

Positioning for High Volume Service

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Introduction: Cataract is the commonest cause of reversible blindness worldwide¹ that is accountable for about 45% of blindness, this condition can be reversed with a simple cataract surgery that takes just about five minutes. There is no simple definition of high volume surgery that is universally acceptable². In India, a high volume center does up to 80 cataract surgeries in a day³, but in Nigeria a center doing up to 84 cataracts in a month is regarded as a high volume center². In Sub-Sahara Africa, the prevalence of cataract is high due to lack of well-equipped centers and manpower. Evangelical Church Winning All (ECWA) Eye Hospital was established in 1941 in Kano, Nigeria to reduce the prevalence of cataract in this region.

The ECWA Strategy: The hospital management in 1994 sent 4 indigenous doctors to be trained as ophthalmologists within and outside the country as well as 6 ophthalmic nurses; and by 1997 all were back to base hospital. In 1996 the hospital got the following equipment: 5 Operating microscopes, 10 Cataract sets, 5 Glaucoma sets, 3 Squint sets, 2 sets of Trephines size 7mm to 11mm, 1 set of Dacryocystorhinostomy instruments, 2 Enucleation sets, 2 Evisceration sets, 1 Cryo-machine for retinal detachment surgery and many other equipment for the ward and outpatients department (OPD).

The trained manpower and well-equipped hospital reduced the OPD waiting time which in turn increased the number of outpatients in the hospital coupled with good surgical outcome. However, some of the patients were not able to pay for their surgeries as such the management approached a local Non-Governmental Organization (NGO) to help out by reducing the cost of cataract surgery per eye to the barest minimum. With this support, the number of cataract surgeries in the hospital increased astronomically. When other NGOs saw what the local NGO had done they also joined and together they were able to sponsor more than 3,000 cataract surgeries in a year.

The above was made possible because of good leadership that was in place right from inception; and the qualities of a good leader are enumerated below.

Vision: A leader must know the vision of the organization, see possibilities and identify opportunities but does not stop there. He/ she must turn these ideas into actions that place the organization ahead.

Integrity: The importance of integrity should be obvious as a top-level executive who charts the organization course and making countless significant decisions. He/she must be honest (not stealing), of high moral standard (not having loose relationship with the opposite sex that will undermine discipline in the system) and lead by example (must not come late to work and so will be able to discipline others).

Courage: A leader must have courage and the ability to speak up with willingness to face challenges, he/she must be able to deal with staff issues appropriately without favoritism or tribalism and to solve immediately any problem that can bring down the organization.

Communication: The leader must be able to communicate in clear terms and in various ways what the intended activities are to all cadre of staff as this will positively affect the growth of the organization.

Influence: The leader should have the ability to convince others through a logical proof for a change that will bring progress to the organization. He/ she must ensure that all staff are stakeholders and to motivate them when they excel in special areas, by so doing they will work harder to uplift the institution by increasing productivity thereby making the organization a high volume center.

Training: The leader must identify and train the best staff in relevant fields that will increase the uptake of patients in the hospital, they must be ready to transfer skills they had acquired to others in the system so as to increase productivity. The leader should provide a conducive working environment and skill acquisition by so doing when the leader is away, work still go on as normal with high productivity.

Equipment: The leader must go for the best and the latest equipment by following the advancement in technology, he/she should order for large quantity of instruments e.g. 30 Cataract sets, 10 Microscope, 5 Glaucoma sets, etc. This is so because in a private organization you must not wait for instrument to be repaired, it should be replaced immediately for work to continue, while the broken down instrument await repairs, by so doing there will be no time loss, targets are met, and the organization will be a high volume center.

Collaboration: A leader must learn to collaborate with others because together we can do more, this is why ECWA Eye Hospital, Kano is a high volume center because it has strong collaboration with International and local NGOs for high volume cataract surgeries. This is achieved as follows; the cost of paying cataract surgery is seventy thousand naira only per eye and no waiting list, but when an NGO decide to support patient and to do large number, the cost is only fifteen thousand Naira only. With this, interested individuals or corporate organizations can do as many as five thousand cataract surgeries in a year as shown below in Figure 1 and 2.

As seen in literature, children population is estimated to be 75 million⁴ out of which 75,000 are said to be blind from various causes⁴ and 7,500 are blind from cataract⁴. Reducing blindness in this age group require appropriate planning with



Figure 1: Free Paediatric Cataract Surgery sponsored by Christoffel Blindenmissiom (CBM)



Figure 2: Free adult cataract surgery

well equipped centres that have collaboration with NGOs.

Outcomes: As a result of collaboration with NGOs the hospital was able to do a total of 3,033 cataract surgeries for adults and 675 for children in the year 2019 as shown in Table 1.

In the year 2020, the world experienced the COVID-19 pandemic. In spite of that, the hospital

Table 1: ECWA Eye Hospital, Kano Statistics for the year 2019

JAN. TO DEC. 2019	ADULTS	CHILDREN	TOTAL
Refraction	8,657	1,435	10,092
Glasses Dispensed	2,731	1,294	4,025
Low Vision Devices Dispensed	32	20	52
Cataract Surgery (Hospital Based)	3,033	675	3,708
Trabeculectomy/ Goniotomy	1,390	50	1,440
Lid surgery	16	2	18
Squint surgery	4	1	5
IOL Scleral Fixation	26	0	26
Others	673	122	795
TOTAL	16562	3,599	20,161

Table 2: ECWA Hospital, Kano statistics for the year 2020.

JAN. TO DEC. 2020	ADULTS	CHILDREN	TOTAL
Refraction	6,857	1,192	8,049
Glass Dispensed	2,618	661	3,279
Low Vision Devices Dispensed	8	1	9
Cataract Surgery (Hospital Based)	2,112	78	2,190
Trabeculectomy/ Goniotomy	1,085	70	1,155
Lid surgery	12	2	14
Squint surgery	8	2	10
IOL Scleral Fixation	34	1	35
Others	530	181	711
TOTAL	13,264	2,188	15,452

was able to perform 2,112 cataract surgeries for adults and 78 for children as shown in Table 2.

Conclusion: The secret to achieving high volume in any center has to do with good leadership, who are committed to the vision of the organization, with the hope of training and retraining of staff in all sub-specialty of Ophthalmology, this will lead to high quality cataract outcome that is affordable which will lead to high volume.

References

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