Counseling Department

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Importance of counseling

- Paramount importance in ophthalmic healthcare setting
- Confidence building in patients and wise decision making
- Major revenue generating department

Counseling Department

INCREASING CONVERSION RATES FOR SURGERY THROUGH INTERVENTIONS IN THE COUNSELING DEPARTMENT

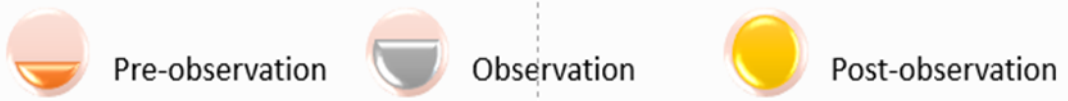
Objectives

- To analyze the performance of the counselors viz-a-viz current SOPs of the department.
- To analyze reasons given by the patients to accept any advised treatment/surgery.
- To suggest and implement recommendations to increase patient conversion rates for the surgery.

Methodology

Study design: Retrospective and observational study design

Research design: Experimental



Target population:

- **Inclusion criteria**:
  - Staff of the counseling department.
  - Patients who visited counselling department from January 2018-March 2019.
- **Exclusion criteria**:
  - Patients who were not referred to counseling department and who showed unwillingness to participate in the study.

Duration of study: February 2019 – April 2019

Sampling technique: Purposive sampling

Sample size: 3 counselors, 127 non-converted patients

Data collection procedure: Observational, face to face informal discussions with the counselors, telephonic interviews with patients using unstructured questionnaire.

Objective 1: To analyze the performance of the counselors viz-a-viz current SOPs of the department.

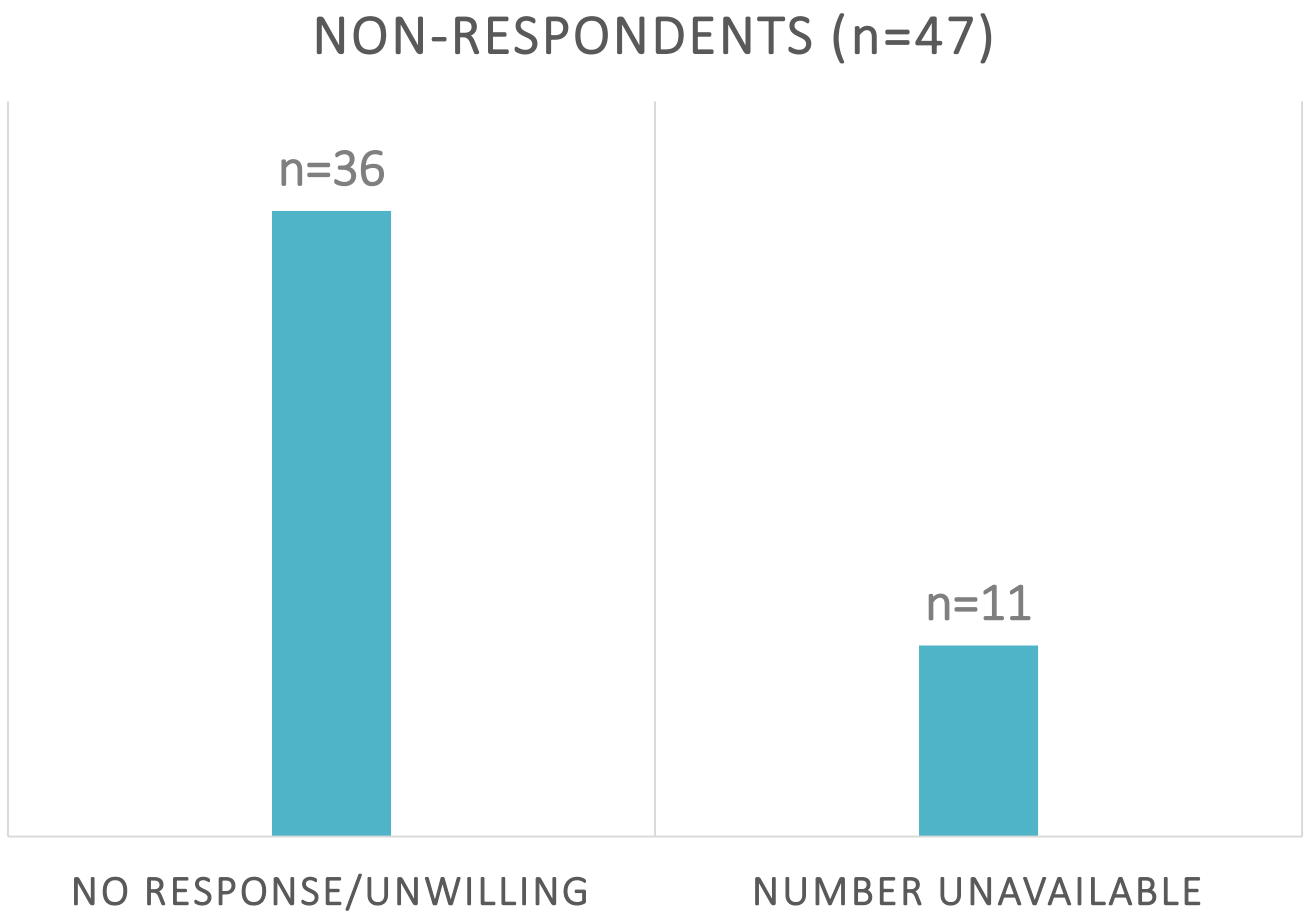
Observations:

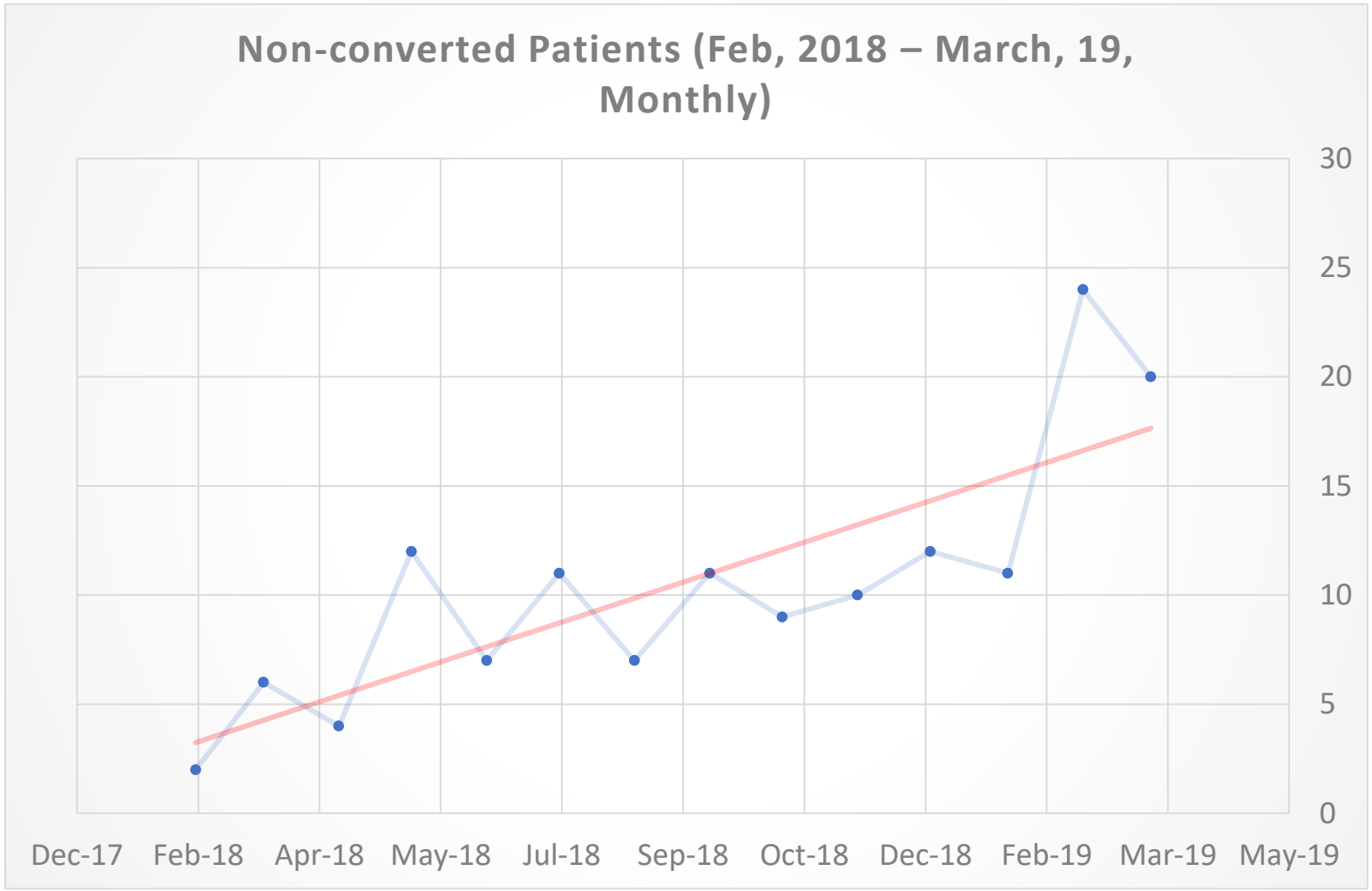
The following gaps were identified:

- Improper record keeping of the patients (missing phone numbers etc.) by the counselor
- No use of modeling aids (such as eye models, different lenses etc.)
- No brochures and pamphlets given to the patients for eye care education
- No pre-surgery requirements instruction sheet
- No list of FAQs and their answers in written
- No display of informational boards, especially in the local language
- No reading material (eye care related) in the waiting area
- Insufficient (less than 3) follow-ups
- Open and non-peaceful counseling area

Objective 2: To analyze reasons given by the patients to accept any advised treatment/surgery.

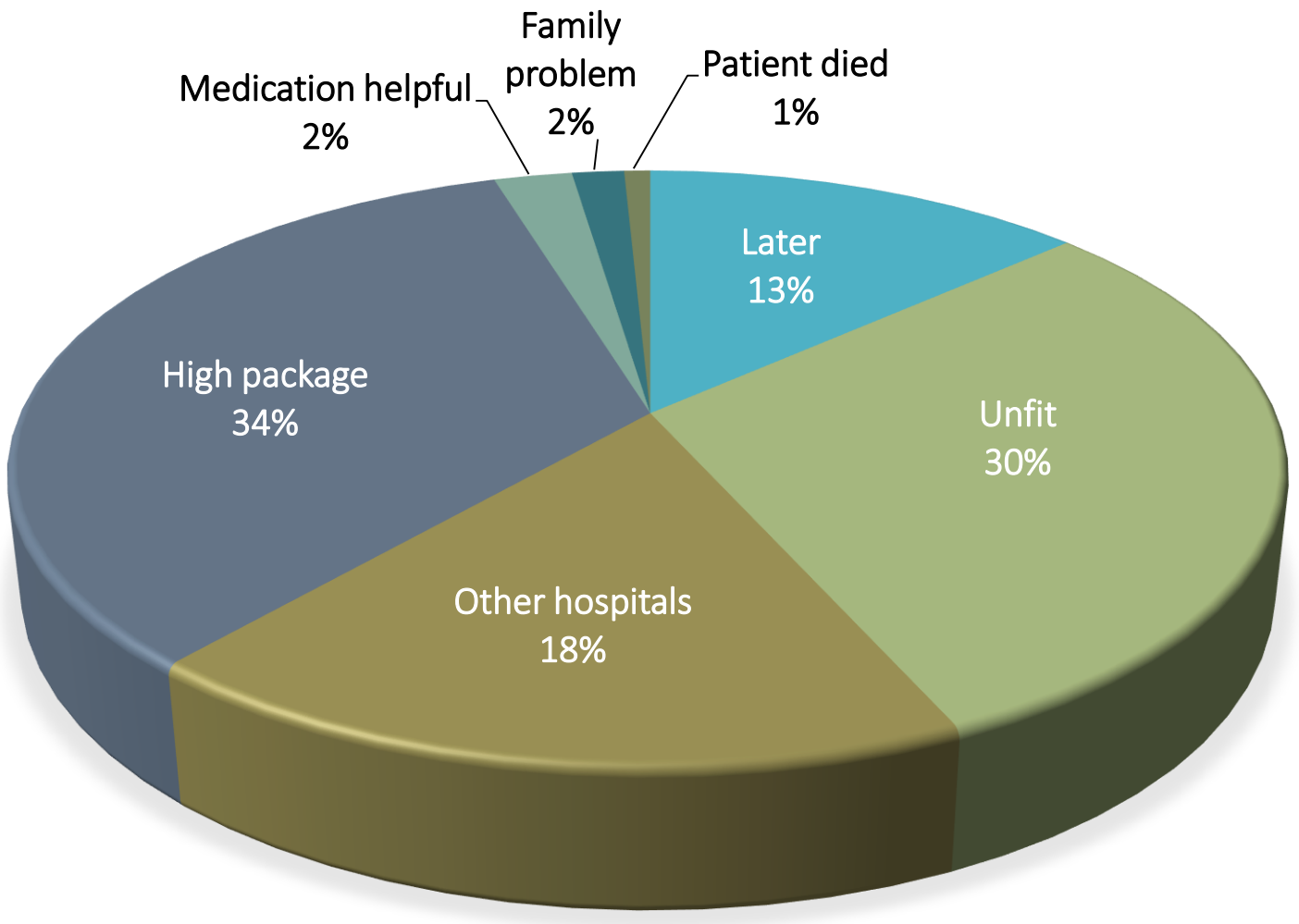
- The data of five quarters (January 2018 – March 2019) was collected for the non-converted surgery patients.
- Out of the total non-converted patients of 174, only 127 people responded. Remaining non-respondents were because of the following reasons:





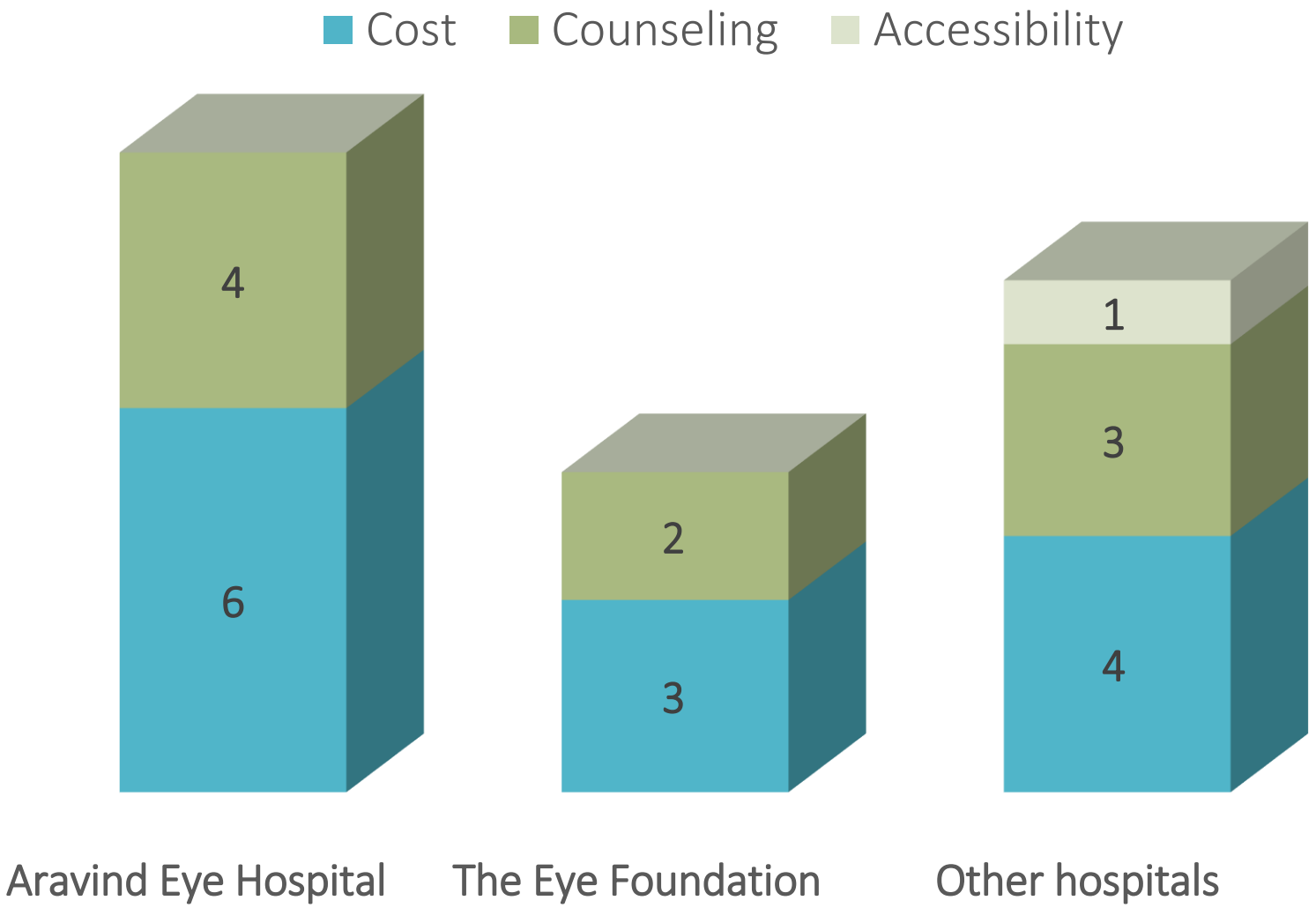
- Considering the lowest package of cataract, i.e., Rs.6200, it is estimated that the approximate revenue loss = Rs.10,54,000 (174 patients).
- Also, the trend line shows that, the no. of not converted patients was increasing gradually. In one year it has almost increased by 13%.

The respondents' (n=127) responses were as follows:

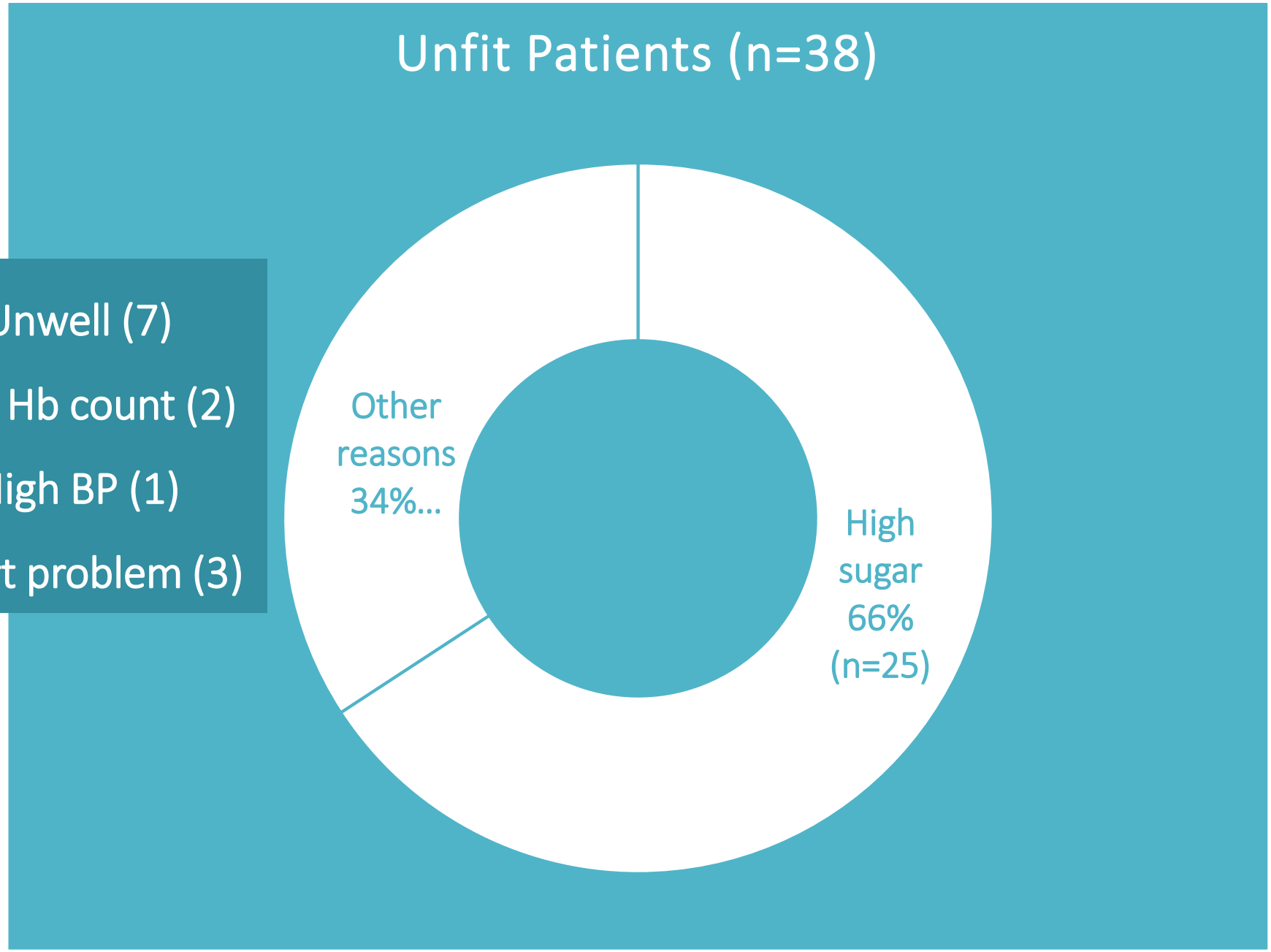


The people (n=23) who chose other hospitals, reasons and hospitals were as follows:

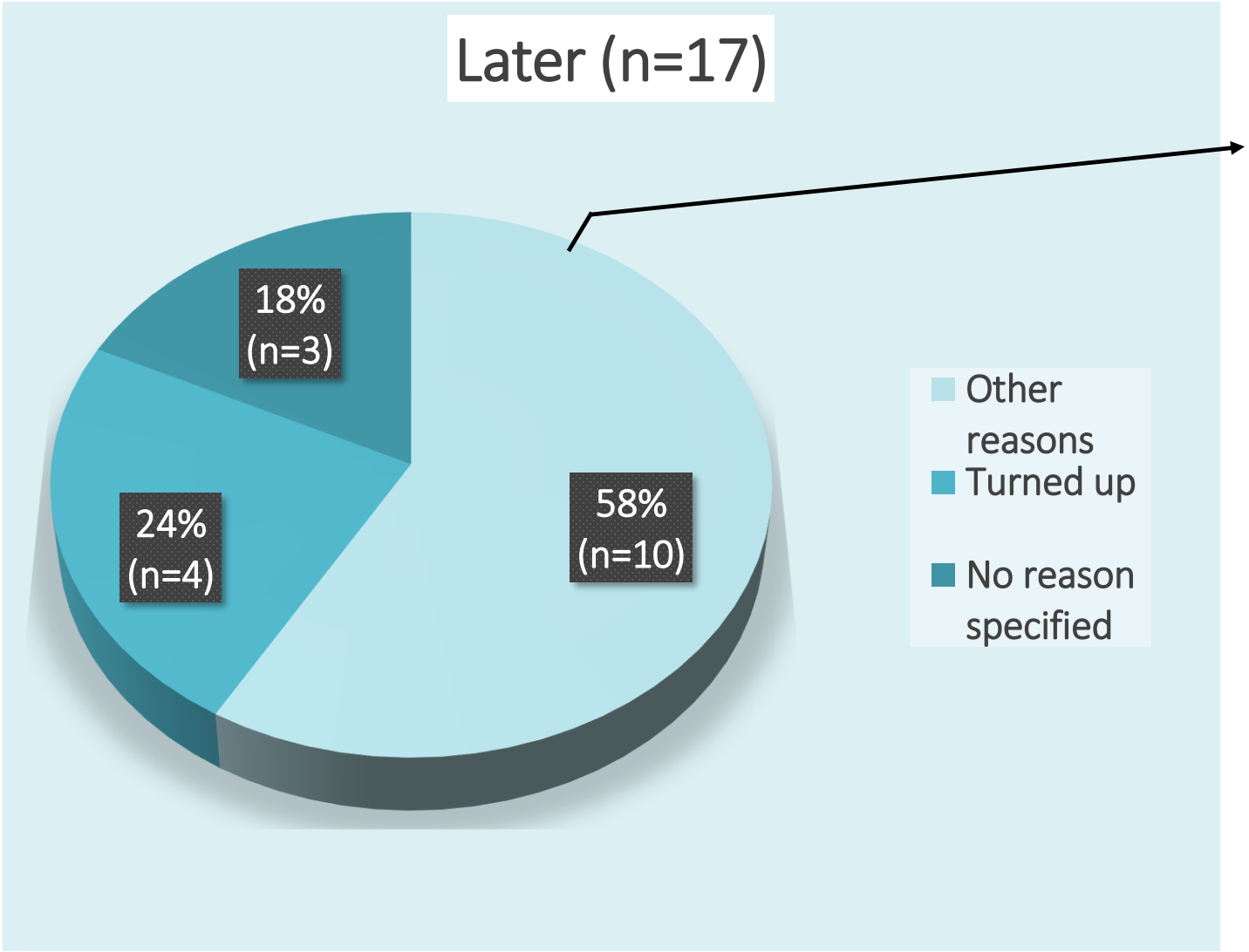
Reasons for Choosing Other Hospitals



The reasons given by the patients (30%) for being unfit were as follows:



The reasons given by the patients (n=17) for coming later



- Other eye later (n=5)
- Infection in one treated eye (n=2)
- Lenses unavailable (n=2)
- Leave problem (n=1)

Interventions recommended:

- ❑ Proper record keeping and extensive follow-ups should be maintained by the counselor for the surgery advised patients.
- ❑ Referrals of diabetic, hypertensive patients to the respective specialized doctors.
- ❑ Use of visual counseling aids such as:
  - Model of a human eye
  - Models or photographs showing the nature and various stages of eye diseases like cataract, corneal ulcers, glaucoma etc.
  - Different types of intraocular lenses (IOLs)
  - Posters on various eye diseases
  - Videos on common eye disease
- ❑ An updated manual consisting of all SOPs should be strictly brought into practice by the counselors on the daily basis.
- ❑ Brochures and pamphlets availability for the patients' education.
- ❑ Mandatory infrastructural changes in terms of layout should be made as soon as possible.
- ❑ Display of informational boards, especially in the local language.

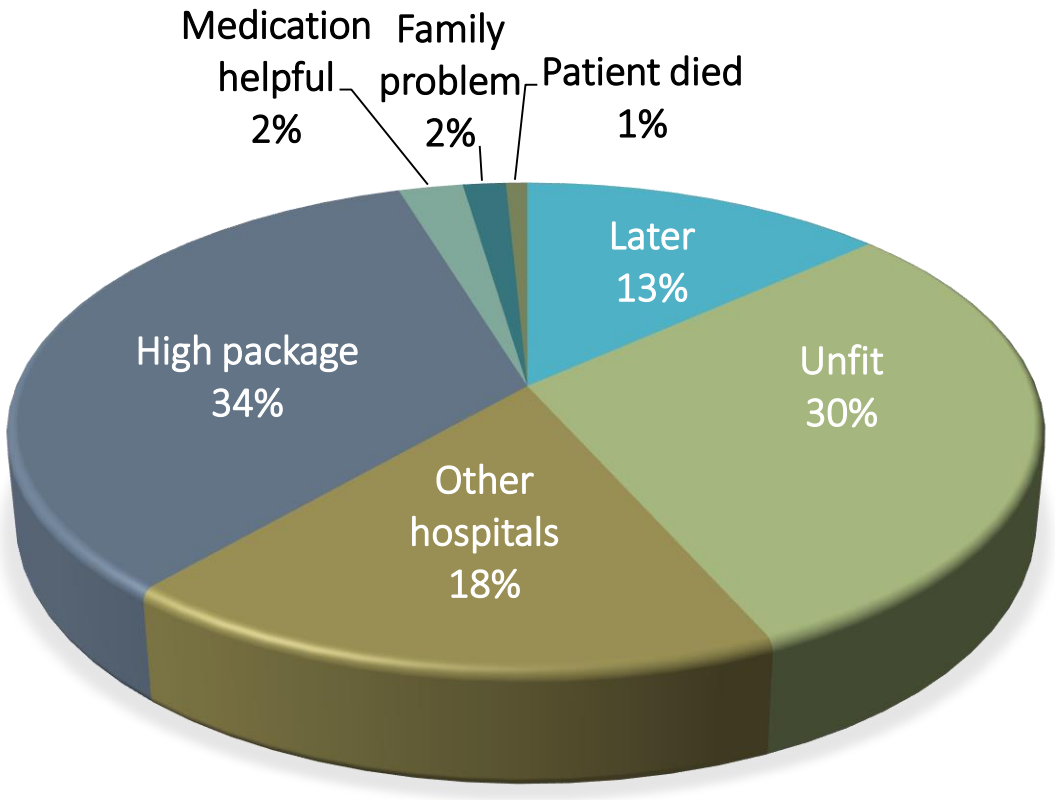
Key for recommendations:

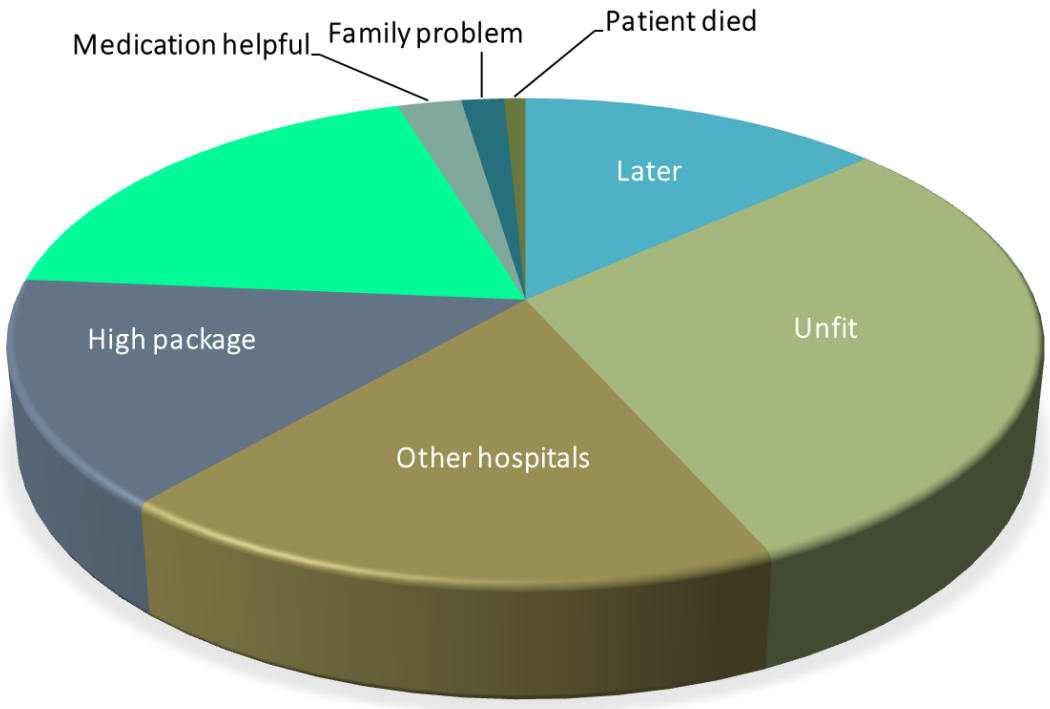
Green: Implemented

Blue: In progress

Red: Yet to be implemented

The respondents' (n=127) responses were as follows:

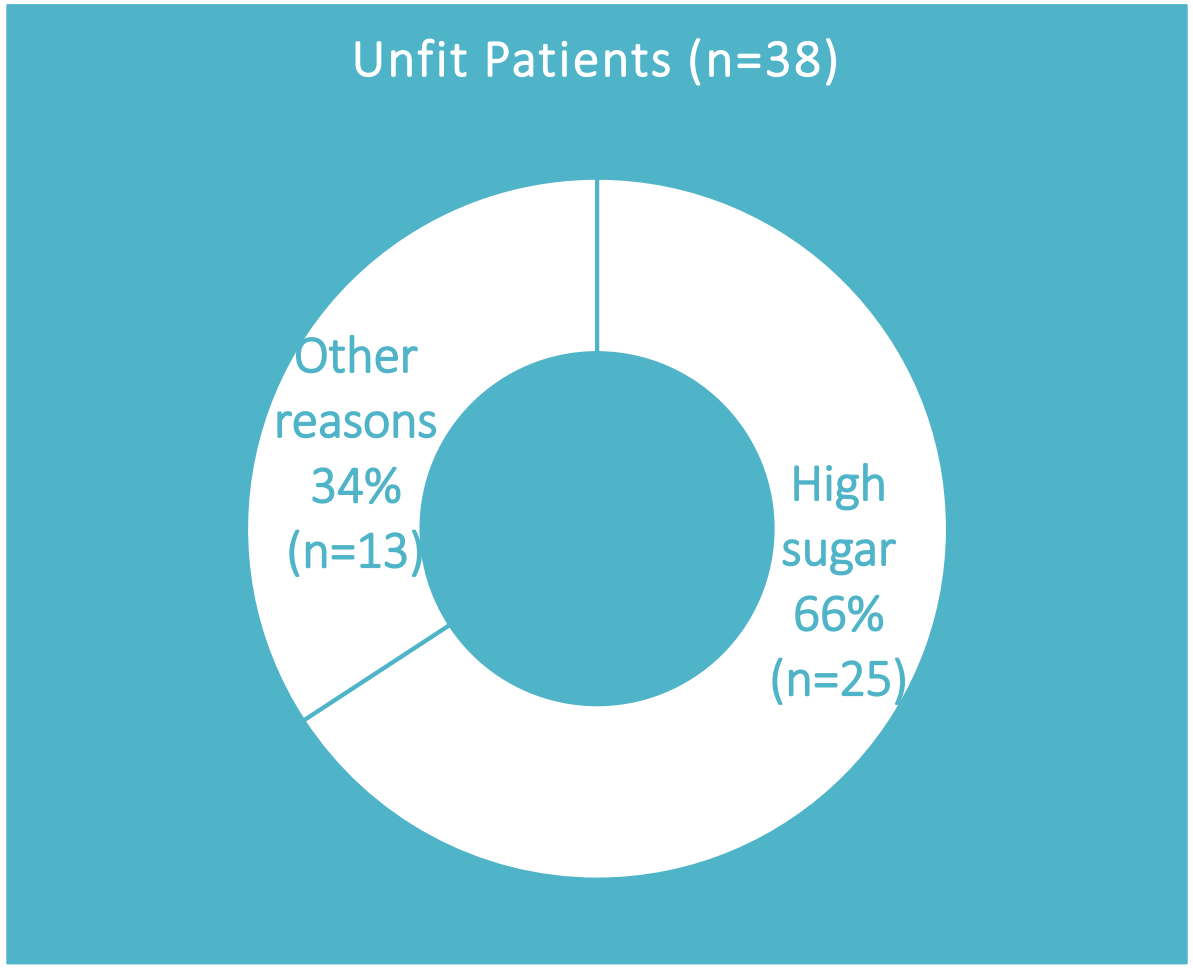


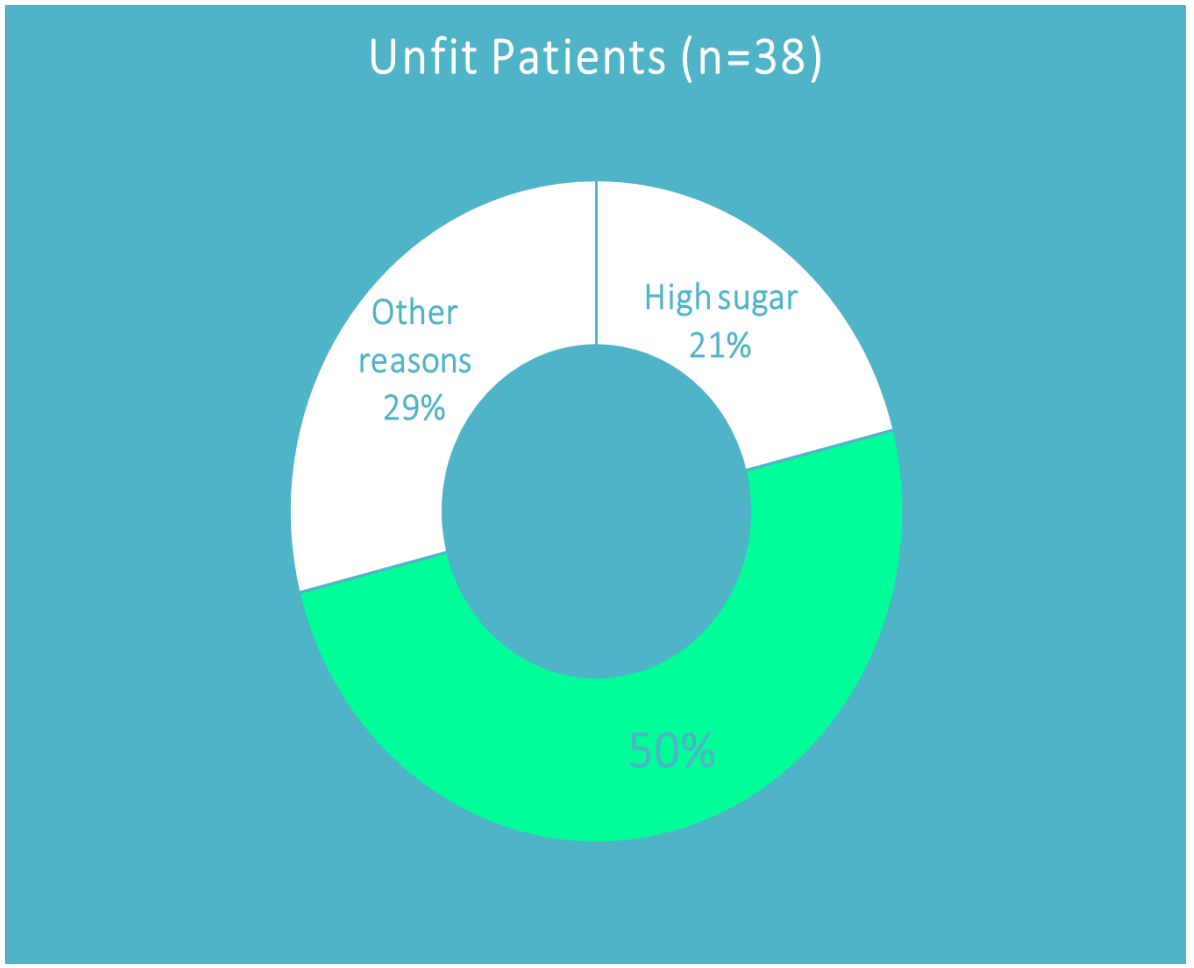


The patients (43) who were not converted due to high packages, were immediately counseled for the lower packages (15) and some were directed to non-paying (9) section.

This decreased the revenue loss by approx. 9% (Rs. 93,000) and through non-paying section, gave the gift of vision to almost 5% patients of the total non-converted people.

