

IMPROVED HEALTH CARE FOR ENHANCED ACADEMIC OUTPUT

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OUTLINE

- A. OVERVIEW ON HEALTH**
- B. UHS**
- C. IMPROVED MEDICAL CARE -
RECOMMENDATIONS**
- D. CONCLUSION**

Overview on Health

What is Health?

- Not absence of disease/infirmity
- A state of complete physical, mental and social wellbeing.

DIMENSIONS OF HEALTH

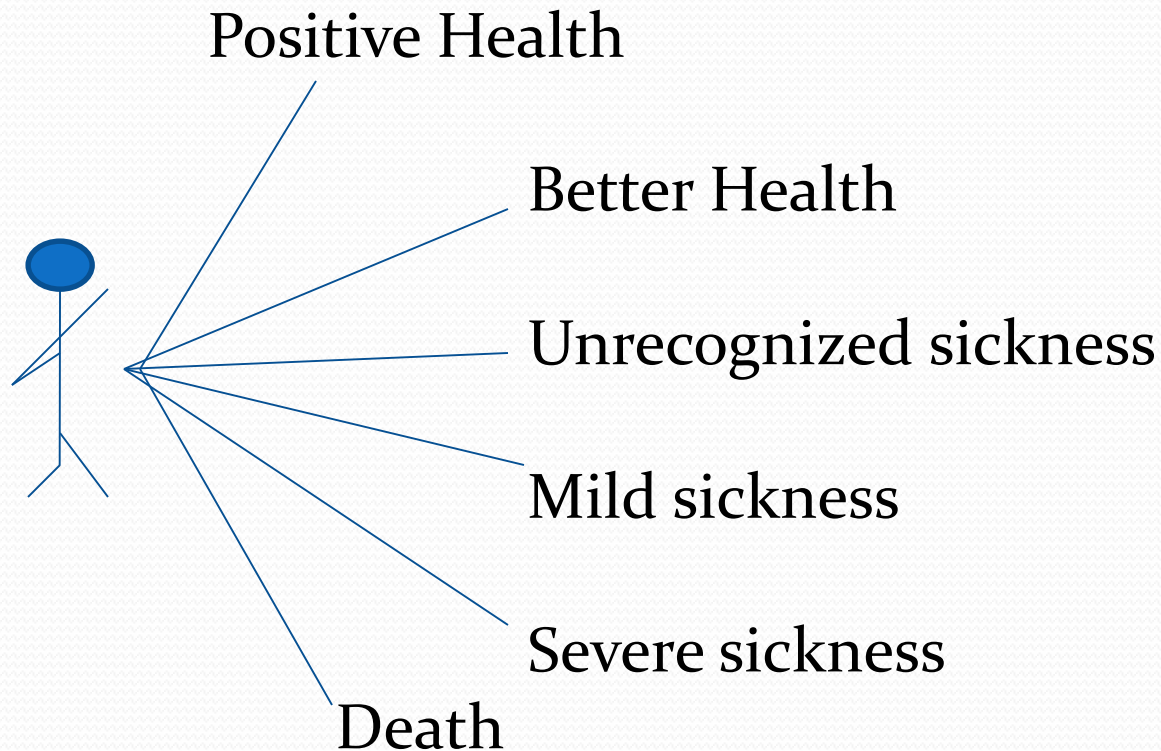
The 3 major medical dimensions are:

- **Physical, Mental & Social.** Others are
- **Spiritual, Emotional, Vocational etc.**

Poser – A state of perfect biological, psychological and social wellbeing is a non entity

