

Health systems responsiveness at a leading private hospital in Sri Lanka

Abstract

Responsiveness is identified as a key goal of the health systems by the World Health Organization. There are eight elements in responsiveness namely, Dignity, Confidentiality, Autonomy, Communication, Prompt attention, Basic amenities, Access to social support, and choice of provider. The objective of this report was to assess the responsiveness of healthcare delivery in a leading private hospital in Colombo, Sri Lanka. Observations (participant and non-participant) and informal discussions were used to collect the data. Indicators were developed to assess the responsiveness and a 04-point Likert Scale was used as the scoring system. According to the result, all eight elements of responsiveness were in the range of 79% to 80% and can be considered “excellent”. Recommendations were given for further improvement of selected elements of responsiveness.

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Introduction

Responsiveness

All over the world, people expect the health system to treat them humanely, with dignity, and to be accompanied with comfort and convenience. Therefore, responsiveness was identified as a key goal of the health systems by the World Health Organization (WHO). The WHO in its “World Health Report 2000” described 3 intrinsic goals as indicators of health system performance.¹ They were Health, Fair financing and financial risk protection, and Responsiveness. The goal of Health ensures the improvement and maintenance of the health of the population. Fair financing and financial risk protection assure that households are not becoming impoverished or paying an excessive share of their income when obtaining needed health care. Responsiveness is how the system performs in relation to the non-health aspects of the population, meeting or not meeting their legitimate expectation of treatments.

The elements of responsiveness

WHO has introduced eight domains of responsiveness which can be divided into two clusters “respect for persons” and “client orientation”. Respect for person cluster contains four elements namely dignity, autonomy, confidentiality, and communication.

- A. Dignity** – Individuals should be treated with respect, and welcomed at the health care unit, always addressed respectfully. Individuals should be examined and treated in a manner that respects their privacy.
- B. Confidentiality** – Consultation with patients should be carried out in a manner that protects their privacy. Healthcare providers should maintain the confidentiality of any information that is provided by the patient.
- C. Autonomy** – Individuals should be allowed to make decisions regarding the type of treatment after discussion with the healthcare provider. Patients with sound minds should have the right to refuse treatment.
- D. Communication** – Healthcare providers should explain things simply and clearly so that patients can understand. Patients should be given a chance to ask questions and clarify doubts.

E. The client orientation cluster contains four elements namely, prompt attention, basic amenities, choice of care provider, and access to social support.

F. Prompt attention – Healthcare facilities should be geographically accessible; patients should be able to get care fast in emergencies. Waiting time and waiting list for consultation and treatment should be short.

G. Basic amenities – the environment in which healthcare is provided should include clean surroundings, adequate furniture, healthy and edible food, sufficient ventilation, clean water, toilet, and linen.

H. Provision of social needs – procedures within in-patient health care units should allow visits by relatives and friends, religious practices, access to radios, newspapers, and post-hospital support.

I. Choice of care provider or facility – patients should be able to reach health services of choice without much difficulty and they should be able to choose their healthcare provider. The individual should be able to get a second opinion and general and specialist care as appropriate. The responsiveness applies to all healthcare systems. Therefore, performance can be compared between healthcare institutions as well as between various countries.

Private hospital

The private hospital is housed in an 11-story building with a capacity of 367 beds. It is staffed with more than 1900 employees, including 942 consultants. A total of 22100 inpatients and 264100 outpatients received care from the hospital during the year 2021. With the vision “To be the foremost and preferred private healthcare facility in the country, which will serve the nation and her people to build a healthier community” it provides the customers with a world-class healthcare experience. The hospital has sharpened its competitive position through state-of-the-art medical and clinical technology, continued compliance with a range of international accreditations, and service excellence.

It is the most accredited hospital in the Sri Lankan healthcare sector and was able to sustain the JCI (Joint Commission International) accreditation over the years. In addition, it was honored with several

awards, including MTQUA (certified for medical Tourism by the Medical Travel Quality Alliance), CAP (Accredited by the College of American Pathologists), and SLAB (ISO 15189:2007 certification).

Methodology

The following methods were used to assess the responsiveness at the private hospital.

Observation

- Non-Participant Observation: observing the natural behavior of subjects and surroundings without disturbing their process. Unstructured observations were performed to collect data.
- Participant Observation: observing while participating in the process. Covert observations were performed mainly to collect the data.

Informal discussion – Discussions were held with patients and staff without revealing my identity.

Indicators were developed to assess the responsiveness according to the Manual for Master Trainers Healthcare Quality and Safety published by the Ministry of Health, Sri Lanka.

The assessment was carried out at the patient reception area, registration and admission area, customer care counters, outpatient department (OPD), Emergency Treatment Unit (ETU), laboratory, radiology department, patient waiting areas for channeling, dental treatment unit, outpatient pharmacy, surgical and medical wards, cafeteria, and car park.

A scoring system with a 04-point Likert Scale was used to categorize each element of responsiveness (Table 1–10).