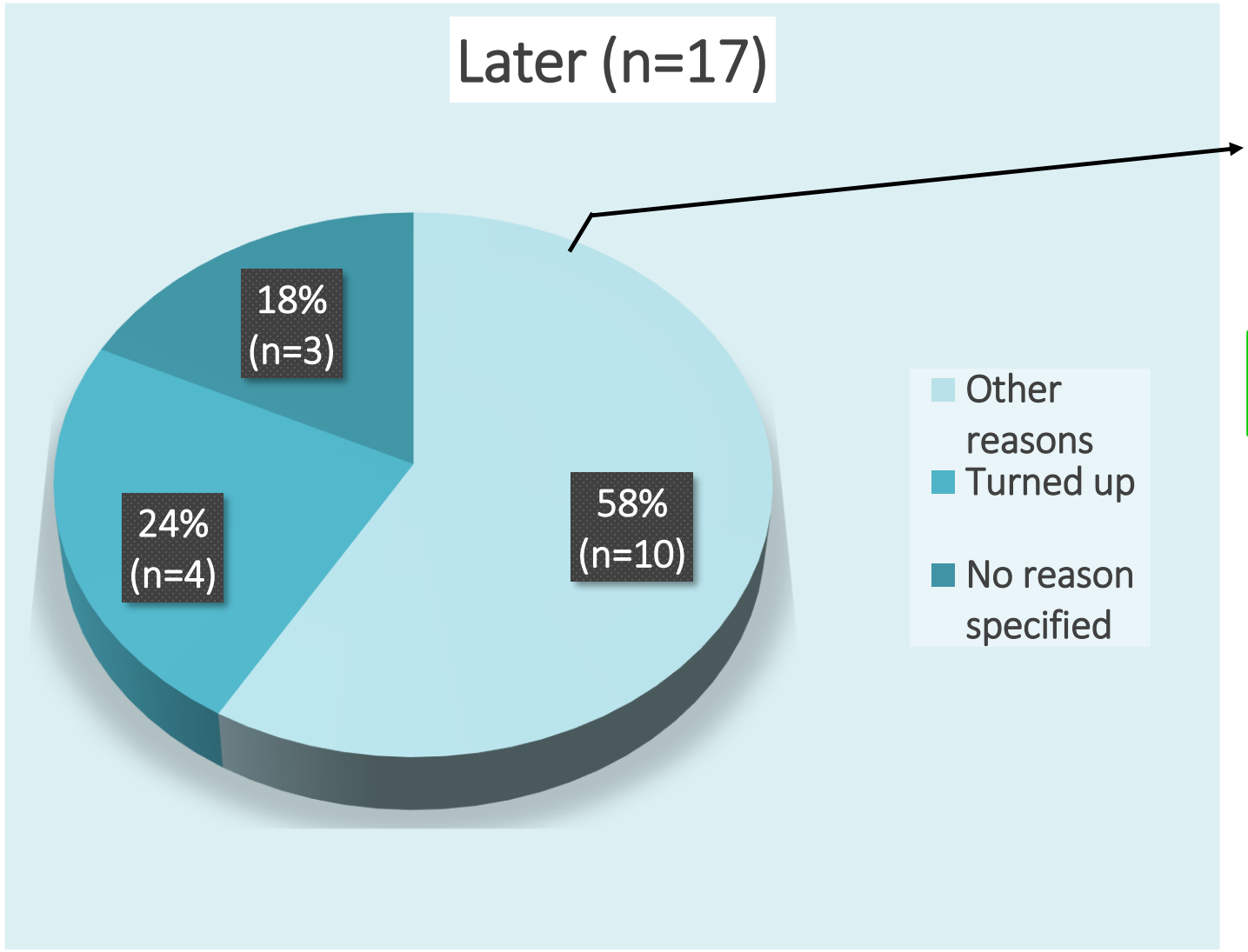
The reasons given by the patients (30%) for being unfit were as follows:





Out of 38 patients, 19 patients (17 – high sugar, 2 – less Hb count) were successfully converted for the advised surgery through extensive follow-up.

This led to decrease in the revenue loss by approximately 11% (Rs. 1,17,800).