SPECTRUM OF HEALTH

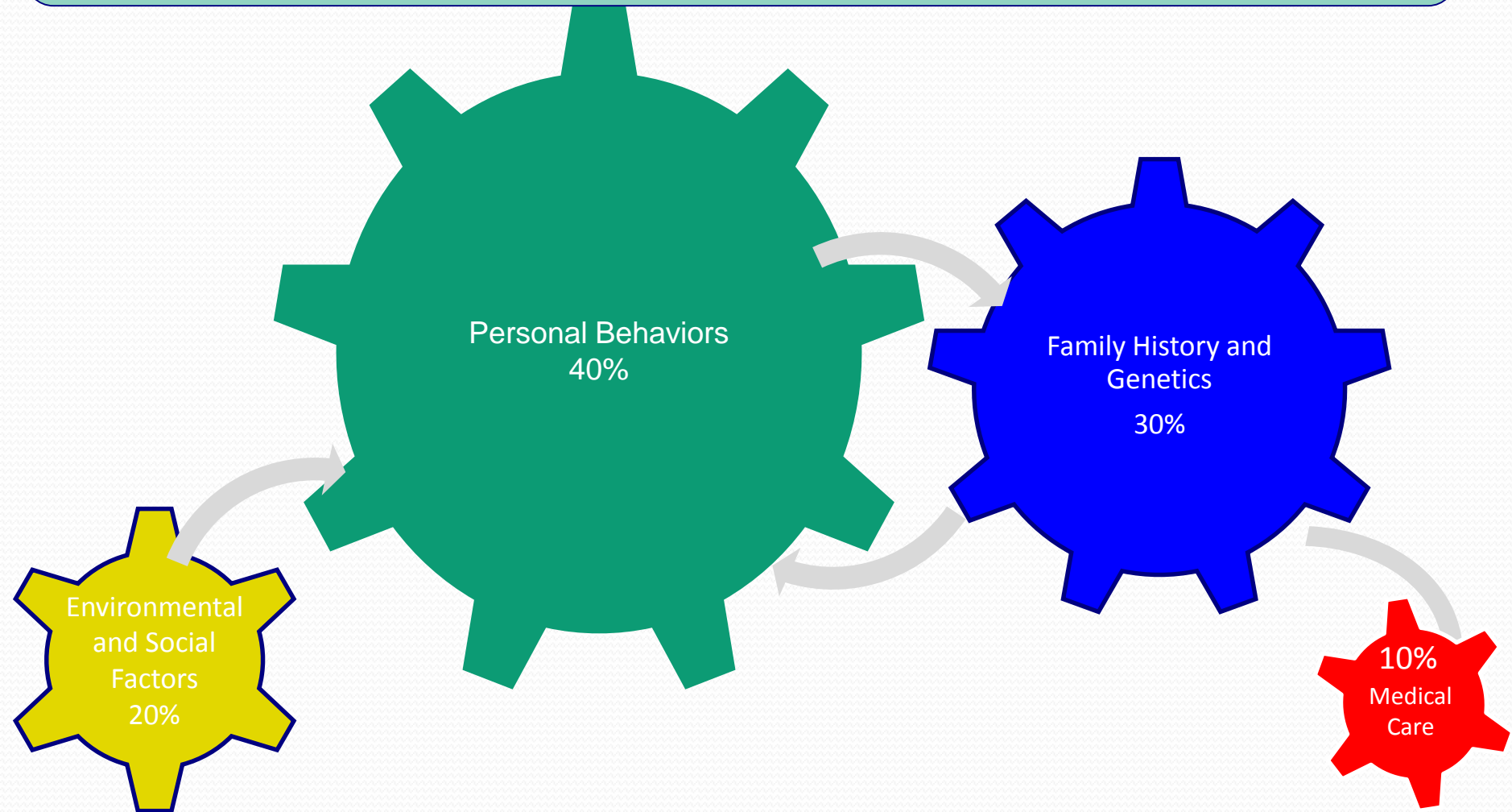
Concept – health is not static in an individual



Health is More Than Access to Care

Health is driven by multiple factors that are intricately linked – of which medical care is one component.

Drivers of Health



Source: Determinants of Health and Their Contribution to Premature Death, JAMA 1993



**UNIVERSITY HEALTH SERVICE
(JAJA CLINIC)**

- Primary Care Giver – First contact, Centre for Continuing care and Coordinates other Specialist care of Students/Staff/Dependants/Visitors/Retirees
- NHIS secondary accreditation in Mental Health, Lab., Physiotherapy, Internal Medicine (HT, Diabetes & Chest), O & G plus PPP – Dental Services.
- In line with the University Vision of being a world-class institution for academic excellence geared towards meeting societal needs – the reciprocal relationship between Health and Learning/Academic Performance makes UHS indispensable.