Table 1 Likert scale

Response	Score
Poor	1
Average	2
Good	3
Excellent	4

Table 2 Assessment of dignity

Indicator	Location	Observation	Remarks
Welcome at the entrance	Information desks at the entrance to the hospital	all patients were welcome by the reception staff.	Excellent (4)
Addressed respectfully	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards, vehicle park	Patients were addressed by calling them “sir” & “madam” or Mr. & Ms. Addressing patients/ customers by the security staff is not satisfactory compared to other staff.	Good (3)
Respecting the patient's privacy when examining and treating them	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards	All staff tried to maintain patient privacy. Inadequate room in the day surgical unit and ETU was a hindrance.	Good (3)
Availability of a separate consultation room	Channel Consultation & OPD,	The consultation rooms are well-covered.	Excellent (4)

Overall score = 14/16

Table 3 Assessment of confidentiality

Indicator	Location	Observation	Remarks
1. Maintaining the confidentiality and privacy of patients	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards	Confidentiality and privacy are satisfactorily maintained at all places except the day surgery unit where breaches occasionally happened	Good (3)
2. Restricted access to Patient's medical records	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards	Access to medical records was limited to authorized persons only	Good (4)

Overall score 7/8

Table 4 Assessment of autonomy

Indicator	Location	Observation	Remarks
1. Patients were allowed to select the doctors	Channel Consultation, OPD, & admission room	Patients had the privilege of selecting the doctor. Otherwise, they were guided to select a doctor or admitted under the care of the on-call doctor for the day.	Excellent (4)
2. Patients were allowed to decide on the type of room for admission	Admission room	Patients had the privilege of selecting a room or ward facility	Excellent (4)
3. Patients were informed about alternatives modes of treatment with costs	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards	Patients were given adequate information to make informed decisions on the choice of treatment	Excellent (4)
4. Patients were allowed to decide on the type of treatment	Channel Consultation & OPD, A& E Unit, Surgical & Medical wards		Excellent (4)

Overall score 16/16

Table 5 Assessment of communication

Indicator	Location	Observation	Remarks
1. The health staff explained things simply and clearly	At the admission counter, pharmacy, radiology department, and laboratory	Patients are given clear instructions in their preferred language	Excellent (4)
2. Patients were allowed to ask questions			Excellent (4)
3. Customers were able to communicate in their preferred languages	Channel Consultation & OPD, A&E Unit, Surgical & Medical wards, cafeteria, vehicle park	Patients were often addressed in their preferred language during conversations. Occasionally, Tamil-speaking patients felt difficulties. Language support was available for Maldivian and Seychelles patients. Most of the signboards were displayed in English language only.	Average (2)

Overall score 10/12

Table 6 Assessment of prompt attention

Indicator	Location	Observation	Remarks
1. Accessibility of the facilities	The hospital and patient/customer care points	The hospital itself and all the units are easily accessible to patients and differently able persons	Excellent (4)
2. Time taken to provide care in emergencies	A & E Unit	There is a separate entrance for ETU. The preparedness of the staff is satisfactory. Mini theatre and pharmacy are available at ETU. An ambulance service with a competent staff is available to pick up the patients on demand.	Excellent (4)
3. Waiting time for consultations at channel stations & OPD	Channel Consultation & OPD,	The waiting time at channel stations was highly variable. The waiting time for OPD is about 15 minutes.	Average (2)
4. Waiting time to receive medicines and for blood investigations	Out pharmacy and laboratory	Pharmacy waiting time is about 10 minutes but prolonged during rush hours. The waiting time for blood investigations is around 15 minutes.	Good (3)
5. Promptness of service for inward patients	Medical and surgical wards	There were hardly any complaints regarding delays in service provision from inpatients. Considerable delays were observed for discharges.	Average (2)
6. Waiting lists for procedures.	Theatres & radiology department	Minimal waiting lists were observed for procedures	Excellent (4)

Overall score 19/24

Table 7 Assessment of basic amenities

Indicator	Location	Observation	Remarks
1. Cleanliness of the premises	Hospital premises and surroundings	Generally, the whole hospital premises was clean and pleasant.	Excellent (4)
2. Adequate furniture	Patient waiting areas at channel stations, OPD, pharmacy, and laboratory	Adequate and comfortable seating facilities were available	Excellent (4)
3. Healthy and edible food	Medical & surgical wards & cafeteria	Good quality foods are served to inpatients. The cafeteria serves both healthy food and unhealthy junk foods.	Good (3)
4. Clean water	Hospital premises	Water dispensers were available in many places. But cups were not available.	Good (3)
5. Clean toilets	Hospital premises	Sanitary facilities were adequate and clean.	Excellent (4)
6. Clean linen	A & E unit, medical & surgical wards	The bed linen at ETU and wards appeared clean. An excellent cleaning and sterilization process of linen was observed at the CSSD.	Excellent (4)
7. Availability of parking facilities	Vehicle Park	The parking facilities are inadequate. Vehicles parked on the payment and walking passages were observed during busy hours.	Average (2)

