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Preparedness of Health System in Providing Continuous Health Care: A Case Study From Sri Lanka

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Abstract : Demographic transition from lower to higher percentage of elderly population eventually coupled with epidemiological transition from communicable to non-communicable diseases (NCD). Higher percentage of NCD overload the health system as NCD survivors claims continuous health care. The demands are challenging to a resource constrained setting but reorganizing the system may find solutions. The study focused on the facilities available and their utilization at outpatient department (OPD) setting of the public hospitals of Sri Lanka for continuous medical care. This will help in identifying steps of reorganizing the system to provide better care with the maximum utilization of available facilities. The study was conducted as a situation analysis with secondary data at hospital planning units. Variable were identified according to the world health organization (WHO) recommendation on continuous health care for elders in “age-friendly primary health care toolkit”. Data were collected from secondary and tertiary care hospitals of Sri Lanka where most of the continuous care services are available. Out of 58 secondary and tertiary care hospitals, 16 were included in the study to represent each hospital categories. Average number of patient attending for episodic treatment at OPD and Clinical follow-up of chronic conditions shows vast disparity according to the category of the hospital ranging from 3750 – 800 per day at OPD and 1250 – 200 per clinic session. Average time spent per person at OPD session is low, range from 1.54 - 2.28 minutes, the time was increasing as the hospital category goes down. 93.7% hospitals had special arrangements for providing acute care on chronic conditions such as catheter, feeding tube and wound care. 25% hospitals had special clinics for elders, 81.2% hospitals had healthy lifestyle clinics (HLC), 75% hospitals had physical rehabilitation facilities and 68.8% hospitals had facilities for counselling. Elderly clinics and HLC were mostly available at lower grade hospitals where as rehabilitation and counselling facilities were mostly available at bigger hospitals. HLC are providing health education for both patients and their family members, refer patients for screening of complication but not provide medical examinations, investigations or treatments even though they operate in the hospital setting. Physical rehabilitation is basically offered for patients with rheumatological conditions but utilization of centers for injury rehabilitation and rehabilitation of survivors following major illness such as myocardial infarctions, stroke, cancer is not satisfactory (12.5%). Human Resource distribution within hospital shows vast disparity and there are 103 physiotherapists in the biggest hospital where only 36 physiotherapists available at the next level hospital. Counselling facilities also provided mainly for the patient with psychological conditions (100%) but they were not providing counselling for newly diagnosed patients with major illnesses (0%). According to results, most of the public-sector hospitals in Sri Lanka have basic facilities required in providing continuous care but the utilization of services need more focus. Hospital administration or the government need to have initial steps in proper utilization of them in improving continuous health care incorporating team approach of rehabilitation. The author wishes to acknowledge that this paper was made possible by the support and guidance given by the “Australia Awards Fellowships Program for Sri Lanka – 2017,” which was funded by the Department of Foreign Affairs and Trade, Australia, and co-hosted by Monash University, Australia and the Sri Lanka Institute of Development Administration.

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