WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Analyze the Barriers for Regular Supervision of PMCUs in RDHS Colombo

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ABSTRACT

The primary goal of the health services to provide good quality of health care, free at the point of delivery and ensuring equitable coverage. There are many new challenges to deliver the health care services. They main challenges are demographic, epidemiological and social transitions. Key issues that the health system is currently faced with are underutilization of primary level curative care institutions, a culture of self-referral and lack of an effective referral mechanism which has resulted in bypassing the closest primary care institutions.

The Ministry of Health has shown enduring commitment towards improving Primary Health Care (PHC) through the primary care restructuring program. The main intention is to ensure universal health coverage to all citizens, through an integrated, comprehensive and efficient health care service.

Supervision is the process of assisting, supporting and monitoring for the purpose of improving skills and performance of institutions. In order for a supervision system to be effective, there are a number of elements that need to be in place in an institution. Regional Directorate of Health Services (RDHS) Colombo is the administrative authority of the preventive and curative health care institutions. At present there is no mechanism available for regular supervision including lack of supervisory tool to supervise PMCUs with in RDHS Colombo.

The objective of this case study is to analyze the barriers for regular supervision of PMCUs in RDHS Colombo and provide solutions to overcome these issues and to develop a supervision tool for PMCUs.

The methodology used to gather information on the major issues was key informant interviews, Focal group discussion, direct observation and evaluation of the secondary records were the tools used to analyze the situation. The identified problems were prioritized based on the key informant interviews are held with the Regional Director Health Services (RDHS) of Colombo Deputy RDHS MO, Non-communicable Diseases (NCD) and MO Planning, of RDHS Colombo using Pareto analysis principles.

The selected problem for further discussion is “No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs”

The root causes of the selected problem were further analyzed using Isikawa diagram. Human related underlying and root causes were found to be the major contributors for the identified problem.

It is recommended to develop a strategic supervision plan to supervise all PMCUs and to formulate the supervision tool with appropriate content and to improve training workshops on supervision to PMCU staff.

1. Introduction

The mission of the health system is to maintain the health and wellbeing of the people and this can be achieved by improving the quality of performances, productivity as well as an appropriate management system and regular supervision on providing health care services (Bahadori et al., 2012).

Regional Directorate of Health Services (RDHS) Colombo is the administrative authority of the preventive and curative health care institutions situated in Colombo district, except the institutions administered by the line ministry and Colombo Municipal Council (CMC). It also provides primary, secondary, and tertiary care services to the similar population.

There is one District General Hospital (DGH), one Base Hospital (BH), nine Divisional Hospitals (DH), twenty-seven Primary Medical Care Units (PMCU) and eighteen Medical officer of health division (MOH) comes under the administrative purview of RDHS Colombo.

There is a noticeable absence of a strong primary care-level system (Divisional Hospital and PMCUs) for primary care, including a scarcity of general practitioners with relevant expertise. In fact, 70- 80% of all care should be delivered at the primary care level. Bypassing leads to underutilization of

small institutions and overcrowding in the bigger institutions. It is essential, therefore, to revisit achievements and challenges through primary care strengthening project to manage PMCUs in attaining universal health coverage and the Sustainable Development Goals (SDG) for health (Ministry of Health SriLanka, 2017).

Directorate of Health care quality Secretariat (DHQS) is the apex body of healthcare quality and safety provided the task of preparing a supervisory tool and indicators that could evaluate the quality of care provided by the primary care institution at the provincial and RDHS levels in Sri Lanka.

The supervision tool with the participation of the relevant stakeholders includes checklists of physical infrastructure and cleanliness, storage and availability of drugs, waiting time, checklist/observation list patient-provider interactions, records to examine compliance with appropriate guidelines and patients' experiences.

RDHS needs to initiate supervisory visits and reports need to be sent to the DHQS quarterly basis for further analysis.

2. Objective

To analyze the barriers for regular supervision of PMCUs in RDHS Colombo and provide solutions to overcome these issues and to develop a supervision tool for PMCUs.

3. Methodology

The methodology used to gather information on the major issues was key informant interviews, Focal group discussion, direct observation and evaluation of the secondary records were the tools used to analyze the situation. The identified problems were prioritized based on the key informant interviews are held with the Regional Director Health Services (RDHS) of Colombo Deputy RDHS MO, Non-communicable Diseases (NCD) and MO Planning, of RDHS Colombo using Pareto analysis principles.

The root causes of the selected problem were further analyzed using Isikawa diagram/ cause and effect diagram.

4. Situation analysis

Supervision is the process of assisting, supporting and monitoring for the purpose of improving skills and performance. RDHS Colombo has 18 Medical officers of Health (MOH) areas and 27 Primary Medical Care Units (PMCU). In order for a supervision system to be effective, there are a number of elements that need to be in place in an institution. At present there is no mechanism available for regular supervision including lack of supervisory tool to supervise PMCUs with in RDHS Colombo. The root causes are lack of potential leadership, Lack of credibility of the supervisors, lack of cooperation of the stakeholders, lack of requisite organizational structure and culture to do supervision, Lack of time (excuse), shortage of manpower (often more of an excuse than real), lack of motivation and lack of support to supervisors from the rest of the system.

