



Service Delivery Framework and Role of ASHA and MPW in Elderly & Palliative Care

For FLW





LEARNING OBJECTIVES

At the end of the session the participant should be able to:

1. Enumerate the palliative and elderly care services delivered at Community, SHC-HWC and referral centre level.
2. List the key tasks of ASHA and MPW in providing palliative & elderly care.
3. Understand role in coordination with the CHO in elderly & palliative care.



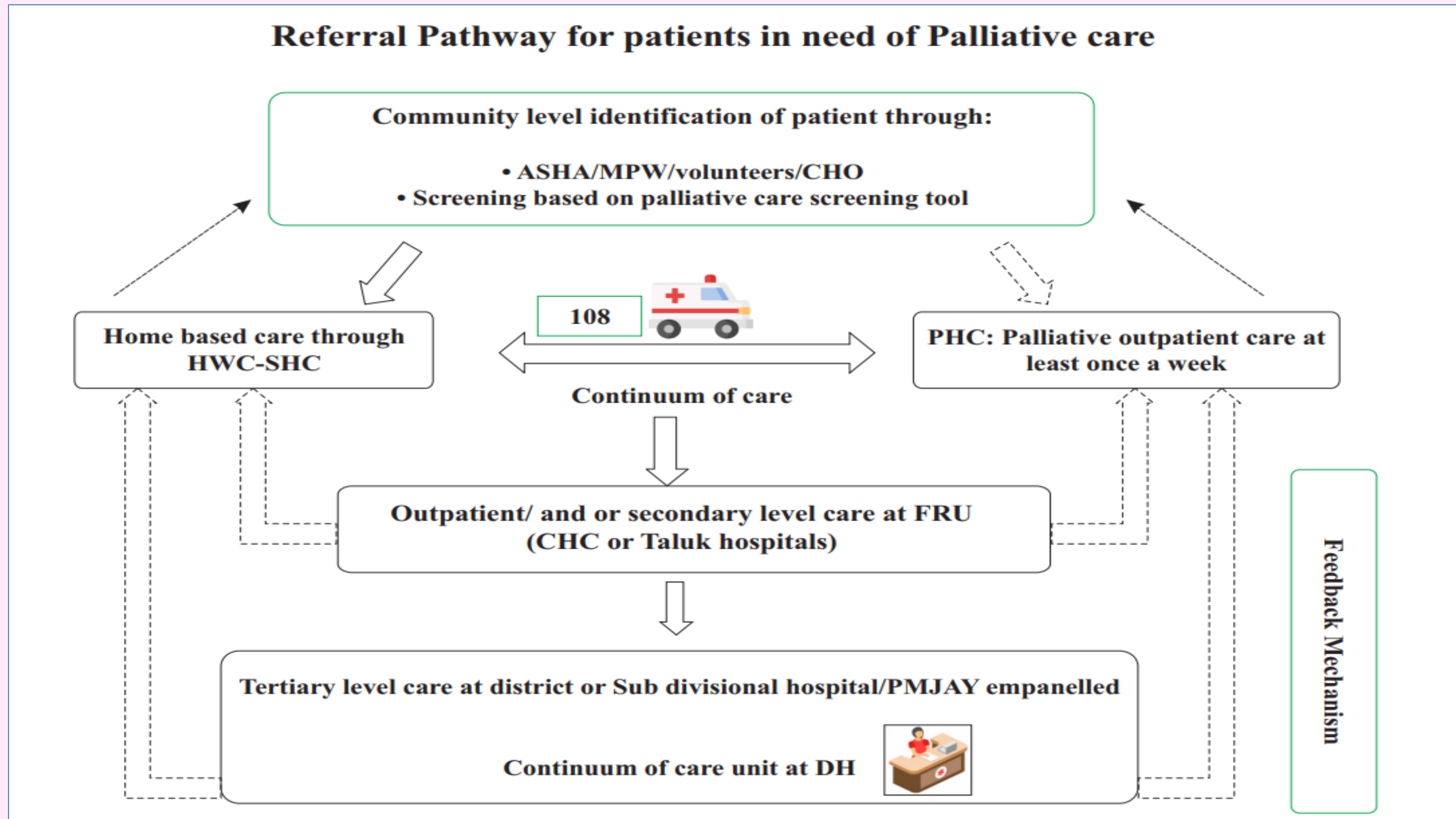
PALLIATIVE CARE IN NATIONAL HEALTH PROGRAMMES

PROGRAMME	SHORT FORM	KEY FOCUS
National Programme of Palliative Care	NPPC	Availability and accessibility of rational, quality pain relief and palliative care to the needy
National Health Programme 2017	NHP	advocates for Comprehensive Primary Health Care and the continuity of care across all levels
National AIDS Control Programme	NACP	Palliative Care of people living with HIV infection and AIDS
National Tuberculosis Elimination Programme	NTEP	Pain relief, psychosocial support, respiratory physiotherapy, nutritional support etc of people suffering from drug resistant tuberculosis
Ayushman Bharat Yojana	ABY	Pradhan Mantri, Jan Arogya Yojana [Health Insurance Scheme] and Comprehensive Primary Healthcare through Health & Wellness Centres [HWC]





REFERRAL PATHWAY OF PATIENTS IN NEED OF PALLIATIVE CARE





Palliative care
services
delivered at
different levels
of care

WHAT IS THE ROLE
OF ASHA, MPW, CHO?
WHO DOES WHAT?