UHS VISION

PROVISION OF QUALITY HEALTH CARE


UHS MISSION

***RESPONDING TO THE HEALTH NEEDS OF
CLIENTS THROUGH – HEALTH PROMOTION,
DISEASE PREVENTION, CURATIVE AND
REHABILITATIVE SERVICES-backed by efficient
REFFERAL SYSTEM***

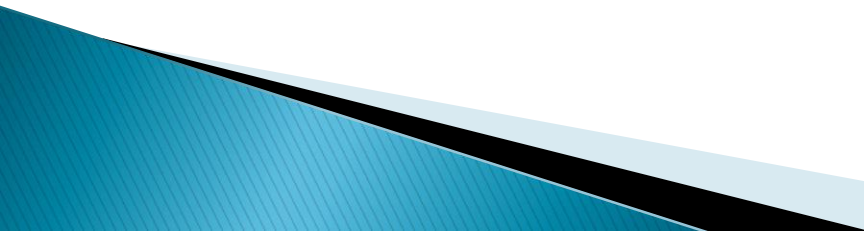
COMMITMENTS

- **QUALITY HEALTH**
- **CLIENT'S SAFETY**
- **TRAINING AND RE-TRAINING**
- **BEST PRACTICES**

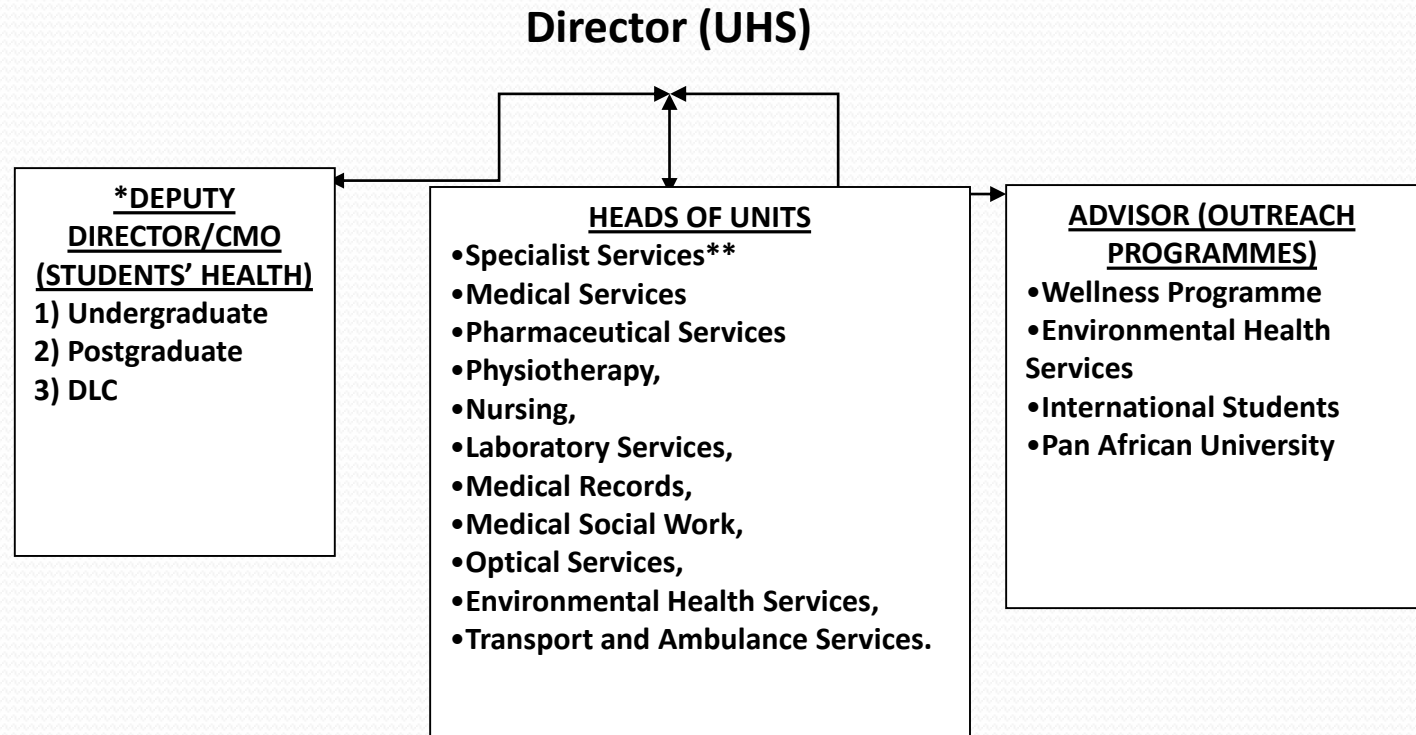
CLIENT'S RIGHT

- ❖ **To be treated with dignity and respect, irrespective of sex, age, race, religion or ability.**
 - ❖ **Privacy and confidentiality**
 - ❖ **Receive quality care and Humane treatment – considering beliefs/opinions**
 - ❖ **Refuse care**
 - ❖ **Voice complaints**
 - ❖ **Be involved in health decision(s)**
 - ❖ **Change your health care provider**
 - ❖ **Refuse to take part in research studies**
- 

