



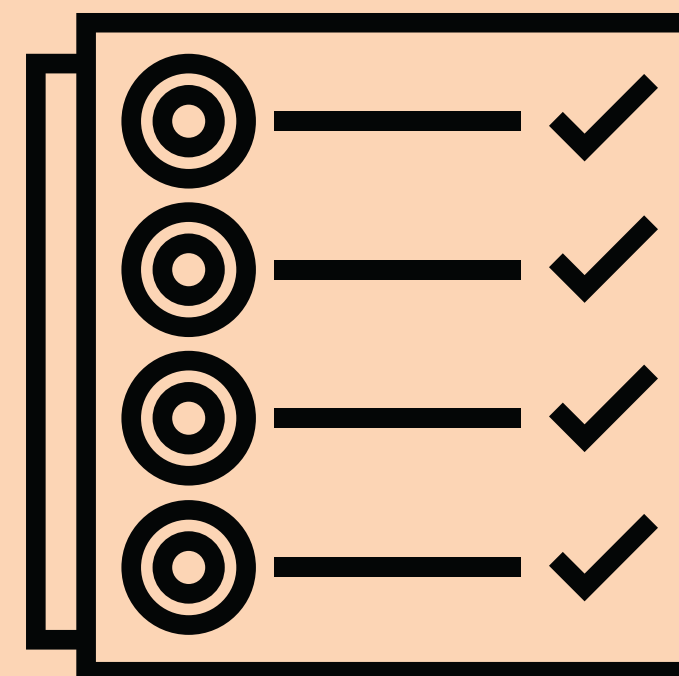
Service Delivery Framework Oral, Eye & ENT care For CHO/SN





LEARNING OBJECTIVES

- Describe the service delivery framework for oral, eye and ENT care
- Describe the role of SHC-HWC team in delivering oral, eye and ENT care services
- Describe the continuum of care with respect to oral, eye and ENT service packages





CARE IN THE COMMUNITY

- Awareness generation and health promotion – how?
- Screening and early detection – how?
- Facilitating referral – how?
- Follow up visits – for?
- Document services for monthly report – who?





SERVICES AT THE COMMUNITY LEVEL

ASHA	ASHA and MPW	MPW
Identify patients in need of Oral, Eye & ENT care – using CBAC	Health promotion activities and education – home visits, VHSNDs, VHSNC/MAS meetings	Screen individuals for need of Oral and Eye care
Document Oral, Eye & ENT care services provided to individuals in her area & submit monthly report	Home care visits (ASHA will coordinate) Basic nursing care	Detailed oral, eye and ENT assessment of patient and family
Facilitate referral of patients (eg. accompanying patients) requiring care to higher centres	Equip caregivers in simple Oral, Eye & ENT hygiene and care tasks	Recognize and refer common conditions of Eye, Oral cavity and ENT to CHO
Follow up visits to patients referred back from higher centres for treatment compliance and improvement of health status	Notify & refer those needing more care to CHO	Nursing care if required
	Non-pharmacological management of symptoms. Guide the community to undertake immediate measures of pain relief	First aid in maxillofacial trauma
	Community peer support for cessation of tobacco, alcohol	



CBAC

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Does this person have any of the following: visible defect /known disability/Bed ridden/ require support for Activities of Daily Living	If yes, Please specify



Part A: Risk Assessment				
Question	Range		Circle Any	Write Score
1. What is your age? (in completed years)	0 – 29 years		0	
	30 – 39 years		1	
	40 – 49 years		2	
	50 – 59 years		3	
	≥ 60 years		4	
2. Do you smoke or consume smokeless products such as <u>gutka</u> or <u>khaini</u> ?	Never		0	
	Used to consume in the past/ Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a <u>week</u> ? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high <u>blood pressure</u> , <u>diabetes</u> and <u>heart disease</u> ?	No		0	
	Yes		2	
Total Score				



Part B: Early Detection: Ask if Patient has any of these Symptoms

B1: Women and Men	Y/N		Y/N
Shortness of breath (<i>difficulty in breathing</i>)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	



B2: Women only	Y/N	walking	Y/N
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
<i>In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available</i>			
<i>*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center</i>			
<i>** If the answer is yes, tracing of all family members to be done by ANM/MPW</i>			

Part C: Risk factors for COPD					
<i>Circle all that Apply</i>					
Type of Fuel used for cooking – Firewood / Crop Residue / Cow dung cake / Coal / Kerosene / LPG					
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.					
Part D: PHQ 2					
	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)					



ROLE OF CHO

CARE IN THE SHC-HWC

Services at SHC-HWC level

Screening and diagnosis of common Oral, Eye and ENT conditions

Support home based Oral, Eye and ENT care services

Conduct detailed assessment, Identification of common diseases, provide care to patients and refer to higher centre when needed

Maintain list of oral, eye and ENT care hospitals and physicians up to district level with contact details

Maintain drugs and consumables at the SHC-HWC and dispense medication to patients

Support and undertake IEC activities

Provide follow up care and linkage to schemes and oral/eye / ENT programmes support e.g. RSBK