There is no permanent RDHS appointed last one-year results authorities to use their authority to regularize supervision in PMCUs of RDHS Colombo. In addition, no willingness to delegate supervision to deputy RDHS or other heads to supervise RDHS institutions. The turmoil in appointing a permanent leader weaken the management and difficult to get the cooperation of the stakeholders and halts the requisite organizational structure and culture to do supervision.

Lack of staff expertise and insufficient funds is one of the factors that leads to the deficiency of the supervision frameworks in RDHS office. Furthermore, lack of sufficient commitment and financing will limit the capacity of the expert supervisors in supervising the providing services.

There is no sufficient incentives & support for supervision given for the staff participated in supervision.

5. Identified major problems/issues

Based on the situation analysis the following seven problems are identified

I. Lack of clearly defined supervisory structure and adequate supervisory personnel

II. Lack of clearly defined lines of authority & accountability.

III. Lack of transport (designated institutional vehicle) to do supervision.

IV. Lack of financial resources to do regular supervision and related payments.

V. No existence of a comprehensive data base

VI. No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs. (No potential leadership, Lack of credibility of the supervisor, lack of cooperation of the stakeholders, the requisite organizational structure and culture of supervision to initiate the process of tailor-make the existing, Lack of time (excuse), shortage of manpower (often more of an excuse than real), lack of motivation, lack of support to supervisors from the rest of the system.

VII. Interference of labor unions to take discipline/legal necessities to regulate supervision findings.

1. Lack of clearly defined supervisory structure and adequate supervisory personnel

There is no clear supervisory structure observed in RDHS office. Therefore, there is no clear objectives of supervision and lack of understanding of the role of supervisors. There were no supervision work plans or work schedules introduced and no training workshops organised on supervision for last two years. There were no audit or research carried out related to supervision in RDHS office though there were enough experts available with research knowledge in planning unit. There were no guidelines for supervision formulated in RDHS office to supervise any institutions. Therefore, no supervisory visit or observation visits taken place, and no more feedback mechanisms to improve the PMCUs.

2. Lack of clearly defined lines of authority & accountability

There is no permanent RDHS appointed last one-year results authorities to use their authority to regularize supervision in PMCUs of RDHS Colombo. In addition, no willingness to delegate supervision to deputy RDHS or other heads to supervise RDHS institutions. The turmoil in appointing a permanent leader weaken the management and difficult to get the cooperation of the stakeholders and halts the requisite organizational structure and culture to do supervision.

3. Lack of transport (designated institutional vehicle) to do supervision.

There are altogether 33 ambulances and 98 other vehicles available at RDHS Colombo. The other vehicles are 30 Cabs, 09 Jeep, 12 Van, 19 three wheels, 07 Motor Bike, 16 Lorries, 03 Crew cab, 01 Bus and 01 Car. These all vehicles are used to transport patients, staff, and drugs from institutions to other institutions to deliver the health care services. There is no assigned vehicle to do supervision by supervision team and no one has enthusiasm to allocate a vehicle for supervision.

4. Lack of financial resources to do regular supervision and related payments.

There are no separate or special financial resources to do regular supervision or related payments. The team needs some incentives to motivate them to do supervision regularly.

5. No existence of a comprehensive data base

There is no data regarding PMCU physical infrastructure, storage and availability of drugs, waiting time, and records to examine compliance with appropriate guidelines.

6. No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs.

There are many reasons for a well-organized mechanism not in place for supervision. The main reasons are due to the frequent changes in leadership, inadequate supervisors, lack of cooperation of the stakeholders, the requisite organizational structure and culture for supervision Lack of time (excuse), shortage of manpower (often more of an excuse than real), lack of motivation and lack of support to supervisors from the rest of the system.

7. Interference of labor unions to take discipline/legal necessities to regulate supervision findings.

Labor unions are more powerful in interfere in decision making process and cause interference in many policy matters in health care system. They are hindrance to take discipline/legal necessities to regulate supervision findings.

5.1. Prioritization of the problems

Two steps are used to prioritize the problems.

In the first step the problems were analyzed and determined whether they can be addressed in the RDHS level. Problems 1, 11, and 111, V and VI are selected according to these criteria.

In the second step Pareto principal is used to determine the problem which cause highest effect. RDHS, Deputy RDHS, co-registrars, MO-NCD and MO Planning were used for this exercise.