CLIENT'S RESPONSIBILITIES

- ▶ **To treat UHS staff with respect**
 - ▶ **To provide complete, accurate and adequate information about your health**
 - ▶ **Ask questions/clarifications - on ailments/conditions or treatment**
 - ▶ **Inform us about changes in your health (if no improvement).**
 - ▶ **Promptly follow treatment plan(s)**
 - ▶ **Pay hospital bills where applicable**
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GOVERNANCE



Most programmes and services are carried out by committees. Currently, there are over 15 functional committees including General Assembly, JCF, Heads of Units, Drugs and Therapeutics/Procurements, Welfare, IGR, Staff Training, Tender, Servicom, Staff Disciplinary, Environmental Health, Sports, NHIS, TISSHIP, Students Health, Gender Mainstreaming and Wellness/Outreach.

HOURS

Monday – Friday - 8:30 am to 4:00pm
(except public holidays – walk-in-clinic)

Special Clinics - By Appointment

Emergency Care - 24hours

After 4:00pm care is strictly for emergencies.

UTILIZATION

A study conducted by Matron G.O. Obiechina (formerly of UHS, Ibadan) and G.O. Ekenedo published in Nigerian Journal of Clinical Practice in 2013 indexed with Medline looked at factors affecting utilization of University Health Services in a Tertiary Institution in South West Nigeria. Students perception of factors affecting utilization were found to be:

- 81.7% - Inadequate Referral
 - 72% - High Cost of Drugs
 - 67.2% - Prolonged Waiting Time
 - 60.6% - Not Satisfied with services
 - 54.8% - Non-availability of drugs
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- UHS using this finding was able to address some of these issues. The hospital utilization/attendance pattern improved as shown below from 2010 to 2017.

HOSPITAL ATTENDANCE

Find below the hospital attendance record from 2010 to 2017.

