



New Vision
SPECIALIST EYE CLINIC

OPERATIONAL SUMMARY REPORT

Q2 (Apr - June 2019)

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1: EYE CONSULTATIONS

1.1 Total number of consultations attended

	Q2	
	M	F
NEW	104	109
REVISIT	204	173
SUB TOTAL	308	282
TOTAL CONSULTATIONS	590	

The clinic offers eye consultation services from Monday to Friday. Saturday is reserved for eye surgical services. This quarter had lower number of consultations attended as compared to the first quarter of year 2019 presumably due to long periods of heavy rains in the months of April and May resulting in fewer patients turn up for the services.

1.2 Compliancy to the bookings made

		Q2
TOTAL NO OF CLIENTS WHO MADE BOOKINGS		358
ATTENDED CLIENTS	With bookings	321
	Without bookings	269
NO SHOW CLIENTS		32
CANCELLATION		5
COMPLIANCY		91%

Compliancy on booking made on this quarter was very good with a score of 91%.

1.3 Clients' Time Spent at the clinic during routine eye consultations

TIME SPENT		Q2
	SHORTEST TIME	12 min
	LONGEST TIME	169 min
Number of clients who spent more than 120 min		3

Clients are expected to have been attended within two hours of their arrival at the clinic during routine consultation visits. In this quarter out of 590 consultations attended only three patients had spent more than 2 hours for their consultations, this has been achieved as the clinic is running on booking systems.

2: SURGICAL SERVICES

2.1: Intra Ocular Surgical uptake per procedure type

SURGICAL STATUS	PHACO		TRAB		PHACOTRAB		OTHERS		SUB TOTAL		TOTAL
	M	F	M	F	M	F	M	F	M	F	
DONE	2	5	2	1	1	0	3	3	8	9	17
OFFERED	15	13	2	1	4	3	5	5	26	22	48
Surgical Uptake											35 %

Done Surgical procedures grouped under “others” are indicated in the bracketed numbers below: Needling + 5-FU (2), Intra-vitreous Avastin inj (3), and SICS (1). In addition there were 5 extra ocular surgical procedure offered, out of which 3 were performed.

2.2 Surgical Service Utilization

The current surgical capacity; 10 intra ocular surgeries to be done once per week

Total number of intra ocular surgeries done (Twelve weeks); 17

Surgical Service Utilization; $17/120 = 14\%$. Surgical Service Utilization was significantly low compared to 21.7% of the 1st quarter, in-depth analysis to find possible cause(s) of low Surgical Service Utilization for the 2nd quarter and try to rectify the situation is already underway.

2.3 Clients' Time Spent at the clinic during surgical day

		Q2
TIME SPENT	SHORTEST TIME	66 min
	LONGEST TIME	188 min
Number of clients who spent more than 180 min		3

It's the clinic standard on the time a client spent during a routine surgical procedure not to exceed 180 minutes. During this period we normally make sure we provide adequate pre op preparations, safe surgery, and detailed post operative information before let the patient go home.

3: IMPORTANT UPDATES

3.1 1st TOS (Tanzania Ophthalmology Society) Scientific Conference

The 1st TOS Scientific Conference was a remarkable occasion brought together eye care professionals within and outside the country together with eye care partners as part of a larger family of eye care stakeholders here in Tanzania. The two days occasion on 22nd and 23rd June 2019 gave an opportunity to delegates learn new knowledge and skills from well tailored clinical presentations, create new networking and collaborations as well as strengthening the existing ones. We highly congratulate TOS secretariat for successfully holding this event and we are looking forward to see coming conferences being held every year with full of exciting

presentations which could come up with solutions in addressing major challenges eye health sector still faces in our country and across Sub Saharan Africa (SSA).



3.2: Chronic Glaucoma Care at NVSEC; One year review - Medical Therapy

During the conference we had an opportunity to present findings from one year clinical review on first time Chronic Glaucoma patients attended at our clinic. In this year's Q1 operational report we had already shared with our audience the poster ([click here \(no 1\)](#)) with the overall summary findings, and here we would like to highlight few important findings from the review about medical therapy practices before and after these patients were attended at our clinic. Out of 48 patients who received medical therapy at our clinic (no exposure to glaucoma surgeries before), 28 had one or more visits in one year of follow up from the date of their first visit, and this group had an average of three visits (Range 1- 13 visits). Mean IOP in the first year

of follow-up were 16.64 ± 6.77 mmHg and 17.33 ± 7.16 mmHg for the RE and LE respectively, and this was significantly lower compared to mean IOPs at first visit which was 26.07 ± 12.15 mmHg and 27.43 ± 13.60 mmHg for the RE and LE respectively. In the poster found in this report ([click here \(no 2\)](#)) we are providing the profile of medical therapies provided in the same patients before and after attending NVSEC. The findings shows good efficacy of anti glaucoma medications currently available in the country, majority of which are generic products thus costing less compared to the brand-name medications. Increase availability of these medications which are affordable to majority of glaucoma patients in Tanzania will soon have a big impact in ongoing visual preservation efforts. Primary glaucoma surgery in SSA is still the most effective management strategy to prevent these patients going blind as majority of them are diagnosed with advanced stage of the disease. These patients need a treatment strategy which will ensure sustained low IOP levels in low teens to prevent further visual losses. Inadequate IOP reduction does lead to irreversible blindness much earlier on patients with advanced stage glaucoma, but as the number of Primary glaucoma surgeries are still far less than required, current medical practices for glaucoma management should fully be utilized in preventing increasing number of glaucoma patients becoming blind. Thus, as it was stressed in the 1st TOS Scientific conference, a change on medical treatment practices in managing glaucoma patients with its all aspects needs to be adopted across the country.

4: CLOSING REMARKS

We would like to thank all our esteemed clients for their continue use of our clinic and keeping their appointment schedules, also special thanks goes to our working partners for their continue support and trust they have on us. We are looking forward to keep on improving our services in the third and fourth quarters of year 2019.



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