CHAPTER 6

AGENDA FOR BETTER HEALTH SERVICE

Recapitulation

Chapter 5 relates to the synergy between the economic quality and the patient-driven quality approaches. This has led to the evolution of a pattern for achieving quality of service. This chapter deals with the recommendations of the study.

Recommendations

Rationalisation Of Health Service: It is recommended that it is necessary to proceed with the rationalisation of the health service of the peripheral health system. There are differences in total costs among CHCs and AHCs. Through rationalisation it is felt that there may not be much difference in costs among CHCs and AHCs. Further some CHCs have high attendance and there is more effective use of those CHCs as compared to the AHCs. There needs to be demarcation in the service of a CHC and an AHC for inter-linkage between the two categories of health facilities.

Decentralisation Of Financial Responsibility: To revitalize the health service of the peripheral health system it is recommended that consideration be given to decentralise financial responsibility to the health centers. With decentralization the health center has greater responsibility in respect of accountability for use of
funds. The health center may have the flexibility to allocate funds to services based on cost-effectiveness. It may reduce wastage by eliminating inefficient service procedures. There is autonomy in decisions concerning divestiture or contracting out of services say cleaning to reduce cost. Decentralisation may contribute to dynamism and better efficiency of the health center.

Cost-Sharing: In view of rising costs of health service and restriction on funds due to growing competition for funds by other sectors of the economy it is recommend that there be recourse to cost-sharing to bring in revenue to cover part of the cost of health delivery service. It is felt that cost-sharing may be in the form of a uniform minimum contribution to a scheme which may be termed a Medisave scheme. Under the scheme protection for the vulnerable section such as the very poor, the elderly and the disabled may be guaranteed by the Social Security system by way of a transfer grant to the scheme. The scheme may be managed at the level of a health center. In case of an emergency, in order that the health service may not suffer, the health center may tap on funds from the scheme to purchase medicine or repair an equipment without waiting for funds from the central Ministry of Health. The scheme may be helpful to arrange for regular preventive medical check-up of the people of the area to maintain the community in good health. It is felt that willingness to pay to the scheme may depend on the standard of health service of the health center and in the subsequent section an innovative model is being recommended to improve the quality of health service.
Mediclinic Model For health Service: It is recommended that a model making use of computer technology and a team-work approach among health staff be put-in place at the peripheral health system level. The model, termed as mediclinic, for the purpose of the study is based on the organization on a relatively reduced scale of the Lakeland Regional medical Center (CRMC) of Florida USA (W. Lebov et. al, 1984) which provides for a seamless structure and has recourse to computer techniques for the delivery of health service.

The Mediclinic may provide for the same range of health services as the AHC. The distinctive features of the Mediclinic are a computer support system and the novel approach involving both the physician and the nurse in treatment.

The Mediclinic is fully computerised with the computer network linking the reception area where the patient coming to the center is registered, the treatment cubicle, the pharmacy division and other units. With the assistance of the computer system, the different units work in harmony and the health staff are habilitated to provide quality service. For instance, when the physician prescribes medicines to a patient in the treatment cubicle the prescription is entered on the computer. The prescription is then instantaneously relayed to the computer terminal of the pharmacy division which begins preparing the medicine. By the time the patient comes out of the treatment cubicle and reaches the pharmacy division the medicine is ready. There is no need to queue, the patient
just collects the medicine as he leaves. The computer system has an in-built treatment protocol programme. The treatment protocol is meant to facilitate the task of the physician in determining the course of treatment to be adopted, in safeguarding against any risk of malpractice and in making the service more reliable. The computer system offers the possibility to keep on computer record the particulars of a patient. When the patient comes again at the Mediclinic next time his medical history is already available and it is easy to follow up on his case without the need to look for the patient's file. With the computer system it may be possible to keep track of the pattern of disease in the region. The Mediclinic model may turn out to be economical over the long run with the adoption of prevention strategy resulting in the decline of disease incidence. Although health service is free in Mauritius the computer system is helpful in producing cost data of specific services. In this way the total cost of the Mediclinic may be monitored to achieve efficiency.

The Mediclinic provides for a participative teamwork approach between the physician and the nurse. According to the model the patient is seen first by the nurse. If the nurse cannot handle the case, then the physician steps in. It is a practice which exists in France and South Africa. It is felt that such an arrangement is less stressful and the physician can spend sufficient time with a patient, make a correct diagnosis and apply the appropriate treatment. It enables both the physician and the nurse to analyse data from the computer, solve
inherent problems in the system and come up with solutions to improve health service.

It may be interesting to examine whether the Mediclinic model abides by the provisions of the three level model of satisfaction. The Mediclinic model meets the system satisfaction requirement as it provides for an integrated computer backed system to offer prompt service. The model is in conformity with the organization satisfaction level as a cooperative and interactive approach ensures the smooth functioning of the system to offer prompt service. The model fulfils the service satisfaction level as it tends to lead to a lowering of disease prevalence to reduce morbidity and raise life expectancy.