- Other eye later (n=5)
- Infection in one treated eye (n=2)
- Lenses unavailable (n=2)
- Leave problem (n=1)

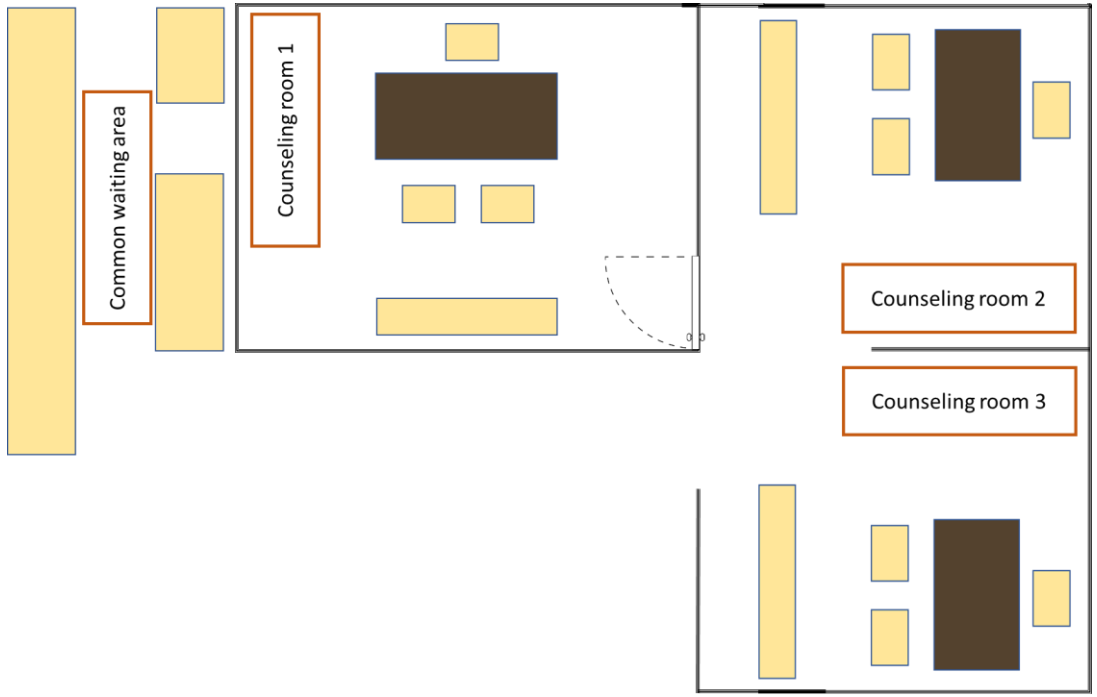
The reasons given by the patients (n=17) for coming later

- The patients (5) who mentioned that they are asked for the second eye later by the doctor himself, are on continuous follow-up by the counselors.
- For those patients (2) for whom required lenses were not available, immediate action was taken and lenses were made available without any further delay in their surgery. This led to decrease in the revenue loss by approx. 1.15% (Rs. 12,400).

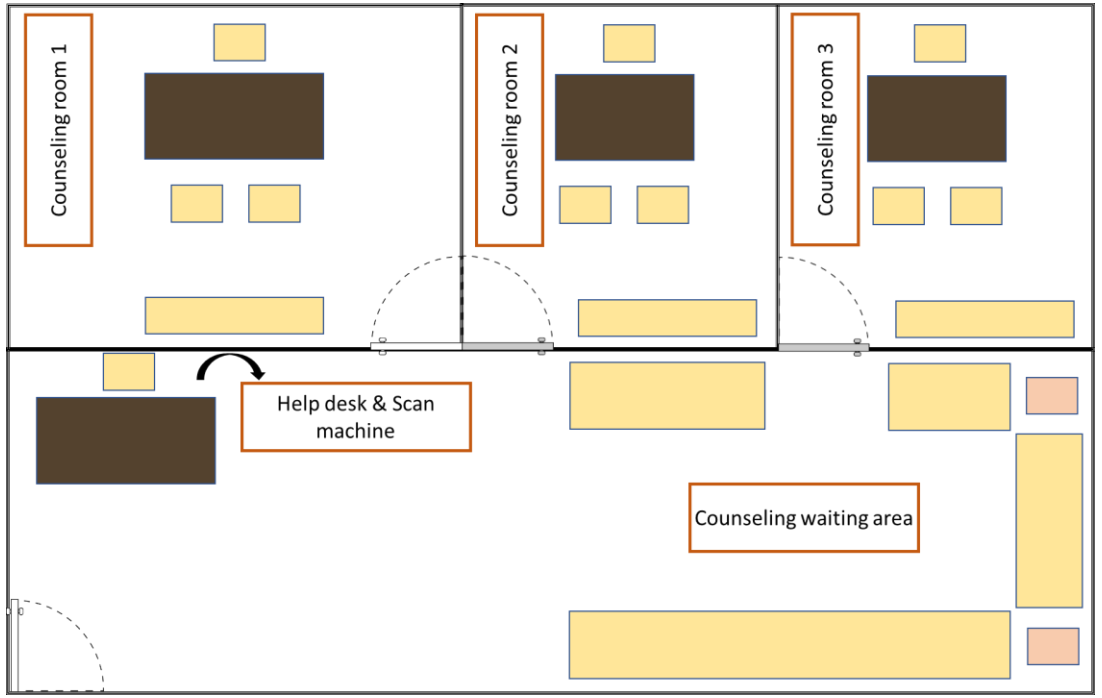
The recommendations in progress are:

- Brochure and pamphlet designing
- Layout changes:

Existing counseling department



Recommended changes in the layout



The recommendations in progress are (contd.):

- Manual updating:

  The updated manual has the following table of contents:

S.No.	Particulars	Page No.
1	Objective of the manual	
2	Counselling & it's importance (counselling junctions)	
3	Infrastructure (room layout)	
4	Department structure/Organogram of the department	
5	Job description of manpower	
6	DMR, Medics, report generation information	
7	Quality indicators for employees (KRAs)	
8	Process flow of counselling (with average time at every step)	
9	Requirements (aids) for counselling	
10	Inventory	
11	Counselling checklist	
12	Tariff card (Surgery and room packages)	
13	Follow-up process	
14	Patient feedback process	
15	Auditing process	
16	Description of different eye diseases	
17	FAQs	

Conclusion

- Some major SOPs (such as complete patient record keeping for the follow-ups, use of counseling aids, availability of brochures and pamphlets etc.) were not being followed by the counselor that could enhance patient decision making and learning experience.
- The significant reasons that came into highlight that lead to patients for not being converted for surgery are incomplete patient records (phone numbers), irregular follow-ups, improper counseling about packages, improper guidance to unfit patients.
- After successful implementation of some of the recommendations (extensive follow-ups, proper guidance to unfit patients, counseling about lower packages etc.), total decrease in revenue loss till 29th April, 2019 was by 21.15% (i.e., of Rs. 2,23,200) approximately.