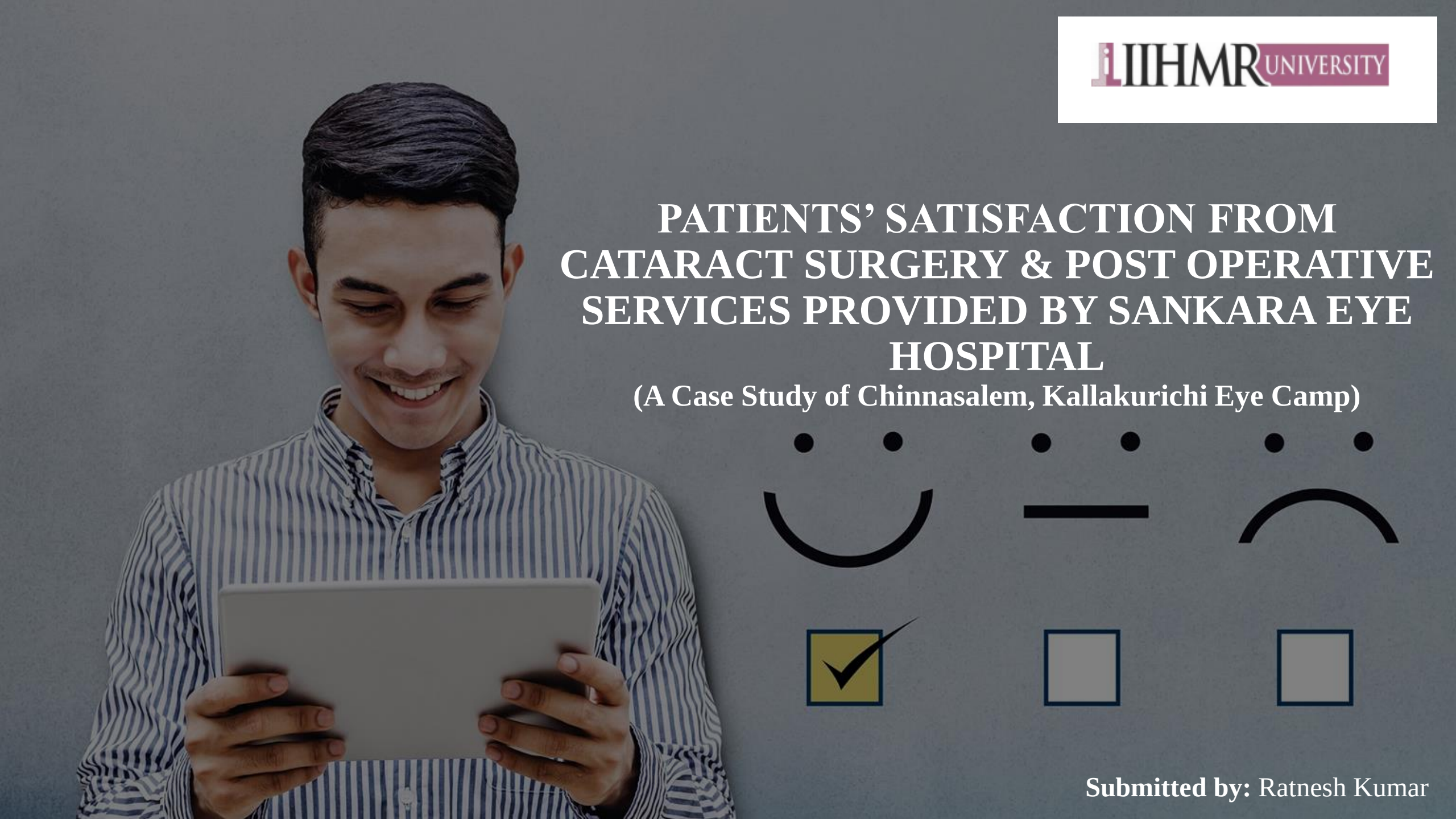


PATIENTS' SATISFACTION FROM CATARACT SURGERY & POST OPERATIVE SERVICES PROVIDED BY SANKARA EYE HOSPITAL

(A Case Study of Chinnasalem, Kallakurichi Eye Camp)

Submitted by: Ratnesh Kumar

Introduction:

- Blindness is commonly defined as the inability to perceive visual details.
- Blindness is classified and there are different scales used to define and explain the extent of vision loss.
- There is no light perception for someone who has complete blindness, but blindness is often used in clinical terms to describe severe visual impairment.
- Blindness is more prevalent among populations from the lower socioeconomic strata in India, where it accounts for a third of the world's population.
- Their living conditions are often poor, and they lack access even to basic health care.
- "It has been found that blindness is more prevalent in women as compared to men, particularly in rural areas (Kabir, 2021)."
- By eliminating avoidable blindness, productivity can be improved, and millions of people who are stuck in poverty and poverty-related disability can be liberated.

Disabilities

- Disabilities include restrictions or inadequate abilities to perform an activity within a range that is normally considered to be normal for human beings resulting from impairment.
- In visual impairment (vision impairment, vision disability), the reduced ability to see results in problems that cannot be fixed by usual means, such as glasses or medications.

Vision Problems

- Vision problems can be caused by a variety of eye disorders.
- These include retinal degeneration, albinism, cataracts, glaucoma, muscular problems that interfere with vision, diabetic retinopathy, congenital defects, and infectious diseases

Cataract

- Cataracts are clouding of the normally clear lens of the eye.
- Cataract patients describe the experience of looking through cloudy lenses as being similar to looking through a frost-covered window.
- Cataracts cloud the vision, making it harder to read, drive (especially at night) or see a friend's facial expression.

Prevalence:

Global Scenario:

- Globally, blindness is a significant health problem.
- A total of 2.2 billion of us are blind or have impaired vision.
- There is at least one billion of these cases, or almost half, where vision impairment could have been prevented or can still be treated.
- In addition to 88.4 million with uncorrected refractive error, 94 million have cataracts, 7.7 million have glaucoma, 4.2 million have corneal opacities, 3.9 million have diabetic retinopathy, and 2 million have trachoma, as well as 826 million have uncorrected presbyopia.

Indian Scenario:

- In India, one out of every three blind people is Indian, i.e., approximately 15 million blind people live in India.
- Among those 15 million cases, 3.5 million are reported cases of Corneal Blindness, one of the most common causes of blindness in the country with 30,000 cases reported each year.
- The World Health Organization have identified various sources of blindness, such as diseases (such as cataract, diabetes, glaucoma, etc.), genetic defects, childhood blindness, and accidents resulting in eye injury.

Community Outreach:

- A wide range of organizations, communities, governments, and educational institutions engage in outreach.
- People who may not otherwise have access to behavioural health information can receive vital information and referrals about services from community outreach.
- This might entail offering transportation to appointments, scheduling appointment for ongoing treatment and helping people navigate various systems, such as healthcare enrolment.
- Outreach tasks may include facilitating access to services and educating communities, families, significant others, or partners about available services.
- Responding to information requests from people, the general public, and community organisations both inside and outside the treatment facility may also be included in the costs.

Chinnasalem, Kallakurichi, Tamil Nadu

- Tamil Nadu, a state located in southern India is considered the tenth largest state in India with the total area of 130,058 sq. km.
- Chennai is the state's capital and largest city.
- There are 37 districts in the state.
- Tamil is one of the oldest classical languages still in use today & is widely spoken in this state and serves as an official language.
- Kallakurichi is the district headquarters.
- The town has over 10 modern rice mills, both small and large and key industries are jewellery, textiles, and agricultural feeds.
- Currently, Kallakurichi district consists of 2 Revenue Divisions, 6 Administrative Taluks, 562 Revenue Villages, 1 Municipality, 7 Town Panchayats, 9 Blocks, and 412 Village Panchayats.
- Chinnasalem is a Special Grade Town Panchayat located in Kallakurichi district.
- It serves as the capital and chief administrative center of Chinnasalem Taluk.
- According to the 2001 India Census, Chinnasalem had a population of 19519.
- The male population is 50% of the overall population and the female population is 50%.
- Approximately 75% of the population in Chinnasalem is literate, higher than the national literacy rate of 50%.
- The literacy rate for males is 78% and for females is 50%.
- Approximately 11% of the population is under 6.

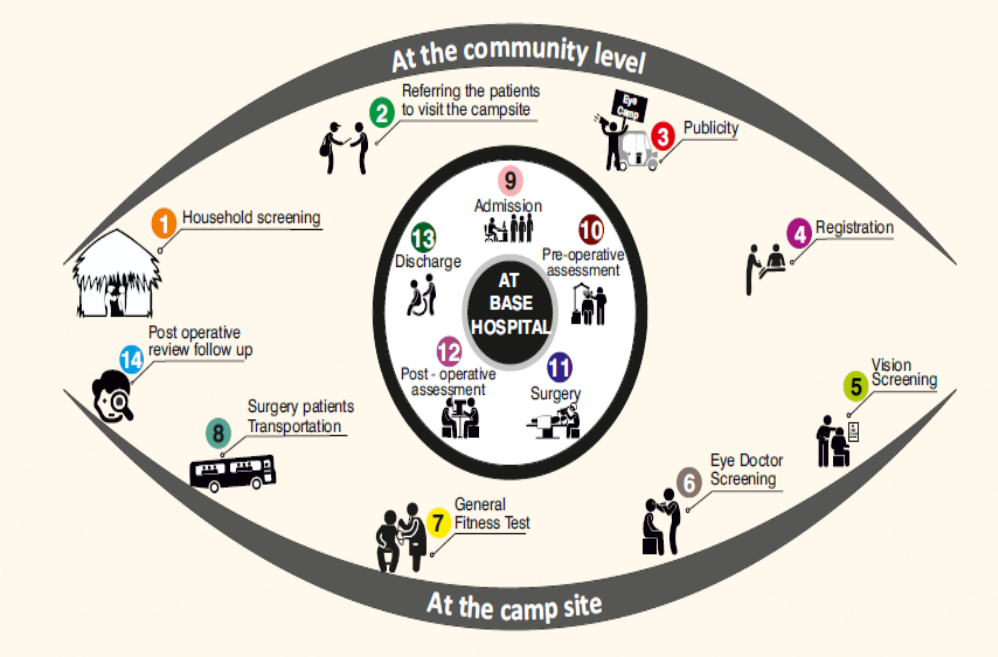
Sankara Eye Foundation

In 1977, Dr. R.V. Ramani and Dr. Radha Ramani established a small primary health care center, today Sankara is one of the largest and most rapidly growing social enterprises with 12 hospitals equipped with world class facilities and robust infrastructure and providing services to rural and urban populations in India.

- **Vision –** High quality, cost effective, readily available eye care at the doorsteps of Rural India
- **Mission** – To eradicate needless blindness.
- Model aims at providing World Class eye care totally free of cost to 80% of the population and through paid services for 20% which in turn subsidizes the total cost of treatment.
- **Gift of Vision** is a flagship initiative of Sankara Eye Foundation India to provide free eye care at the doorsteps of rural India.