YEAR	ATTENDANCE
2010	28364
2011	14702
2012	36682
2013	46020
2014	32247
2015	61433
2016	63463
2017	56489

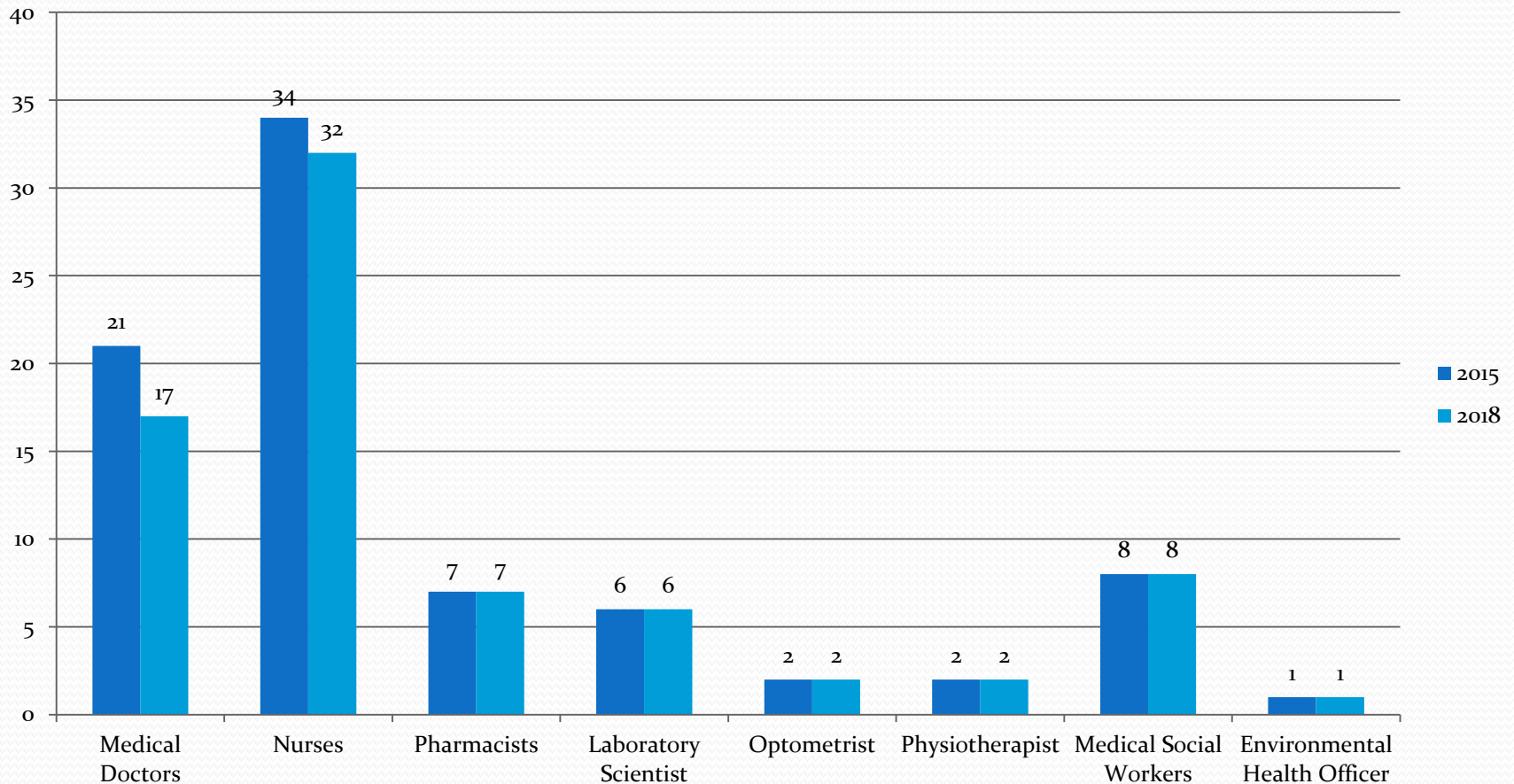
HOSPITAL ATTENDANCE DURING REGULAR AND EMERGENCY HOURS

YEAR	REGULAR HOURS	EMERGENCY HOURS
2015	33603	27830
2016	36433	27030
2017	27914	28575
*2018 (1st Quarter)	950	5094

*** Union Strike**

PERSONNEL

Unfortunately, the growing demand for health care could not be matched with an increase in dollar exchange rate (for consumables) and dwindling resources including Personnel (see below).



NUMBER OF FIRST LINE HEALTH WORKERS IN UHS IN 2015 and 2018

Poor Health indicators – Why?..



- The Demand/ Supply situation sometimes leads to unrealistic expectations from some health facilities and staff

Even a “Beast of Burden” can be overwhelmed

Poor Health indicators – Why?...



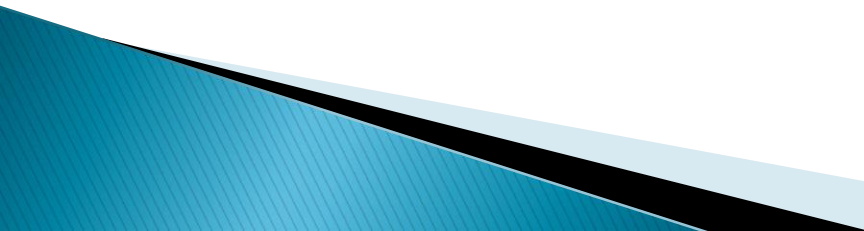
Overcrowding leads to:

- Long-Waiting times, Stock outs of essential drugs/supplies
- Client dissatisfaction
- Overworked health care workers
- Increased risks of adverse events

A contrast of two Nigerian public health facilities



U.I. AT 70: REPOSITIONING THE UNIVERSITY HEALTH SERVICE

- **Health Posts-** There is an urgent need to decentralize the Health Service to meet the growing needs of students, staff and dependants. The extension of University activities to Ajibode axis has made it imperative for the Health Service to also be in that vicinity. Six (6) Health Posts were established in 2014, only three (3) are functional today due to lack of Personnel.
 - The functional ones run only morning shift (8.00am - 4.00pm in DLC, Sports Centre & ISI). Need to extend services to cover at least two (2) shifts (8.00am to 10.00pm) if not 24/7.
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WELLNESS CENTRE – Lincoln University