It is felt that embarking on the Mediclinic model may give a new dimension to primary health care service of the peripheral health system. It provides for cost-effective and quality of service.

Total Quality Management (TQM): To achieve quality of service both in respect of economic quality and patient-driven quality it is recommended that the Total Quality Management (TQM) approach be implemented at the peripheral health system. It is an approach which involves a conveniently framed system, processes and associated functions, a pursuit of continuous improvement to meet a common goal, the provision of customer satisfaction and quality of service. It combines the three fundamental stages of development resulting in
quality of service, in particular, the system orientation, the improvement orientation and the prevention orientation. It is felt that adapting TQM to the health sector may help to improve quality of service.

The TQM approach provides that it is vital to have a genuine commitment to the concept of quality. The health facility must therefore formulate a mission statement to reflect the commitment to the notion of quality. The mission statement must be made known to all the health staff. This may help in a concerted effort to the objective of quality of health service.

It is felt that commonly held values and attitudes must change to proceed with the TQM technique. A new frame of mind, a culture of quality is required so that there is synergy among all the health staff to utilise the TQM approach in order to improve health service.

Visionary Manager: It is felt that quality of service is inspirational and it requires the thoughtful experience and structured guidance of the manager to put in place a comprehensive quality programme. It is therefore recommended that a visionary type of manager be responsible for the health facility of the peripheral health system. It is viewed that the manager must have the following mind-set:

1. From controller to empowerer: Instead of controlling the manager must empower and encourage employees to play an active role.
2. From reactive to proactive: A proactive manager must take initiative and anticipate problems.

3. From status quo to continuous improvement: The manager must innovate. He must examine the system and bring about improvement to do things better.

The manager must be fully convinced and dedicated to strive to attain quality of service. He must be able to communicate effectively and impart his enthusiasm to the health staff. He must recognize that the health staff have potentialities. He must involve and empower the health staff. He must make each staff feel that he has an effective part to contribute to the quality of service. As the health staff become conscientious and do things right they meet the manager's expectation. A form of mutual comprehension and cooperative relationship then develops between the manager and the health staff. This eventually leads to a win-win situation where both the manager and the employee work in unison to strive for quality of service.

Promoting the principle of good organizational citizen: Besides the role of the manager it is recommended that it is important to encourage the development of good organizational citizen among health staff. Similar to a good citizen of a country, a good organizational citizen may engage in behaviour beneficial to the organization. The organizational citizen tends to promote the effective functioning of an organization. He shows discretionary behaviour which includes
acts of co-operation, protecting the organization from disaster, providing constructive suggestions for improving the organization's performance and creating a favourable impression of the organization on customers. He displays traits of altruism, conscientiousness, courtesy civic virtue and a sense of sportsmanship where he tends not to pay attention to petty problems but strives to serve the interest of the organization. By fostering the attitude of a good organizational citizen among the health staff it is expected they are going to develop a high sense of devotion, look after patients well and contribute to quality of service.

Robust Quality: In a quality system all aspects of work are organised around processes. To achieve robust quality in the health facility it is recommended that management sets up a system to monitor and measure processes. Monitoring and measuring processes are important to enable management of the health facility to find out what is happening to its processes and take corrective action if necessary. In a health facility where various services are inter-connected it may be appropriate to make use of the flow chart and control chart to monitor how each service is performing. There is regular collection of data. Management communicates and gives feedback of the monitoring exercise to each unit. This serves as an impetus to each unit to take remedial action and make an effort to do better each time. It is therefore important to arrange to monitor processes at the Peripheral health system level to check process failure and contribute towards customer satisfaction and quality service.
Adding Value To Delivery Of Health Service: It is recommended that to stand out as a credible health institution an effort has to be made at the peripheral health system to add value to health service. A value-added approach to health service may help to identify steps in the health delivery service which do not contribute to add value and consequently such steps may be eliminated. This is supported by Robert B. Tucker who states that "you must continually search out ways to add value". It is felt that the management and health staff have recourse to the faculty of creativity and inventiveness in the endeavour towards added value. This creates greater cooperation between management and the health staff resulting in rise in productivity and better standard of service. Value-added is perceived as the plus element which enables the health facility not only to meet customer satisfaction but to aim at higher quality of service.

Concluding Remark: It has been found as a result of the study that the peripheral health system is confronted with variation in costs among CHCs and AHCs and also in respect of negative perception regarding its level of health service. A comprehensive and pragmatic agenda has been elaborated proposing rationalisation of the peripheral health system, decentralisation of health service, better efficiency in use of resources, cost-sharing to a limited extent and the implementation of the quality approach. It is felt that the quality method adapted to the special circumstances of the health service may emerge as an important response to the problems of the health service. It is generally viewed the
package of agenda may contribute to give a new orientation to the peripheral health system, it may bolster efficiency and quality of service so that there is renewed confidence in the health system.