Till March 2022, a total of 31,363 camps had been conducted, out of which 56,54,563 individuals had been screened and 21,91972,746 surgeries had been done by Sankara Eye Hospitals.

Sankara Eye Foundation



Process:

- **At the Community Level**
  - Household Screening
  - Referring the patient to visit the Campsite
  - Publicity
- **At the Camp site**
  - Registration
  - Vision Screening
  - Eye Doctor Screening
  - General Fitness Test
  - Counselling of the Patient
  - Surgery Patient Transportation
- **At the Base Hospital**
  - Admission
  - Pre-operative Assessment
  - Surgery
  - Post-operative Assessment
  - Discharge
- **Review Camp**

Methodology:

Research Question

- What are the satisfaction levels of non-paying patients for Cataract surgery in the base hospital?
- What are patient experiences of post operative services provided by Sankara Eye Hospital?
- What are the socio-economic profiles of the non-paying patients who are undergoing IOL surgery?

Objective

- To assess the satisfaction level of non-paying patients from Cataract surgery done at Sankara Eye Hospital.
- To understand patient experiences of post operative services provided by Sankara Eye Hospital.
- To ascertain socio- economic profiles of non-paying patients who are undergoing IOL surgery.

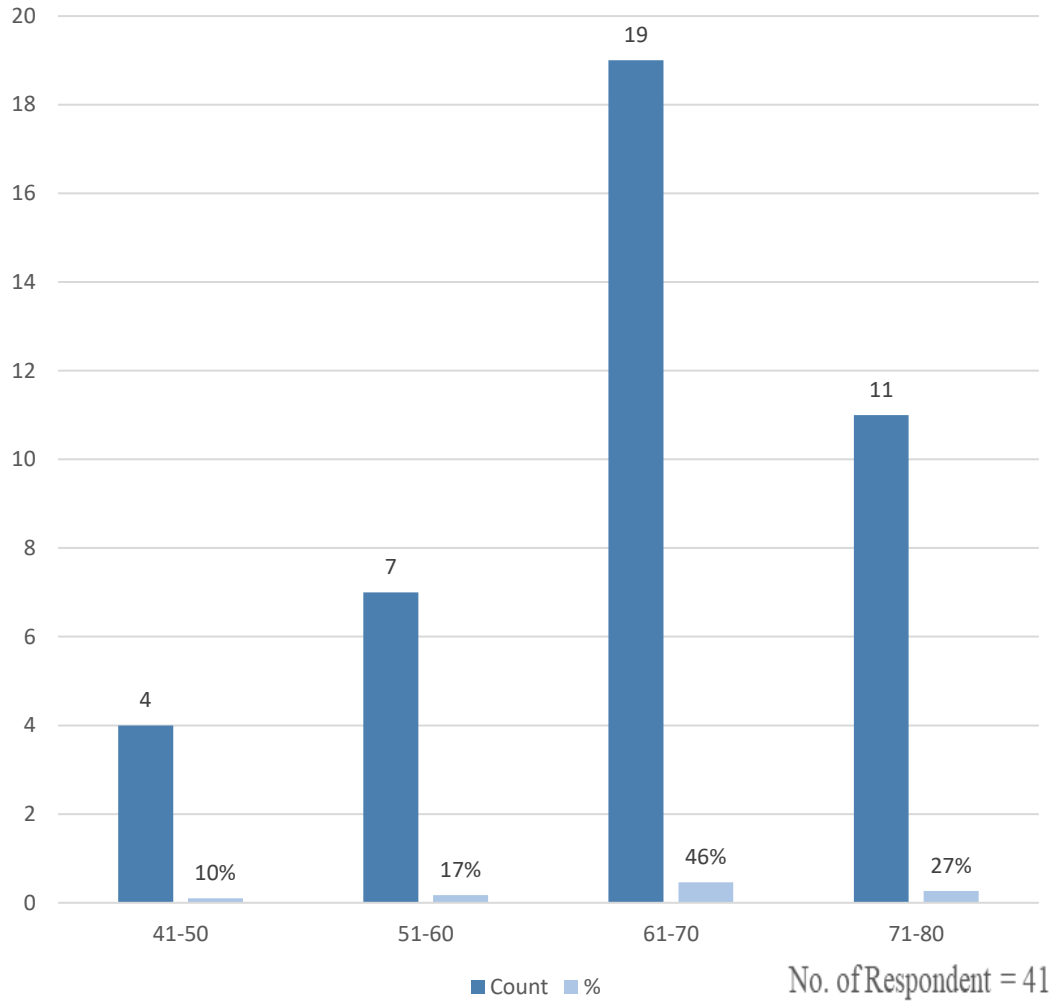
Methodology:

- **Setting:** Sankara Eye Hospital, Coimbatore, Tamil Nadu
- **Duration of study:** 1st April to 18th June 2022
- **Sample Size:** 41 (as out of 123 patients 41 patients have gone for the surgery on the first day)
- **Study type:** Observational Cross-Sectional Study
- **Inclusion Criteria:** Patients whose have undergone IOL surgery on the first day.
- **Exclusion Criteria:** Patients who are general unfit and discharge without surgery.
- **Study tool:** Observation, Interviews.
- **Sampling Technique:** Purposive sampling.
- **Data Collection Method:** Primary data will be collected through observation or through interviewing patients by structured questionnaire and secondary data will be collected from SEH Annual Report Book.
- **Data Analysis:** Microsoft Excel

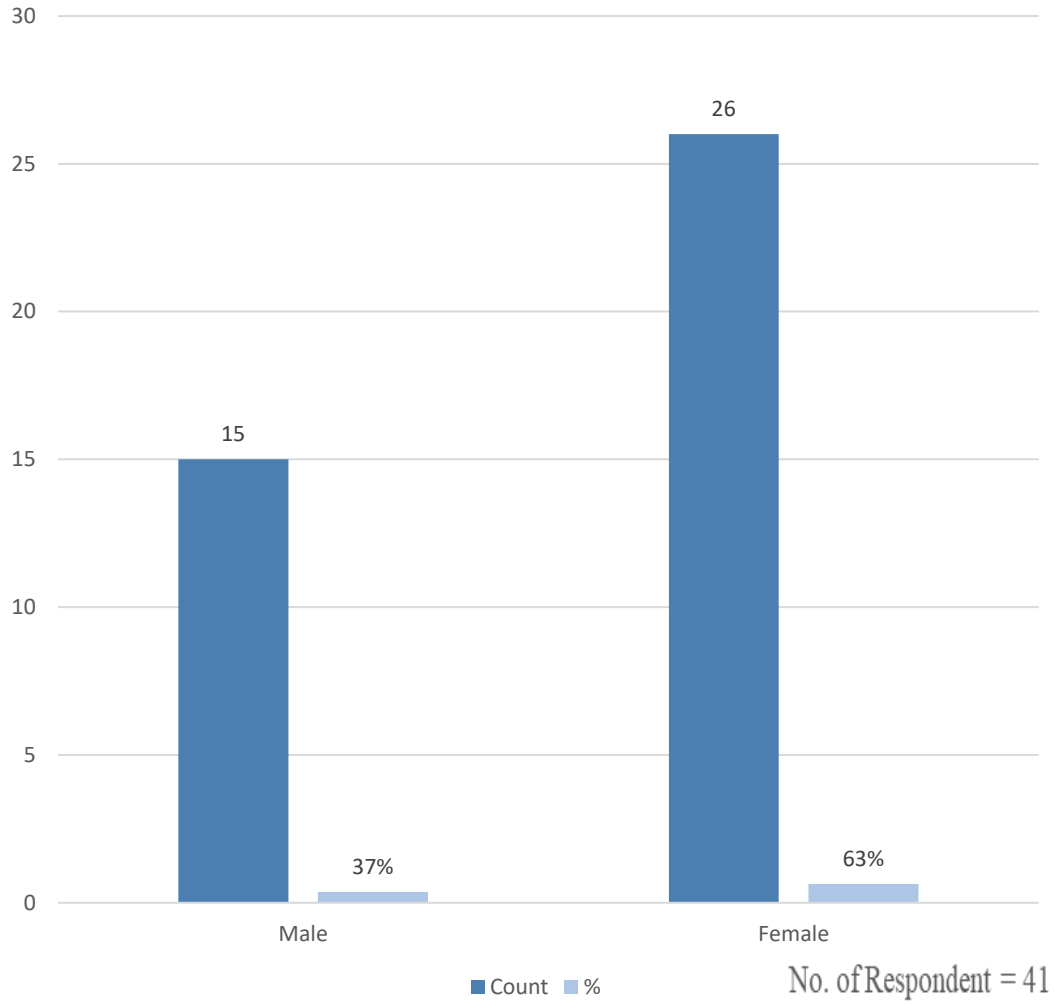
Analysis and Findings:

- The satisfaction levels and experiences of non- paying patients have been overlooked, such as non-paying patients' satisfaction levels and experiences, as well as their socioeconomic profiles.
- As patient experience is measured not only to improve care, but also to improve strategic decision-making, manage, and monitor health-care performance.
- The graphical representation of the result of the survey is given below.

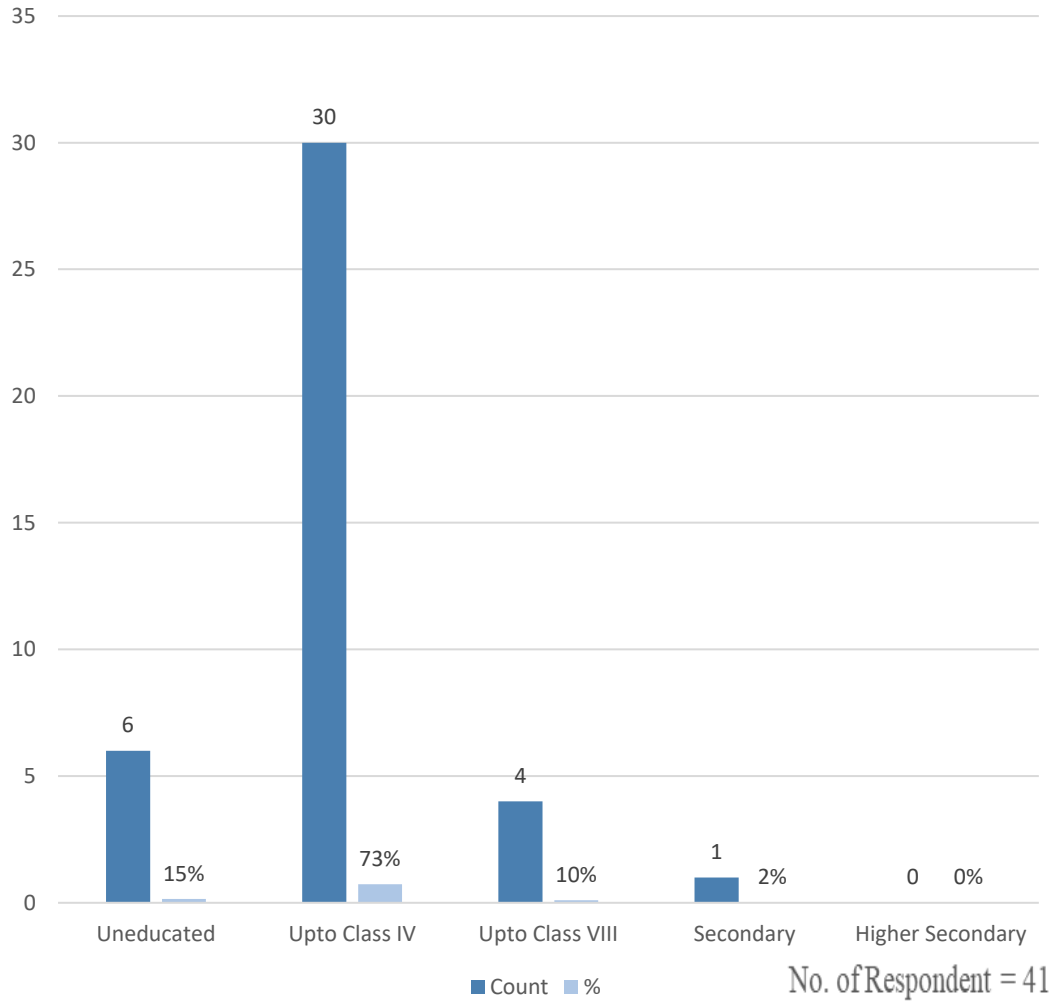
Age group of the patient:



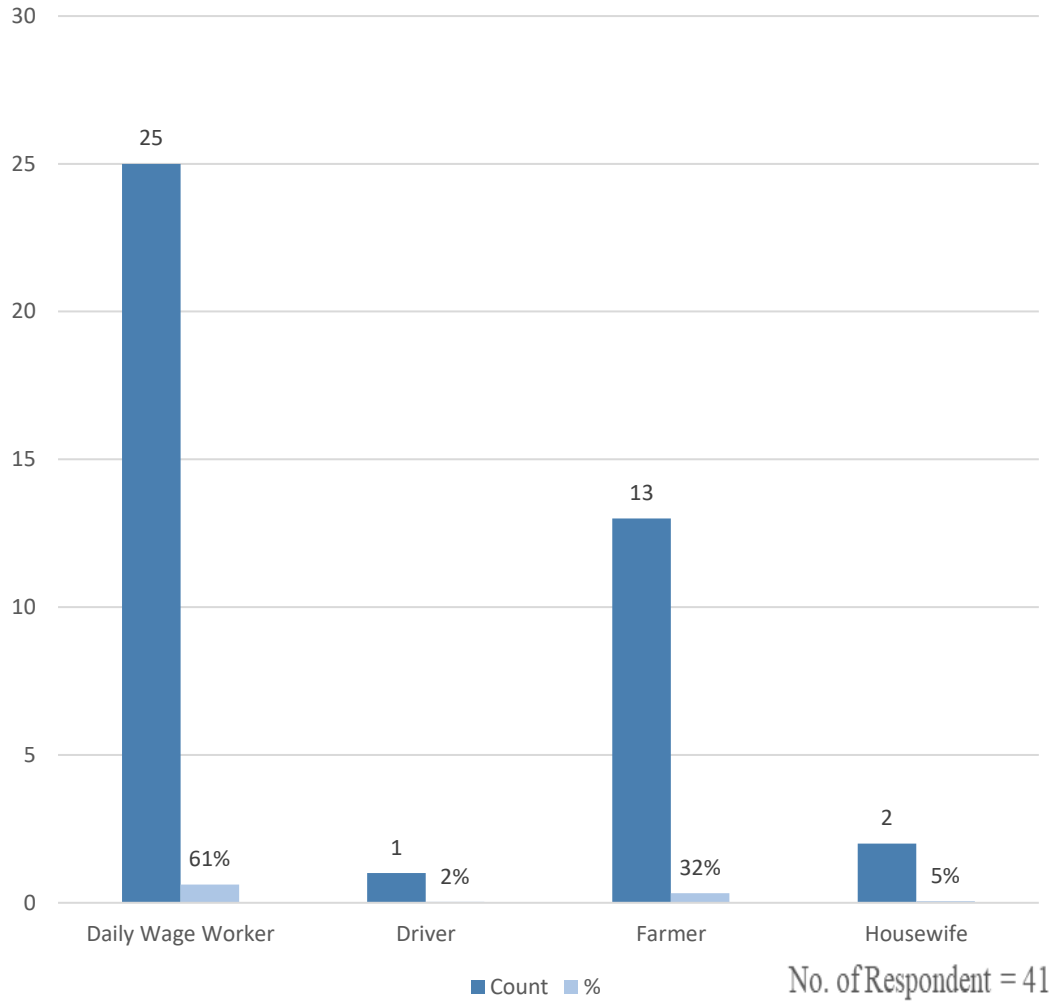
Gender:


30
25
20
15
10
5
0
26
15
37%
63%
Male
Female
Count
%
No. of Respondent = 41

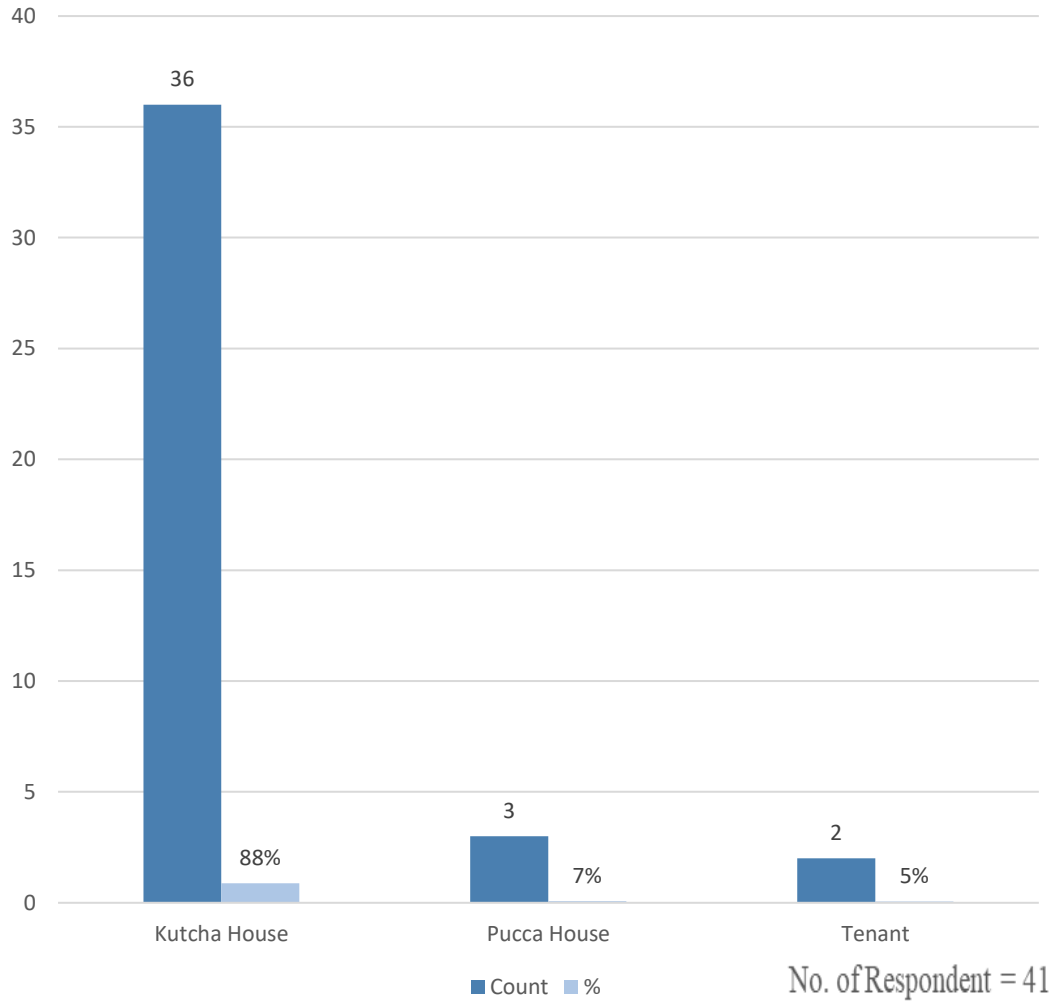
Education Level:



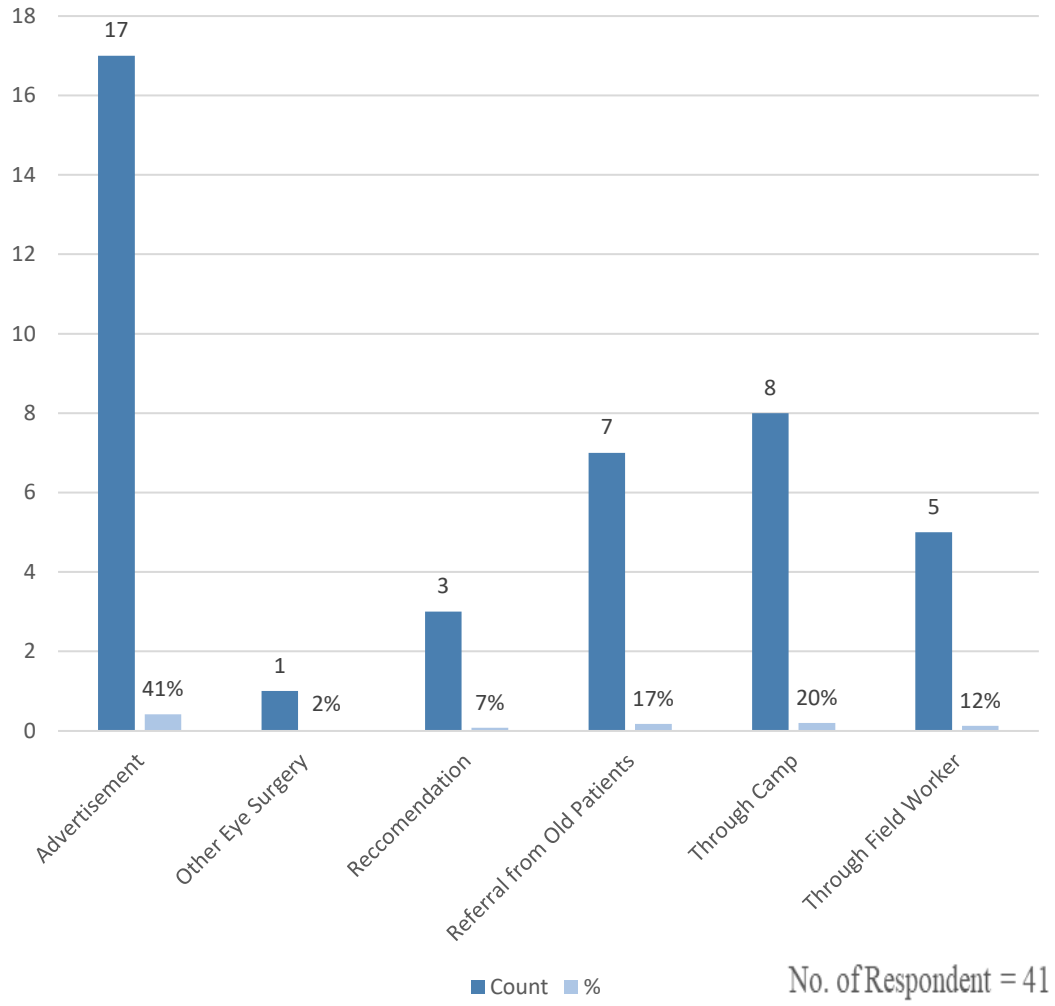
Occupation:


30
25
20
15
10
5
0
25
61%
1
2%
13
32%
2
5%
Daily Wage Worker
Driver
Farmer
Housewife
Count
%
No. of Respondent = 41

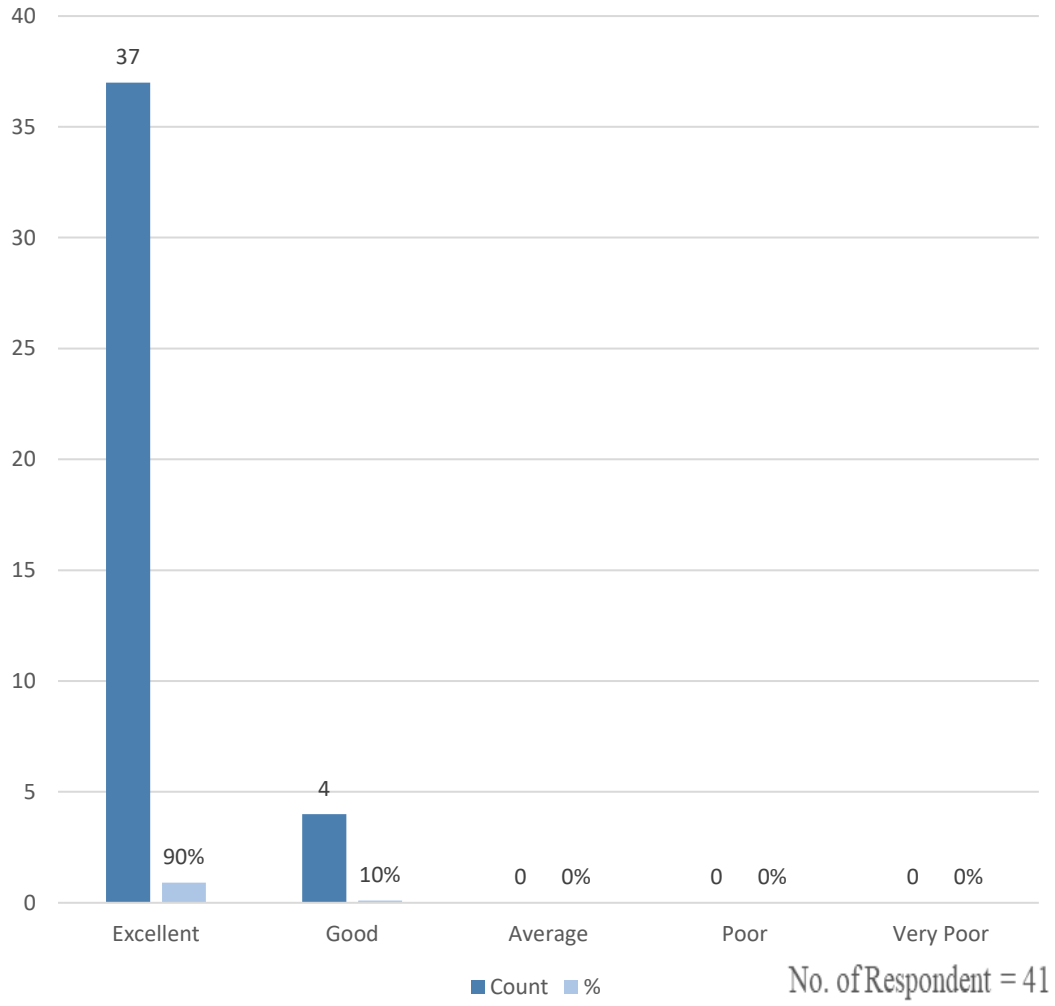
House Type:


40
35
30
25
20
15
10
5
0
36
88%
3
7%
2
5%
Kutcha House
Pucca House
Tenant
Count
%
No. of Respondent = 41

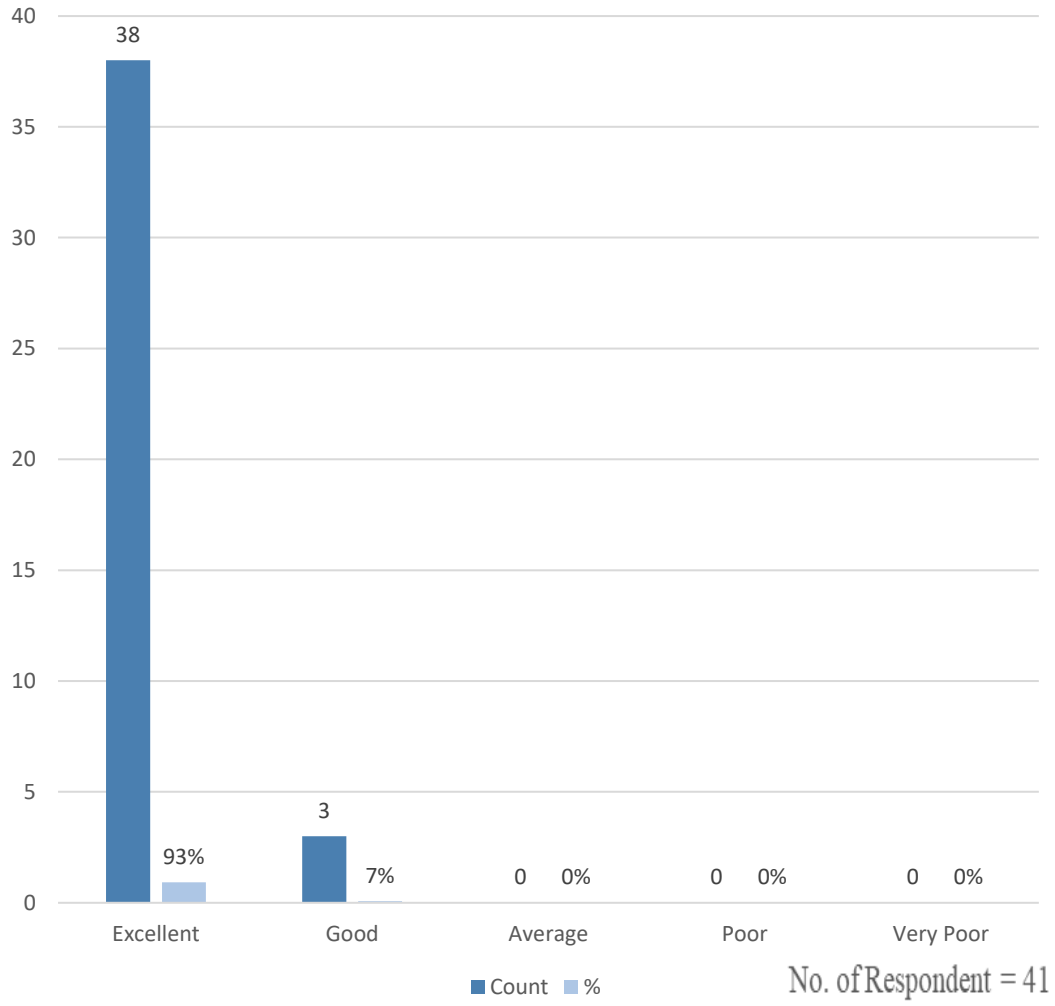
How did you know about Sankara Eye Hospital?:



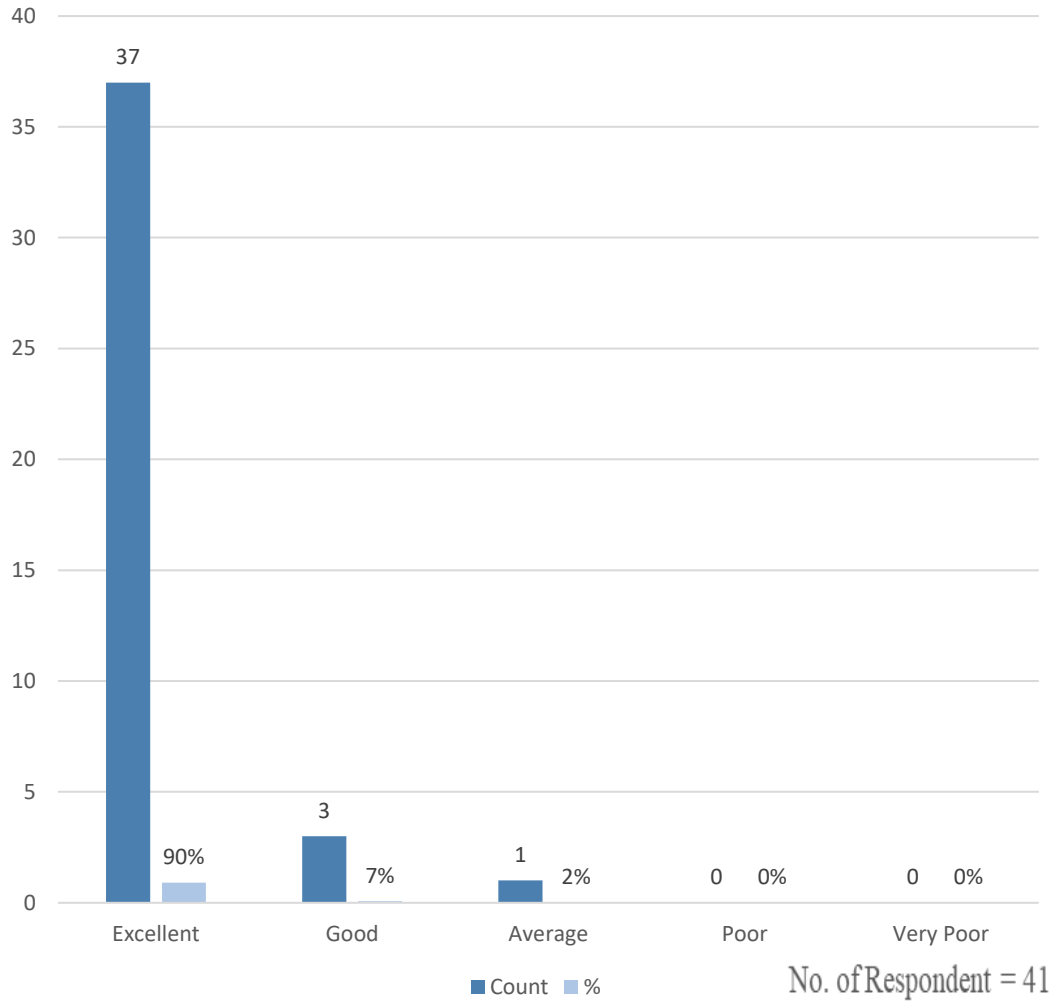
Cleanliness of Ward:



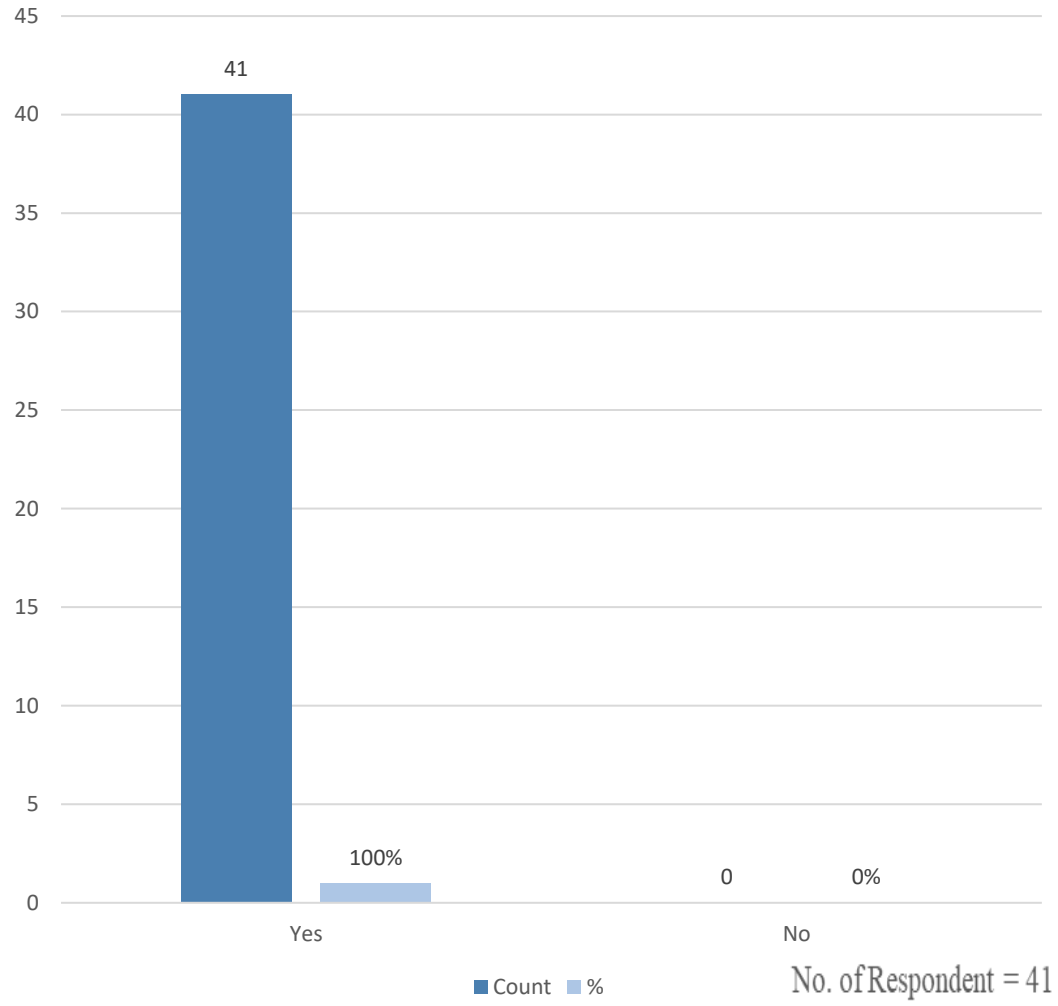
Cleanliness of Toilet:



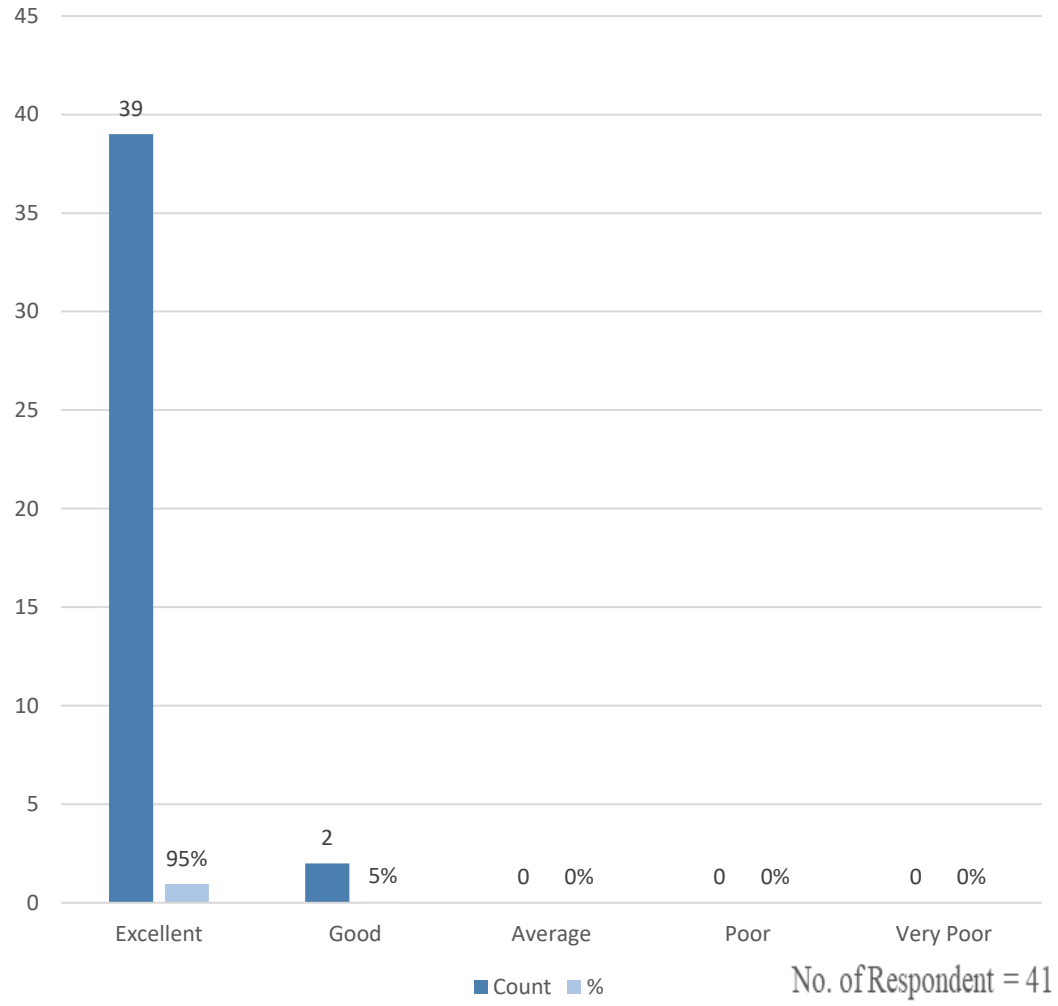
Taste of Food:



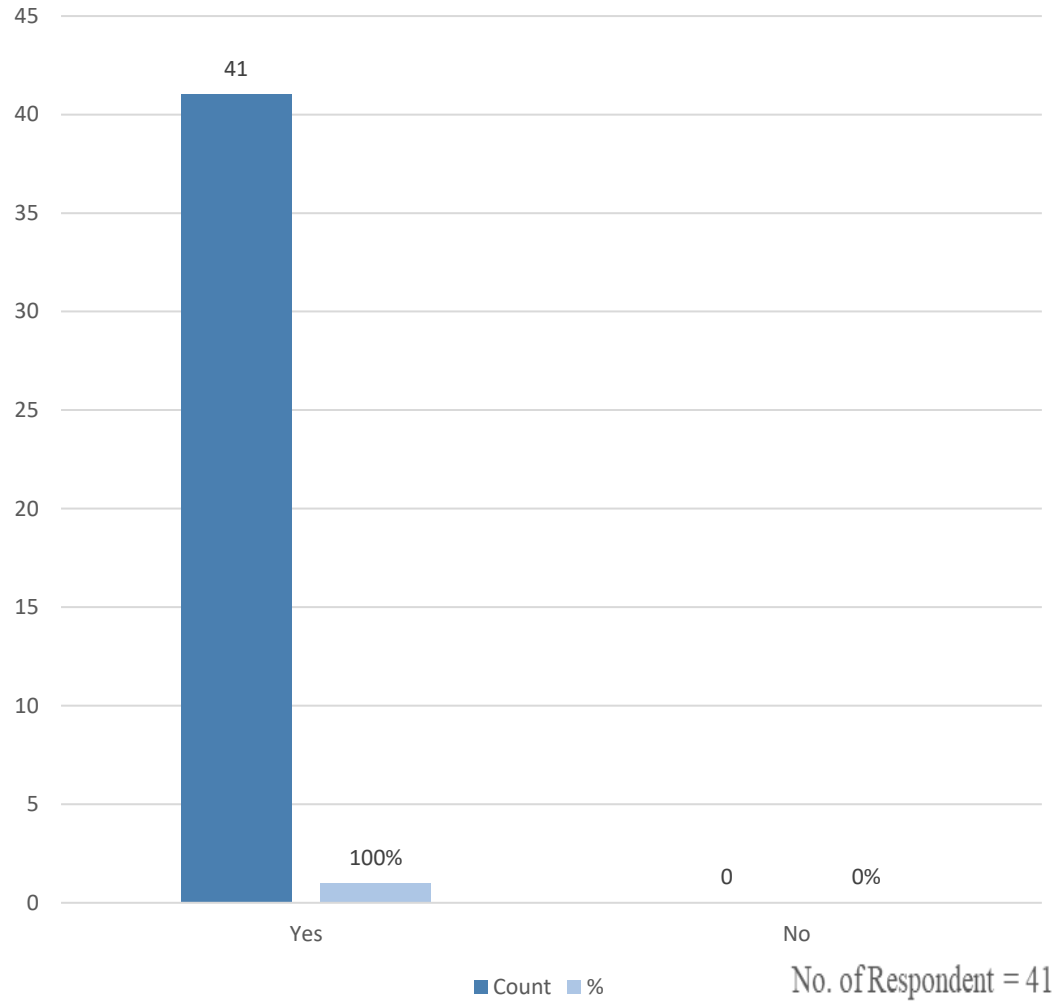
Does counsellor give the information of entire process of surgery?:



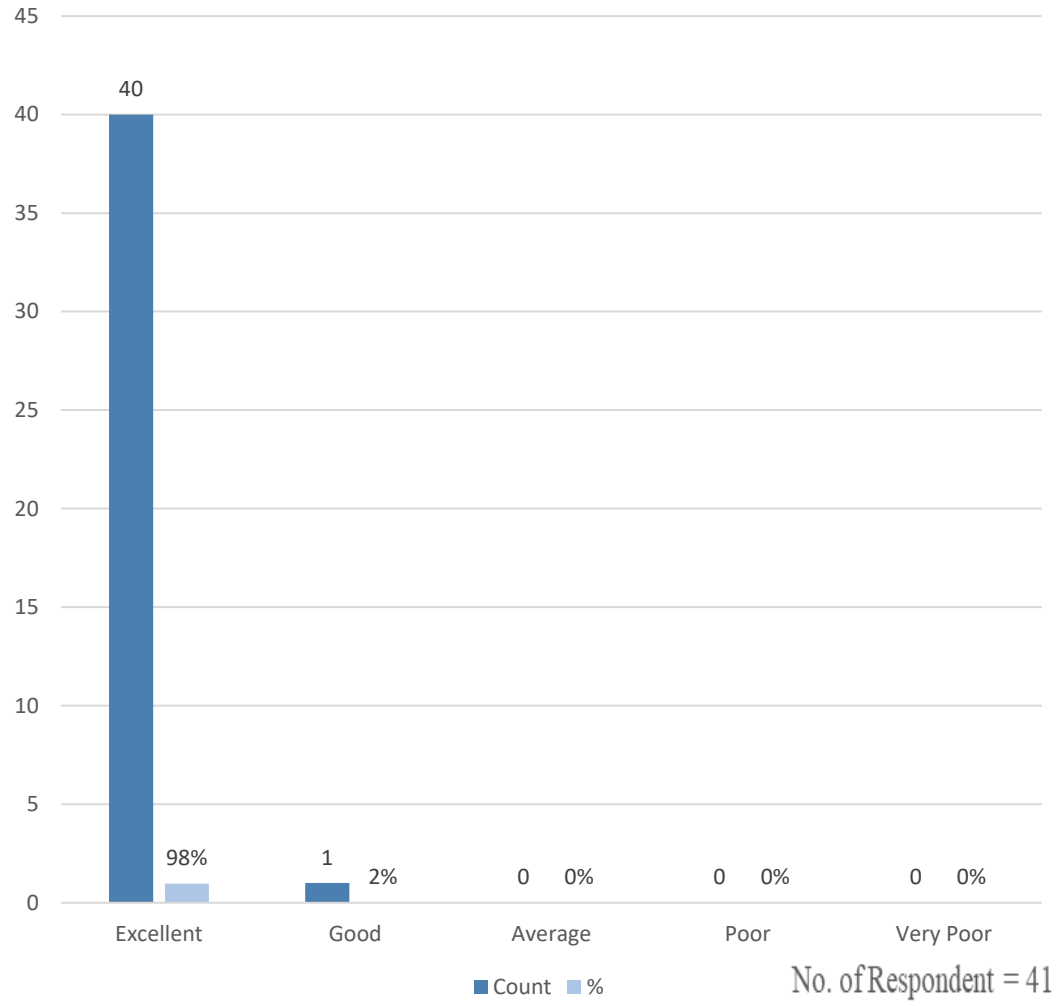
Conduct of Nurses:



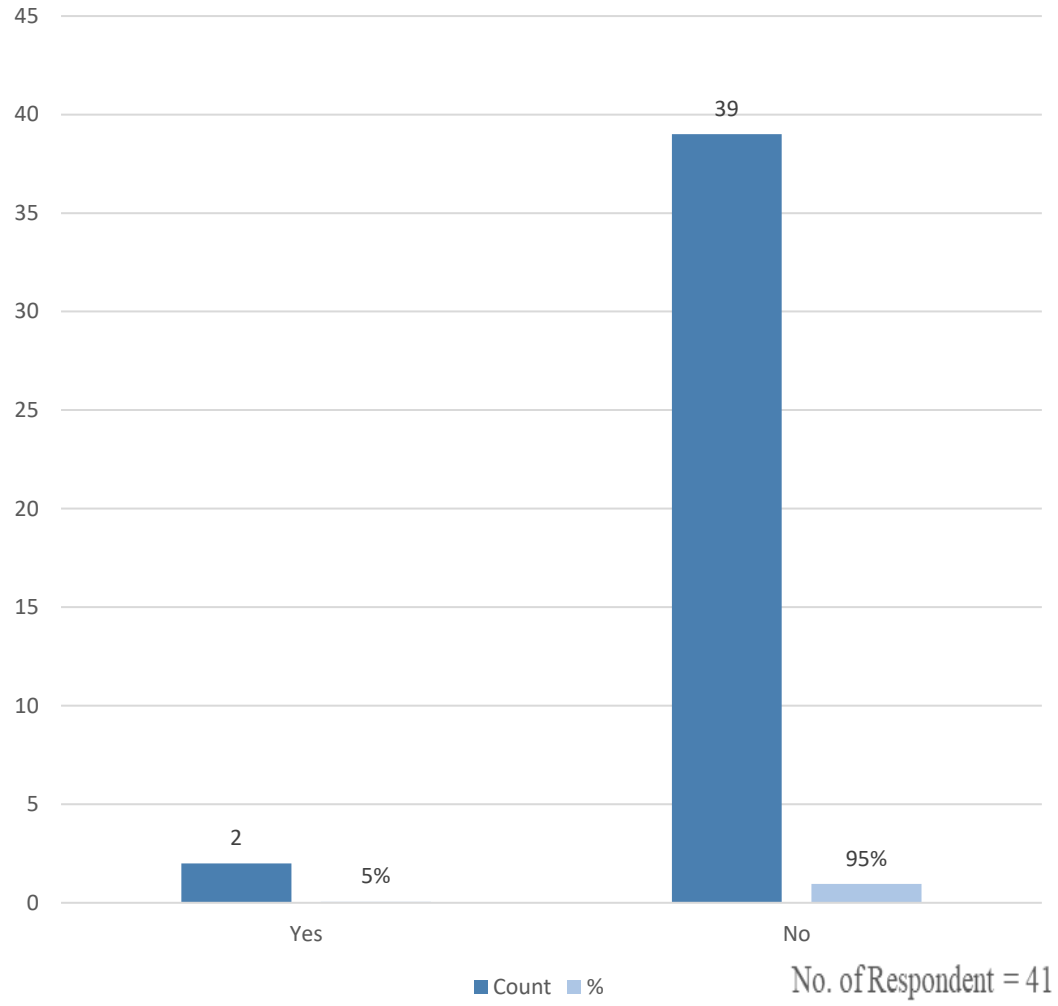
Do medical staff give instructions about post operative care?:



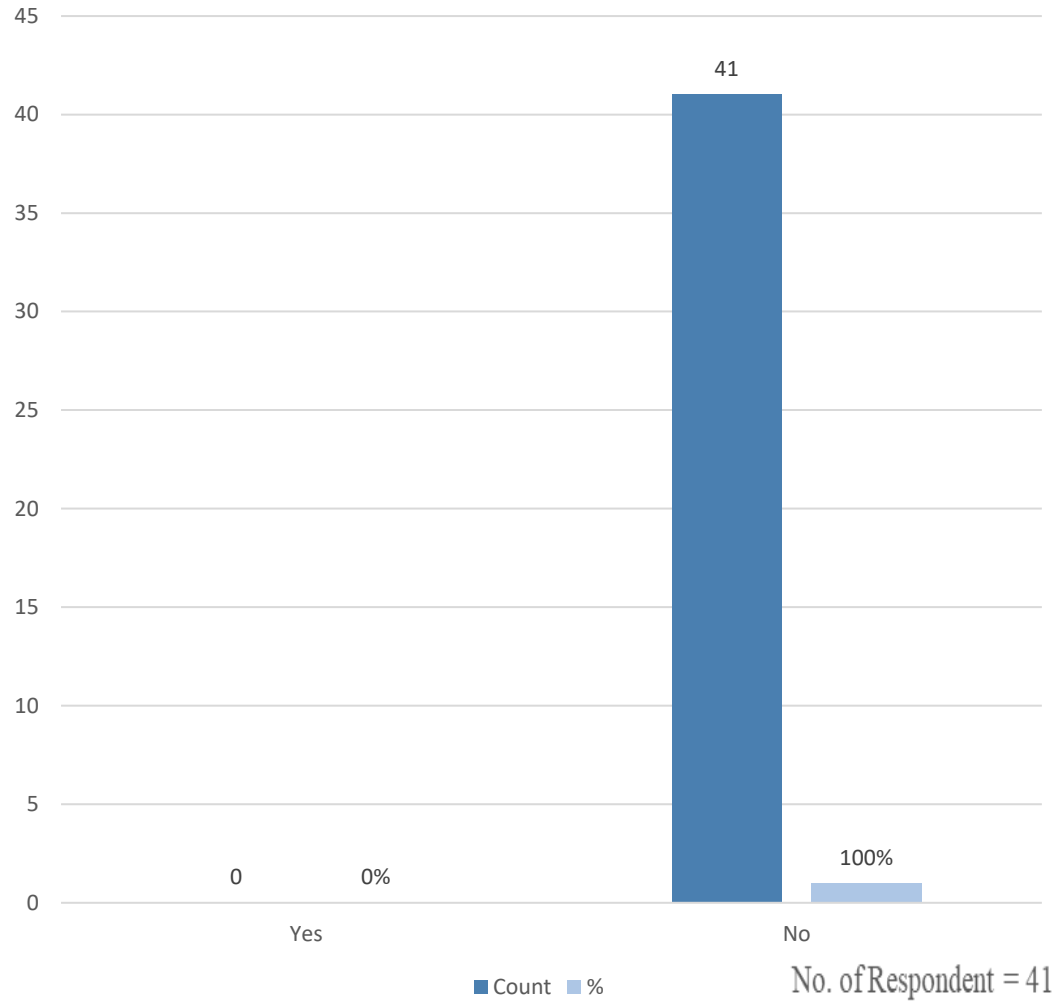
How was the experience after consultation with the doctor?:



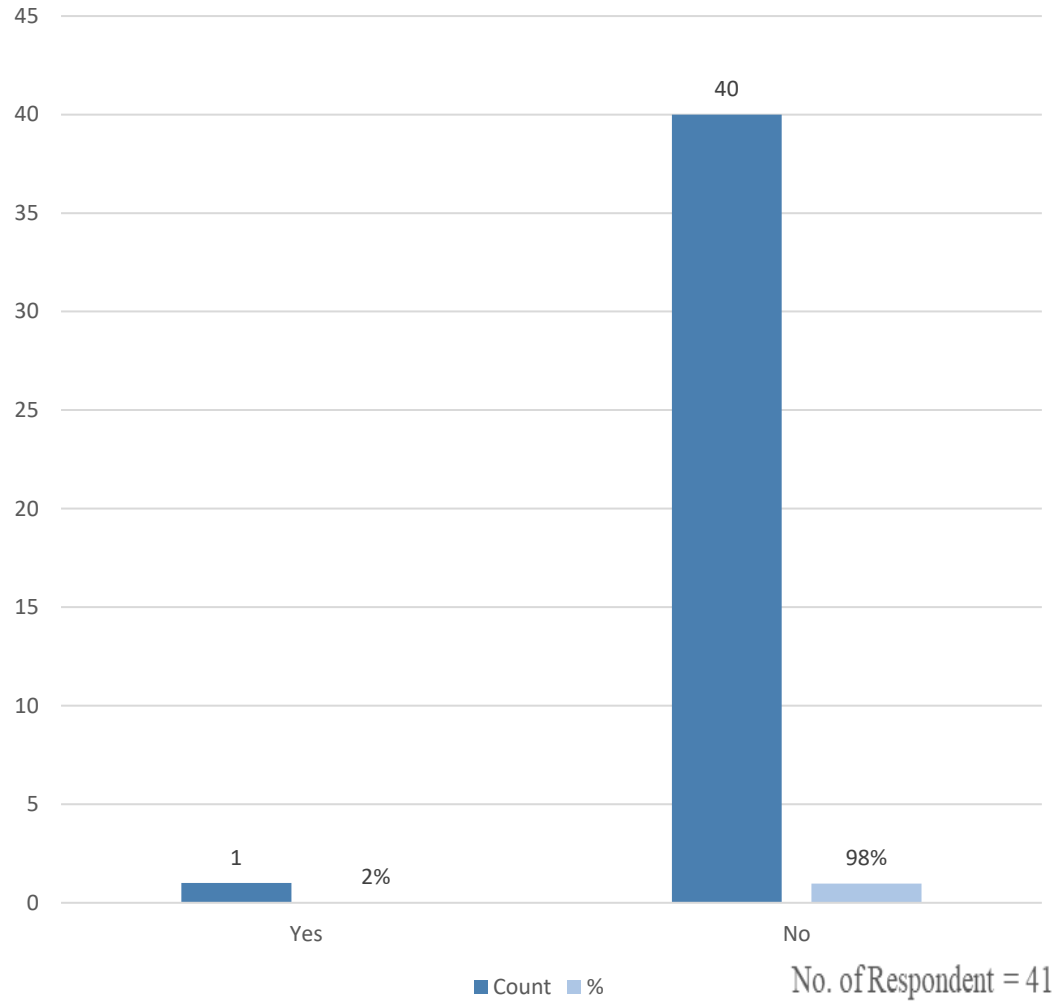
Did you face any difficulty in eye camp?:



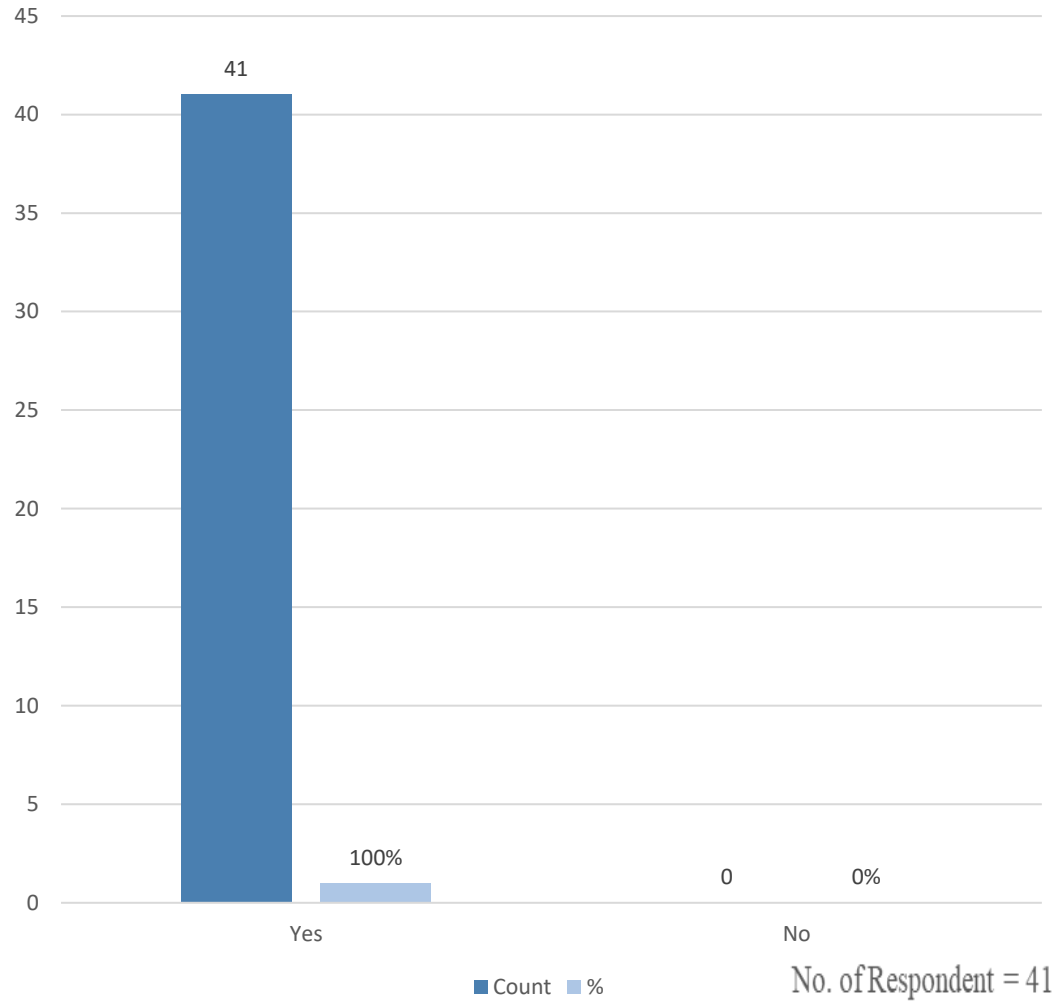
Did you face any difficulty in hospital?:



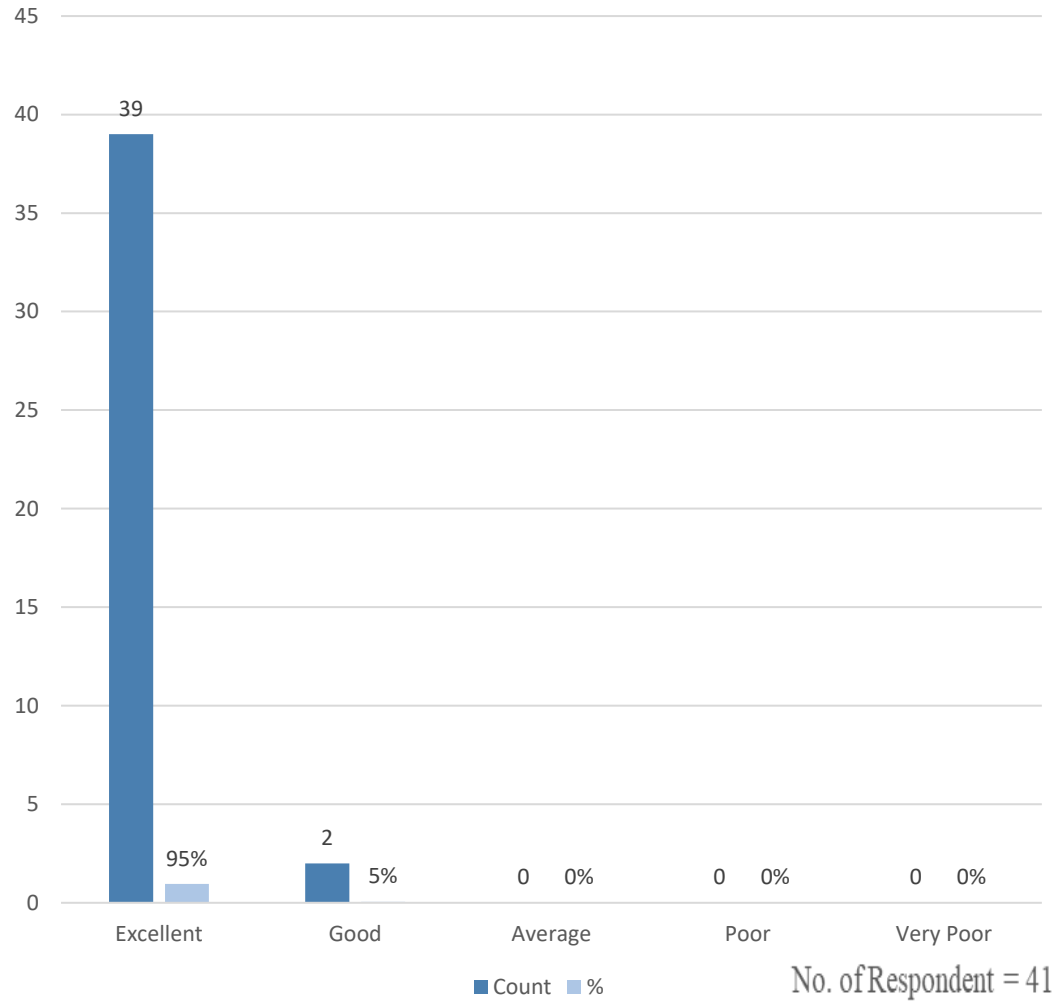
Did you face any difficulty during travelling to hospital?:



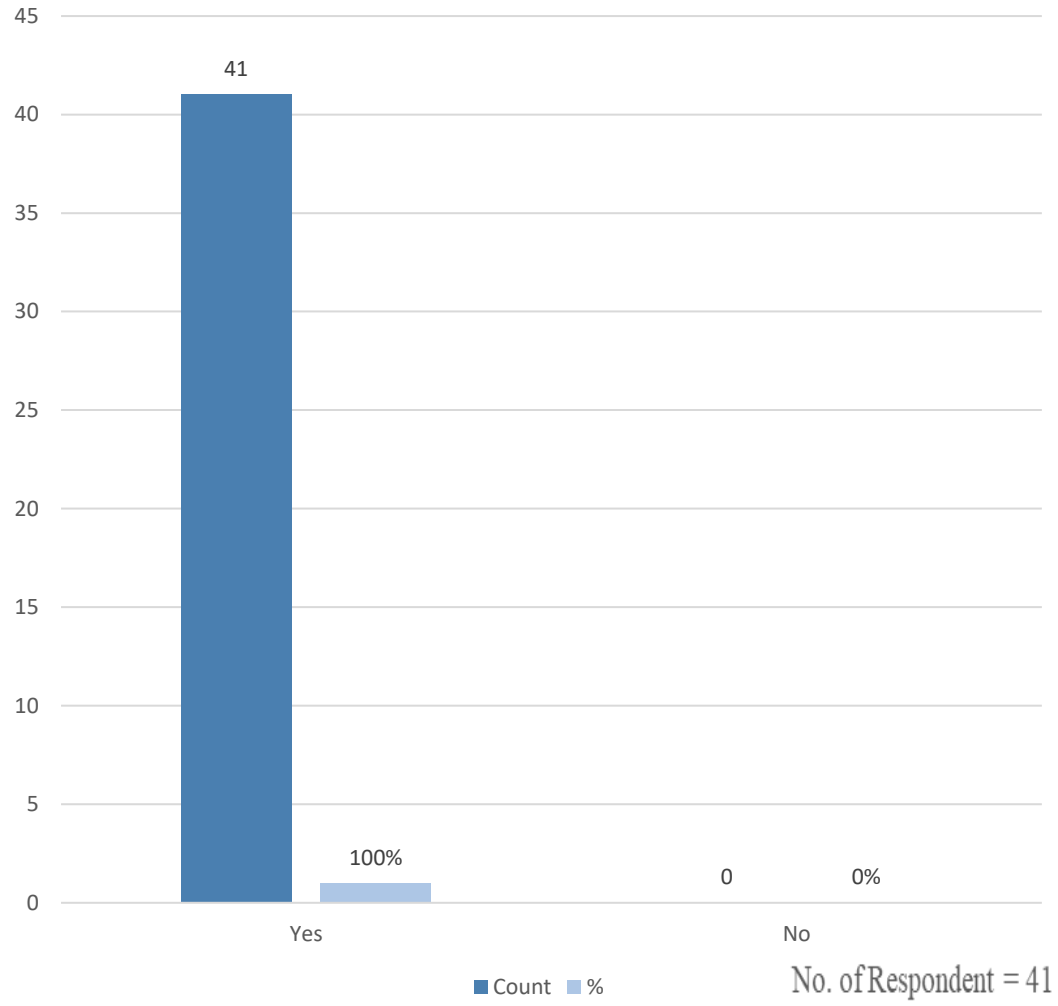
Will you come to review camp?:



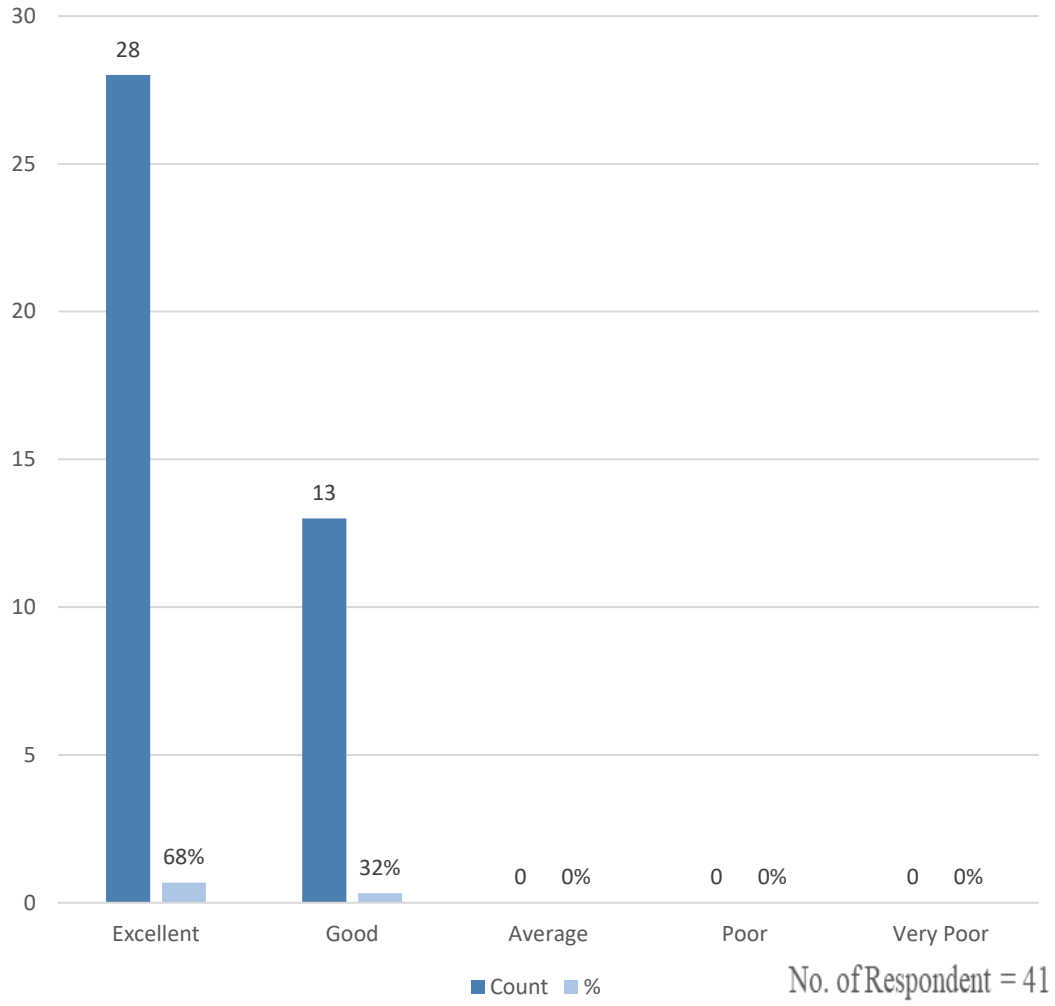
How would you rate the medical care provided at Sankara Eye Hospital?:



Will you suggest others for Sankara Eye Hospital?:



Overall Satisfaction:



Testimonials

Fig: Mookkayee

Mookkayee, a 60-year-old daily wage worker(farmer) is from Ammaiyagram, Kallakurichi suffering brown cataract in her left eye due to which she faces many challenges during her day-to-day life. Now got operated by SEH, Coimbatore. She is thankful to the Sankara team, she got her sight back for free and was treated with utmost care and respect. Now, she can work again and lead a life with dignity.

Ramadass, a 70-year-old from Thottapadi, Chinnasalem, had issues with his left eye's vision. His job as a bus driver required good vision, but it was deteriorating daily. As he is a driver, he suffered during driving. He fervently hoped for a miracle because he was unable to afford private hospital eye surgery. Fortunately, he learned about the free camp SEFI had set up close to his village. He was found to have a mature cataract in his left eye. At SEH-Coimbatore, he received a free surgery, and his left eye was given vision again.

Fig: Ramdass

Discussion:

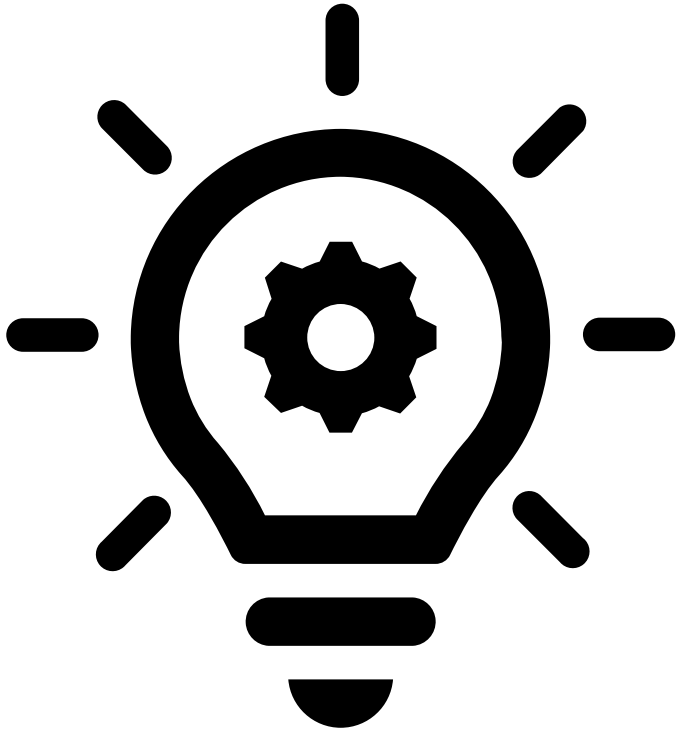
Based on the questionnaire interviewed from the respondents, the following inferences can be drawn.

- The age group varied from 41 to 80 years while the highest number of cataract patients belonged to the age group of 61-70 years.
- Majority of the respondents (i.e,73%) have the education level up to class IV, 15% of the respondents are illiterate and 15% of the respondents have education up to class VIII. Only 2% respondents have done secondary education.
- The main occupation of the respondent is daily wage worker (i.e., 61%), farmer (i.e,32%), homemaker (i.e,5%), and driver (i.e,2%). They are getting daily wages by working in rice mills, sugar mills, and as labourers. The farmers have little plots of land or farms on the land of big farmers.
- Most respondents (i.e., 88%) are residing in kutcha houses while only a few (i.e.,7%) are residing in pucca house and 5% of the respondent are tenants in the region.
- Respondents know about the Sankara Eye Hospital through advertisement (i.e., auto publicity and pamphlets), some knew through camps and referral from old patient and recommendations.

Discussion:

- The respondents have given excellent ratings for the cleanliness of wards (i.e., 90%), toilets (i.e.,93%), and the taste of the food (i.e.,90%).
- It is found that all the respondents have been explained about the entire process of the surgery and instruction of post operative care.
- Most of the respondents have given the highest rating in excellent conduct of nurse (i.e.,95%), and the excellent experience after consulting with the doctor (i.e.,98%).
- Most of the respondents had not face any difficulties during eye camp (i.e.,95%), during travelling (i.e.,98%) and in hospital (i.e.,95%).
- Most of the respondents had given the excellent ratings (i.e.,95%) as they liked the care of Sankara Eye Hospital.
- Most of the respondents are satisfied from the Sankara Eye Hospital, none of them are unsatisfied.
- All the respondents are willing to suggest others to get their surgeries done in Sankara Eye Hospital.

According to the study, the Sankara Eye Hospital has been successful in fostering a culture where it offers its patients with high-quality care who are coming from the underprivileged area of the society. They are satisfied from the tertiary care and services provided which is the primary strategic objective of the Sankara Eye Hospital.



Recommendations:

Continuous patient throughput improvement and the optimization of patient flow depend on a systems-based approach to improvement, effective metrics, and employee involvement.

These benefits may result from streamlining the discharge process:

- Reduced crowding and wait times at the ward
- Shorter wait times after surgery to get an inpatient bed
- Better planning will result in adequate nursing unit resourcing.
- Increased clinical staff morale.

- In a variety of industries, waste is eliminated, and faults are decreased through the application of Lean Six Sigma principles.
- To increase the effectiveness of outreach programs, the field worker who are in the community and engaging the community, regular training and discussions sessions will help them to understand the work of outreach and community engagement.
- In order to make all the unit successful, concern of patient's satisfaction and individual commitment towards selfless eye service should be must.

Thank you