- ▶ The construction and establishment of a **Wellness Centre** at Ajibode would relieve the overstretched facilities in UHS. It would cater for clients who are not really ill - those for health checks (mandatory and periodic), drug refills, travel medicine, special programmes (tobacco cessation, weight reduction etc), counseling and simple laboratory requests including pregnancy test.
- ▶ The Wellness team should have her own complement of staff instead of the current practice where UHS staff double as Wellness staff, taking additional responsibilities. The Wellness team should also be involved in Health Promotions - Health Talks in Faculties, Diamond FM and Health Bulletins regularly.

Promoting Wellness Programme



WORKPLACE
WELLNESS
PROGRAMME
UNIVERSITY OF IBADAN

Students Health



- ▶ The need for a Deputy Director solely for Students Health is long overdue more importantly now that the University is migrating to the mandatory Tertiary Institution Students Social Health Insurance Programme (TISSHIP).
- ▶ The Youth Friendly Centre would be encouraged to handle the total wellbeing of students (spiritual, intellectual, physical, emotional, social, financial and environmental) i.e. a Wellness Centre for students. Most students would have no difficulty walking into such a centre for support unlike the typical hospital setting.

Council's decision



- ▶ Enforcing **Council's decision** on **Essential Services** during Union strikes would boost the image of the University and revenue of the Health Service.
- ▶ Most of the NHIS enrollees would have more confidence in having the Health Service as their Primary Care Provider which in turn would translate to more capitations. Members of staff who work during these periods should be appropriately compensated.

Imprest

- ▶ The imprest for the day to day running should be increased from N200,000 to N500,000 since there is always delay in processing after retirement of the imprest sometimes up to four (4) months.
- ▶ The N200,000 imprest in 2017 was turned over on four (4) occasions necessitating a lot of out-of-pocket expenditures.



Hospital Consumables and Supplies

- ▶ For an uninterrupted supply of hospital consumables including drugs, the UHS Tender Committee (with representatives of the Bursar, Director of Audit and Legal Officer as members) should function as an extension of the University Tender Board where recommendations would be ratified.
- ▶ For a facility that handles consumables including drugs to the tune of N5million monthly and a Tender Board that meets quarterly, this becomes imperative where the Vice Chancellor's approval limit is less than N2.5million



Equipment

- ▶ After the completion of the new building, a plan to gradually equip the place and accommodate new services should be carried out along with the ongoing renovation works in the remaining buildings.
- ▶ There is a need to buy a **Cesspool Vehicle** for the evacuation of soakaway pits.



Senate Committee on Health and Safety

- ▶ This was resuscitated in 2014 after being dormant for eight (8) years.
- ▶ Yet to meet in the last three (3) years.
- ▶ This committee is central to drawing up policies on how **WORK/STUDY** affects **HEALTH** and how **HEALTH** affects **WORK/STUDY**.



HEALTH & SAFETY
MATTERS



Rapid response to distress calls

- ▶ Loss of life and responses to distress calls. An ideal approach would involve Mitigation, Preparedness, Response and Recovery.
- ▶ Mitigation: Preventing future disasters/injuries by reducing the probability of a repeat incidence such as responses to natural disasters, distress calls etc



HELPLINES – ?Toll Free

- ▶ 08077125099 (GLO)
- ▶ 07063647510 (MTN)



The use of the Ambulance for distress calls

The idea of having two (2) standby ambulances is very good but we now experience a situation where the same medical staff on ground at the Clinic hop into the Ambulance in response to a distress call leaving the Clinic thinly covered.

The rapid response team should be an **independent team** that functions in collaboration with the hospital team. In most places they are Paramedics and/or trained volunteers who respond to distress calls, provide first aid at the site and handover management after evacuation/transportation.

