

ABSTRACT

It is estimated that Sri-Lanka has the third highest death rate on account of Cardio Vascular Deaths (20.1%) in the SEA Region and this would worsen further .Sri-Lanka is in the advanced stages of a demographic transition and there is also a strong likelihood that the number of people aged 60 years and over, would be doubled by the year 2040. Patients with hypertension have to take regular monthly treatment from medical clinics. Currently, many patients attend medical clinics at secondary or tertiary care level hospitals. It is important that expected level of care is provided through these clinics for proper management of hypertension.

Considering above, the study was conducted to assess the quality of service provision to hypertensive patients in medical clinics in the selected three Base Hospitals in the Western Province.

Descriptive cross-sectional study was conducted from the 1st of September 2010 to the 30th of September 2010. The study consisted of two components ie facility survey assessment was made of facilities available for patient care including human resources, and by an Interviewer Administered Questionnaire data on patient satisfaction, waiting time and availability of supportive services were assessed.

From all the Base Hospitals in the Western Province that were listed , three hospitals were selected randomly. It was decided to select a representative sample of hypertensive patients, proportionately from each B.H ie. 145, 146 and 131 patients, totalling 422 from B.H. Avissawella, B.H Homagama, and B.H Horana respectively. For this purpose, five

interviewers were employed, to interview 8 to 9 respondents per interviewer per day totalling 40 to 45 per day for a period of three days at each hospital. There were 415 participants and 7 were non respondents.

Majority of the participants were over 50 years of age (87.5%), Sinhalese (97.1%), females (63.6%) of poor socio-economic group (85%) and were living less than 10km distance (68%) from the hospital.

According to the first specific objective the physical facilities available in the three hospitals were observed from the Principal Investigators facility survey. Accordingly seating was insufficient in B.H. Avissawella where as in B.H Horana and B.H. Homagama seating facilities were always sufficient for the patients. In all the three hospitals availability of equipment and laboratory investigations were satisfactory.

In regard to the second specific objective when considering factors affecting waiting time displacement of direction boards from the clinic to the dispensary and laboratory, pre packing of essential drugs in the dispensary and giving time appointments had contributed to minimize the waiting time in all three hospitals .But issuing a fixed time appointment in B.H Horana have contributed to minimize the waiting time even more.

As regards the third specific objective by observing availability of equipment, drugs and conduct of health education programmes, questioning patients whether their blood pressure was checked or not were some of the factors to assess the care given to hypertensive patients. The study revealed that although BP apparatus was available blood pressure was not checked in 9.9% of the at B.H Avissawella, 6.2% of the patients at

B.H Horana and 2.8% of the patients at B.H Homagama. Although health education was given on every clinic session on average 39% of patients in all three hospitals did not receive health education during this study period due to the fixed time appointments.

The last specific objective, with regard to assessing the level of satisfaction of hypertensive patients on service provision by the medical clinics in the three selected base hospitals in the Western Province it is found that on an average there were only 88.2%, 78.8%, 83.1% and 86.3% of the patients who were satisfied on welcome/front line services, facilities, care and time spent respectively in all three hospitals. More than 90% of the patients intimated that on the previous visit the date for the next visit (appointment) was given to them. The main reasons for dissatisfaction were lack of space and seating accommodation at the BH Avissawella, poor cleanliness of the toilets at B.H Avissawella and Horana. The facilities at B.H Homagama were good and appreciated by the patients.

It is recommended that the time expended for registration of patients, consultation, service at the dispensary, should be improved and other facilities including drugs be made available.

Key words: Quality, Clinics; Hypertension