Maintain relevant records at the SHC-HWC

Arrange assistive devices

Supportive supervision of activities provided by ASHA and MPW



CARE IN THE REFERRAL CENTRE

- Outpatient services
- Inpatient services (CHC/SDH/DH)
- Confirmatory diagnosis and prescription of medicines for referred Oral, Eye & ENT problems
- Medical and surgical correction and prescription of assistive devices (spectacles etc)
- Provision of follow up and assistive devices care on routine/emergency basis whenever needed





CARE IN THE REFERRAL CENTRE

- Awareness generation activities
- Disability certification
- Maintain relevant records and surveillance of reportable problems (e.g. trachoma)
- Maintain drugs and consumables and dispense medication to patients
- Monitoring of Oral and Eye care activities of HWCs in the area





EXERCISE

The following slides show a list of various services for Oral, Eye & ENT care.

Participants will have to answer:

- At what level of care is the particular service delivered?
- Who is responsible for providing that service?











Service	Level of care	Provider
Identification & line listing of any person in the village with oral and visual problems		
Risk assessment for oral cancer through CBAC		
Hearing assessment		
Opportunistic dental assessment		



Service	Level of care	Provider
Identification & line listing of any person in the village with oral and visual problems	Community	ASHA
Risk assessment for oral cancer through CBAC	Community	ASHA
Hearing assessment	SHC-HWC	CHO
Opportunistic dental assessment	SHC-HWC	CHO











Service	Level of care	Provider
Promote health of ear, nose and throat through VHSNC/MAS		
Arrangement of spectacles for the visually impaired in the community		
Formation of peer support groups (e.g. tobacco cessation, visually impaired)		
Referral of emergency and complicated cases to PHC/CHC		



Service	Level of care	Provider
Promote health of ear, nose and throat through VHSNC/MAS	Community	ASHA, MPW
Arrangement of spectacles for the visually impaired in the community	SHC-HWC	CHO
Formation of peer support groups (e.g. tobacco cessation, visually impaired)	Community	ASHA
Referral of emergency and complicated cases to PHC/CHC	SHC-HWC	CHO



Service	Level of care	Provider
Perform surgery for cataract		
Perform syringing of ear canal for wax removal		
Prescription of antibiotic for tonsillitis		
Medical and surgical diagnosis and treatment of complicated cases		

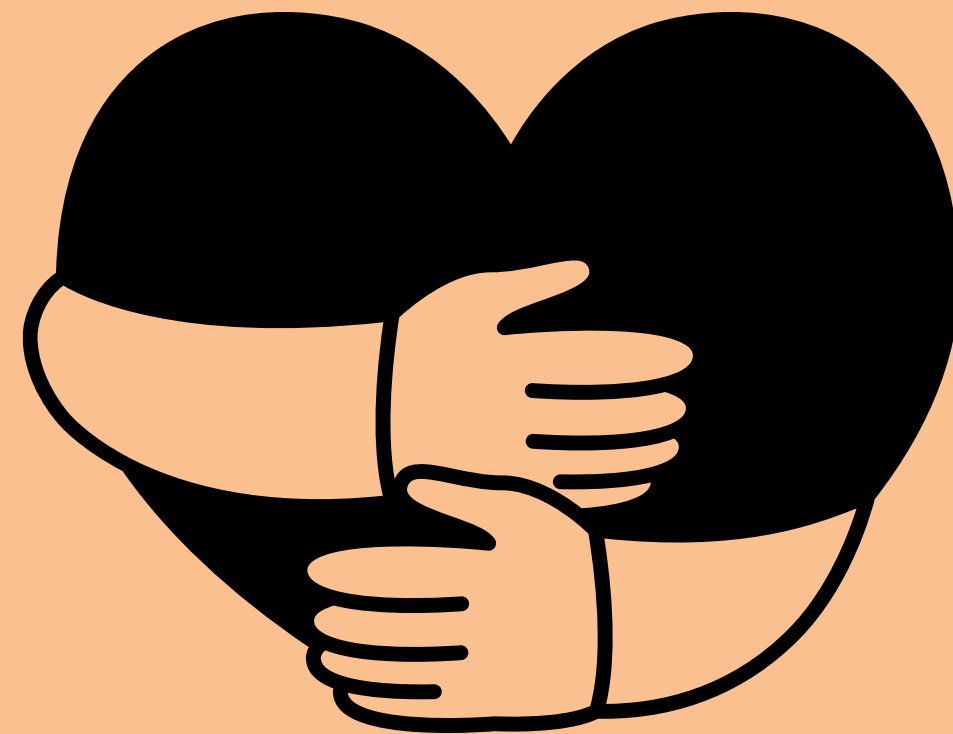


Service	Level of care	Provider
Perform surgery for cataract	Referral	Specialist/ trained MO
Perform syringing of ear canal for wax removal	SHC-HWC or higher centre	CHO/MO
Prescription of antibiotic for tonsillitis	PHC or teleconsultation	MO/Specialist
Medical and surgical diagnosis and treatment of complicated cases	Referral (DH/MCH)	Specialist



CONTINUUM OF CARE

- Continuum of care for Oral health
- Continuum of care for Eye health
- Continuum of care for ENT health





Thank You