The selected problem for further discussion is "**No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs**"

5.2. Analyzing the selected problem

The selected problem was further analyzed to find out the underlying and root causes by using Isikawa diagram/Cause and effect diagram. The information to find out the causes were obtained from the key informants; The RDHS, Deputy RDHS, co-registrars, MO-NCD and MO Planning

5.3. Effect "No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs"

5.4. Causes

Figure 13 describes the root causes for "No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs"

Figure 13- The root causes for "No mechanism of mode of supervision including lack of supervisory tool to supervise PMCUs"

Causes	Underlying causes	Root causes
1. Human resource	1.1. Frequent change of Regional Directors/ Regional Deputy Directors	1.1.1. Lack of Public Service Commission appointed medical administrators due to dragging of recruitment and selection process
		1.1.2. Released for another Public Service commission Post.
	1.2. Lack of interest shown by experts (Community Physicians and Medical officers) attached to RDHS office to supervise PMCUs effectively	1.2.1. Consultant community physicians appointed temporarily
		1.2.2 Medical officers annual transfer and retirement and replaced by post interns
		1.2.3 Concentrated on other priority issues.
		1.2.4. Lack of positive attitude
	1.3. Lack of direct supervision, monitoring, and evaluation of the PMCUs by the Medical officers of Health (MOHs) and Head of Institutions.	1.3.1. Lack of time – covering up more than one designation
		1.3.2. Not adequately clear on how to supervise PMCUs
		1.3.3. Some PMCUs medical officers not willing to supervise by Medical officers of Health.
2.Building/Machine/ Vehicles	2.1. Inadequate Vehicles	2.1.1. No Vehicles to transport supervision team to transport according to the plan.
		2.1.2. No adequate fuel due to economic crisis
	2.3. Lack of incentive payments.	2.3.1. Lack of funding
3. Method	3.1. Not adequately clear on how to supervise PMCUs	3.1.1. Lack of knowledge on supervision.
		3.1.2. Not given priority to do supervision related meeting/work plan or work schedule.
4. Material	4.1. Lack of institutional guidelines/protocols/tool	4.1.1. Not given priority to develop such guideline/protocols/tool.
		4.1.2. Lack of knowledge on developing such guideline/protocol/tool
	4.2.no efforts made to customize/adopt the published PMCU supervisory tool by the Ministry/Primary care strengthening project.	4.2.1. Not given priority
		4.2.2. Lack of availability
5. Environment	5.1. Lack of support by Institutional heads to do supervision	5.1.1. Lack of interest
		5.1.2. Lack of pressure given from the hospital
		5.1.3. Lack of pressure given by the society

5.5. Selected cause

Human resource related causes were selected to give recommendations and action plan since it has highest number of underlying and root causes.

6. Recommendations

I. Regional Directorate level a strategic supervision plan needs to be developed and this plan should be communicated with all Head of Institutions (PMCUs) to get consensus on do supervision of all staff category and PMCUs within RDHS.

i. Appointing an expert committee to prepare the strategic supervision plan including all technical experts.

ii. Based on the strategy plan, a supervisory team need to be developed to supervise all the PMCUs.

iii. Supervision team should be trained by doing pilot projects initially and fine-tuned the supervisory tool.

iv. Based on the strategy plan a time table will be arranged to supervise all institutions with in a stipulated time.

v. All supervision reports need to be reviewed on the supervision day with all staff in the hospital premises with the presence of RDHS and feedback of supervision disseminate back to PMCU staff.

II. The RDHS and authorities need to formulate the supervision tool with appropriate content.

i. Formulate the tool with experts as needed and fine tune the format by doing pilot study.

ii. Sensitize the PMCU staff regarding the supervision tool by training them in pre-arranged. workshops to improve their loyalty, beliefs, attitudes, and work behaviour towards the institution.

iii. Encouraging employees to feel free to offer suggestions and ideas to participate in the supervision.

iv. Keeping aware that employees are individuals whose degree of decision-making participation will vary with their interests, the possible effects of the decision upon them and how they view the urgency of the situation.

III. Improve training workshop on supervision to PMCU staff and should be given higher priority.

This can be done by

i. In-service training program to HOIs and In-charge staff officers to improve their supervision skills

ii. Arrange mock workshops to do “Team supervision”.

6.1. Implementation Plan

1.Appointing an expert committee to prepare the strategic supervision plan including all technical experts

2.supervisory team need to be developed to supervise all the PMCUs.

3.Formulate the tool with experts as needed and fine tune the format by doing pilot study

4.Sensitize the PMCU staff regarding the supervision tool by training them

5.In-service training program to HOIs and In-charge staff officers to improve their supervision skills and arrange mock workshops to do “Team supervision”.

7. Conclusion

The proper supervision requires strategies such as system for data collection, stakeholder's advocacy and inspire motivation among care providers to create appropriate institutional structure and culture in improving the quality of the services, as well as reducing the costs needed to apply supervision techniques. Regular supervision is a vital aspect to evaluate our services in a healthcare institution. It is recommended to develop a strategic supervision plan to supervise all PMCUs and to formulate the supervision tool with appropriate content and to improve training workshops on supervision to PMCU staff.

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