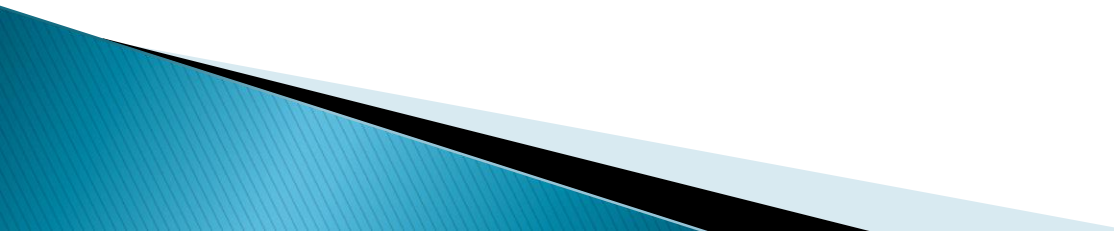
Students Welfare



- a. Lectures/Lecture Theatres should only accommodate the designed capacity. No student should be allowed to “hang” on windows (ventilation).
- b. Lecture time table should be health friendly, not too crowded. Most of these students rush out very early in the morning some before 7.00 a.m. without breakfast and continue this way all day without food. The Faculty based Cafeteria System in preference to Hall based eateries is recommended.
- c. For large Lecture Theatres with capacity above 100, there should be a policy of rescheduling lectures whenever there is power outage.
- d. The idea of having some lecture-free periods should be strictly adhered to and enforced (not only the 1pm on Fridays).

Students Welfare contd.

- e. The students welfare board from its present composition is hall focused with Hall Masters, Wardens and assistants as members but in reality only about 30% of the students population are accommodated on campus. A Faculty based student welfare board with support from the halls is recommended. Issues pertaining to halls of residence should be handled by the appropriate relevant bodies or expansion of the membership to accommodate students representatives in private hostels and those off campus.

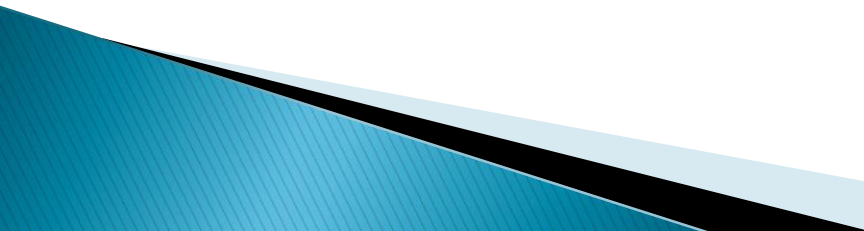
 - f. Overcrowding in the halls should not be allowed. The University Management should insist on students wearing their Identity cards and Hall Porters empowered to carry out on spot checks in the various halls. People who have no business in the halls should be questioned and handed over to security.
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Students Welfare contd.

- g. Programmes and Courses where marks are awarded for personal physical performance must be modified. Most students resort to taking **performance enhancing drugs/medications/herbs** with its attendant repercussions (ban on local gin by the Federal Government is still on).
- h. A periodic medical check/update of the medical records of students every four (4) years is recommended. This should be preceded by intensive public enlightenment programmes including honest disclosure of ailments. Incentives such as automatic provision of bed space at designated areas of the hall for students with health challenges must also be sustained.
- i. Accessibility - The location of the Health Centre is no more central. Some halls are placed at disadvantage necessitating the need for Health posts.



Outsourced Services - PPP

- ▶ Strategic Partnership
 - ▶ A Viable alternative to Healthcare financing, less dependent on Federal Government Fund.
 - ▶ The need to have a Health facility that will not bar the general public from benefitting from its services (meeting societal needs – town & gown)
 - ▶ An alternative during strike actions when people are in dare need of Health Services
 - ▶ It would also alleviate the pressure on UHS (Jaja Clinic).
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Outsourced Services - PPP

Outsourcing sometimes may be driven by negative cost-cutting motives which often backfire; used positively can help the University Health Service to retain the services of highly skilled experts whose fulltime employment is not justified. This becomes imperative where they may be able to do the job better, faster or cheaper. This would in turn increase efficiency.

Having a PPP arrangement of the underlisted services.

1. I.T. for electronic service
2. Specialist Care including Dental and Maternity
3. A PPP Health Centre opened to all with diagnostic facilities and a Pharmacy outlet.

CONCLUSION

▶The UHS as the leading Health Service in Nigerian Universities, the projection is to have a comprehensive health facility with some services outsourced so that the UHS will continue to meet the health needs and exceed the expectations of her teeming clients.

▶If these recommendations are carried out, it will strengthen the UHS to deliver **effective, efficient, equitable, accessible, affordable and comprehensive** Healthcare to all.



THANK YOU