Overall score 24/28

Table 8 Assessment of provision of social needs

Indicator	Location	Observation	Remarks
Visitors are allowed to see inpatients.	Medical and surgical wards	Visitors are allowed to see inpatients at their convenience depending on patients' clinical condition.	Excellent (4)
Religious practices are allowed for inpatients	Medical and surgical wards	Patients are permitted to get religious support whenever requested. A prayer room is available on all floors where services for patients are provided.	Excellent (4)
Access to reading materials, television, and internet facilities is provided	Medical and surgical wards	Televisions were available in-patient waiting areas and some rooms. All inpatients were provided with free Wi-Fi facilities. A playing area is available in children's wards.	Excellent (4)
Access to banks and other services.	Medical and surgical wards, OPD, & channel consultations	ATM facilities, an insurance desk, and a counter for Agraphara recipients were available.	Excellent (4)

Overall score 16/16

Table 9 Assessment of choice of care provider of facilities

Indicator	Location	Observation	Remarks
1. Patients have the freedom to choose the private hospital as their healthcare provider	Channeling counters and admission room	Patients have selected the private hospital as their healthcare provider on their own. Also, registered patients at the hospital obtain treatment from other private hospitals or government hospitals as they wish.	Excellent (4)
2. Patients have the freedom to consult doctors of their wish.	Channeling counters and admission room	A long list of specialist doctors either working on a full-time or part-time basis was available at the Hospital.	Excellent (4)
3. Patients have the freedom to get second opinions if they wish.	Channeling counters and admission room	Patients are allowed to change the consultant or medical officer from whom they obtained treatment if they wish.	Excellent (4)

Overall score 12/12

Table 10 Summary of assessment

Element	Score	Percentage	Grade
Dignity	15/16	94%	Excellent
Confidentiality	7/8	87%	Excellent
Autonomy	16/16	100%	Excellent
Clear communication	10/12	83%	Excellent
Prompt attention	19/24	79%	Excellent
Basic amenities	24/28	86%	Excellent
Access to social support networks	16/16	100%	Excellent
Choice of healthcare provider	12/12	100%	Excellent

Results

According to the results, all the elements of responsiveness scored between 79% to 100% and can be considered "excellent". Autonomy, Access to social support networks, and Choice of healthcare provider elements scored 100% on the assessment.

Discussion

The objective of this report is to assess the health systems responsiveness at a leading private hospital in Sri Lanka. Both subjective, as well as objective assessment methods, were used for the assessment. The assessor's previous experience as a hospital administrator in several healthcare institutions in the public sector was an added advantage in this regard. All the units directly involved with service delivery were assessed during this exercise. Overall, all

the elements of responsiveness were maintained at a satisfactory level in the hospital. Still, there is a possibility of further improvement of some elements. Though the dignity of the patients was respected by the staff, some lapses were observed at the entrance and car park where some security officers failed to address the customers with due respect. Also, due to the inadequate space between beds in the day surgical unit and ETU, sometimes confidentiality and privacy of the patients cannot be ensured.

Being a private sector hospital, patients' autonomy was maintained at the expected level by the hospital. There were issues related to the clarity of communication. The staff often conversed well at least in two languages including English. Efforts taken to provide language support for patients from Maldives must be appreciated. Digital signage and signboards must be displayed in all three languages to convey hospital information and health education messages.

Patient waiting times at channel stations were highly variable and exploring the ways and means of minimizing the waiting times lies with the hospital administration. Opening additional counters can improve waiting time at the out pharmacy during busy hours. Preparation of bills for discharged patients is a time taking procedure and inevitably delays releasing the patients from the wards. The parking facility is another area which needs improvement. Optimum utilization of existing parking space should be considered before opting to build a new parking facility. The administration should also consider implementing a healthy canteen policy in the hospital. "Access to social needs" and "choice of care provider" elements were maintained at a satisfactory level by the hospital staff. All the elements of responsiveness were far better in the private hospital compared to the government sector, even though such a comparison between the two different sectors cannot be justified. Being a PLC with profit-making motives, a high level of responsiveness provides the private hospital a well-deserved competitive edge over other private hospitals.

Recommendations

Based on the findings of the assessment of responsiveness in the private hospital, the following recommendations can be made in view of further improvement.

1. Rearrange the beds in the ETU and the "day surgical unit" ensuring more space between beds.
2. Implement a healthy canteen policy in the hospital.

3. Ensure the availability of disposable cups at water dispensing machines.
4. Conduct an audit to analyze the patients' waiting time for channel consultations.
5. Take steps to open additional counters at the out pharmacy during busy hours.
6. Employ trained parking assistants and arrange training for security staff regarding vehicle parking.

Conclusion

An assessment of responsiveness was conducted at the private hospital using observations and informal interviews as tools. According to the result, all eight elements of responsiveness can be considered "excellent". Recommendations were given for further improvement of selected elements of responsiveness.

Acknowledgments

None.

Conflicts of interest

The author declares that there is no conflicts of interest.

References

1. World Health Organization. *The world health report:2000: health systems: improving performance*. World Health Organization. 2000.