officer	1
Biostatician Assistant	1
Records Assistant	1
IT Technician/Executive Officer	1
Medicine Counter Assistant	2
Enrolled Nurse	2
Health Aids	2
NSP	1
Driver	1
Other	1
Total	25

3.4 Transport

There are millions of blind and disabled people across the globe who have no access to health screenings, sight evaluation, or blindness prevention and rehabilitation services. Services are being successfully provided only to a small fraction of those who need them. The Anglican Eye Clinic therefore sought to extend and improve upon its outreach services to be able to reach out and care for more substantial number of blind and disabled people.

A proposal was sent out and African Aid and St. Barnabas, UK responded positively to this need. They secured for the Anglican Eye Clinic one brand new Toyota Std. Van. The coming in of the van has greatly improved our access to communities, villages and schools.

Again with the van, the Outreach service has been transformed into a Mobile Eye Clinic. This has enabled our eye care professionals to help detect and treat eye disorders especially in areas with lack of access to basic eye care that are considered Hard-to-Reach areas.

INDICATOR	2013	2014	2015
Number of road worthy vehicles	1	1	2

3.5 Quality Assurance

- Patients Satisfaction Survey: In its quest to improve quality of care, the clinic conducted patients' satisfaction survey.
- Improving Provider-patient / family relationship
- Fastidious and religious administration of drugs.
- Claims management and clinical audits.

3.6 Philanthropic Activities

The vision of the Ghanaian Health Sector is to create wealth through health and to contribute to the national vision of attaining middle income status by 2015. Realising that sight is vital in wealth creation, the Anglican Eye Clinic has taken it upon itself to improve access to priority

eye care interventions and to manage prudently resources available for provision of eye care services.

There are millions of blind and disabled people in Ghana who are stigmatized and ostracized from their families and communities. With no access to education to build their capacities, these blind people sink lower into poverty which tend to have a boomerang effect on the community.

As part of its Social Responsibilities, the Anglican Eye Clinic currently caters for the educational needs of twenty-five blind people in different educational levels. Sponsorship comprises of the school fees, special materials needed such as a Braille Machine, books, personal clothing and effects, talking clocks, feeding, monthly stipend and any other item(s) required by the school.

Currently the clinic has 29 students on its sponsorship bill. The clinic sponsors people into the Akropong School for the Blind, Okuapeman Senior High School, University of Cape Coast, University of Ghana and a myriad of other schools all across the country.

Below is a breakdown of the various educational levels that the Anglican Eye Clinic sponsors people into:

#	Level of Education	Number of Students
1	University	3
2	Senior High	4
3	School for the Blind	18

Four(4) other children(Nobel Dwomoh, Priscilla Dwomoh, Richard and Clinton) are yet to be enrolled in school. The ages of the children ranges from Twenty-Five (25) to Three (3)

years with Nobel being the youngest. The Management of the Clinic is currently undertaking an assessment so that a lot more children can be enrolled on its sponsorship programme.

In furtherance of the Alma-Ata declaration in 1978, we aim to achieve the goal of Health For All by providing an equitable field where the poor and blind can compete fairly and contribute their quota to society.

We believe that everyone has the inherent ability to excel and that with a little support and training, the capacity of the unfortunate blind and poor can be enhanced to make our collective future brighter.

CHAPTER 4: SUMMARY AND CONCLUSION

PRIORITIES FOR 2016

1. Increase staff strength to meet the plans and needs of the clinic. The clinic hopes to have at least 4 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. Pharmacovigilance and adverse event monitoring.
6. Extension of the clinic to provide an eating area and an account office.
7. 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. Intensify needed in-service training for staff.
2. Continue the good relationship with NHIA to ensure prompt payment and eliminate the rejection of submitted claims.
3. Encourage more health talk on our Public Address system.
4. To ensure discipline through the standards and ethics of the Ministry of Health and the Christian Health Association of Ghana.
5. Seek support from stakeholders for provision of equipment, machinery, and infrastructure and to procure some through IGF.

ACKNOWLEDGEMENT

The Management of the Anglican Eye Clinic would like to express their deepest appreciation to all those who provided the possibility to complete this report. A special gratitude goes to all who made a direct input, whose contribution in stimulating suggestions and encouragement, helped to coordinate especially in writing this report.

Furthermore I would also like to acknowledge with much appreciation the crucial role of the staff of Anglican Eye Clinic, Jachie, who gave up their best during the year.

A special thanks goes to our Benefactors from Europe and the world over, Dr. Cowley, the entire congregation of St. Barnabas Church in the United Kingdom, Eye Aid for Africa, Dr. Tim Kenny, Prof. Shutte and the German Rotary Volunteer Doctors (GRVD), Sue Stevens, Gabby Ayittey, to mention but a few. We would forever be in your debt for the medications, equipment and support we have enjoyed from you over the years. It is our prayer that the good Lord grant you grace in all your endeavours.

Last but not least, many thanks go to the Chief Executive Officer of the facility, Rev. Sr. Aba-OHP who has invested her full effort in guiding the entire team in achieving the goal for the year 2015. We have to appreciate the guidance given by other facilitators as well as supervisors especially the District Directorate of Health Services in Bosomtwe District that has improved our outlook for 2015 thanks to their comment and advices.