Levels of health care

□ Primary Health care

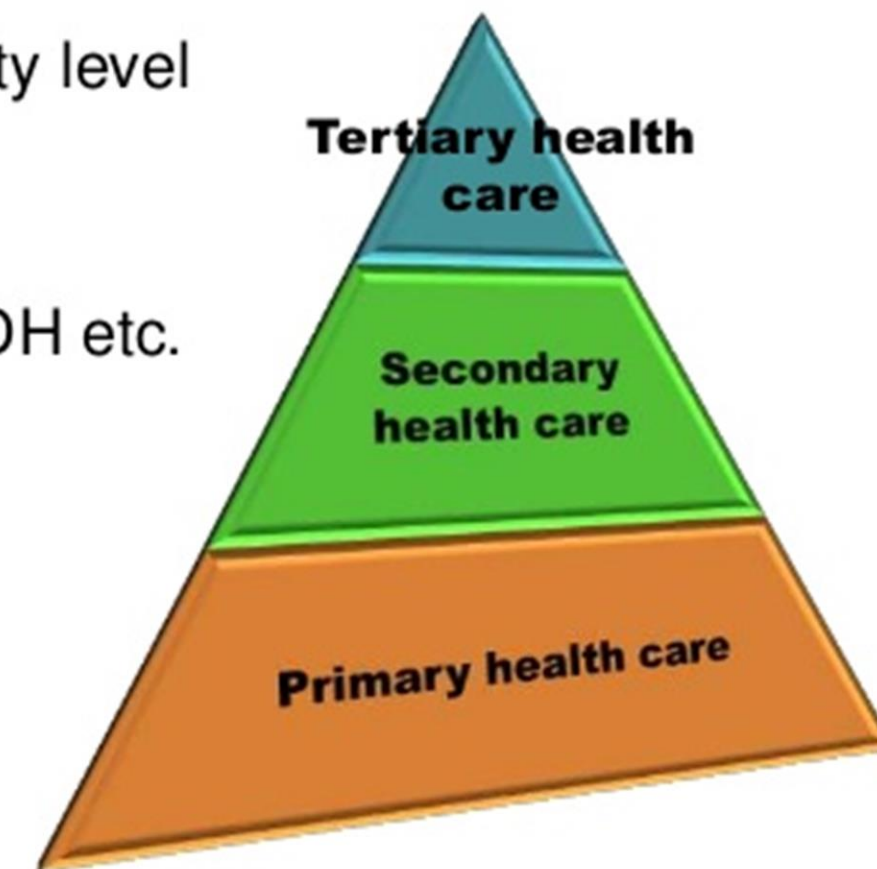
➤ Provided at the community level

□ Secondary health care

➤ Provided at PHC, CHC, DH etc.

□ Tertiary health care

➤ Provided at hospitals





PALLIATIVE CARE AT COMMUNITY LEVEL

ASHA
Identify patients in need of palliative care – using CBAC
Document palliative care services provided to individuals in her area & submit monthly report
Identify community volunteers for palliative care
Facilitate referral of patients requiring care to higher centres

ASHA and MPW
Create awareness regarding palliative care – including in VHSNDs, VHSNC/MAS meetings
Linkage with community platforms, specific groups to raise awareness about the needs of palliative care patients and mobilize individual and community level support
Home care visits (ASHA will coordinate) Basic nursing care
Equip caregivers in simple nursing tasks
Notify and refer those needing more care to CHO
Non-pharmacological management of symptoms
Communicate compassionately with patient and caregivers
Provide psychological and spiritual support
End of life care and bereavement support

MPW
Screening and Early Detection of the identified individuals using Palliative Care screening too
Detailed assessment of patient and family
Nursing care – nasogastric feeding, bladder care, wound care, tracheostomy/colostomy care
Maintain home care kit

PALLIATIVE CARE AT SHC-HWC LEVEL (CHO)

Support **home based palliative care** services

Conduct detailed **assessment**, provide **care** to patients and **refer** to higher centre when needed

Maintain **list of palliative care hospitals and physicians** up to district level with contact details

Maintain **drugs and consumables** at the SHC-HWC and dispense medication to patients. **Provision of “Palliative care kit”** and ensuring home based care for patients seeking exclusive AYUSH treatment

Convene as President the Patient Support Groups and Care givers Support Groups with community volunteers meeting once in a month . Ensure that ASHA /MPW forms these groups.

Support and undertake **IEC activities**

Provision of services of Yoga trainer and ICTC counsellor at the SHC-HWC

Provide **end of life care** and **bereavement support e.g.** Providing “out of hours” care to those experiencing the final days of their life (Endof-life-care) and the death is duly reported to the HWC – PHC/ UPHC

Maintain relevant **records** at the SHC-HWC

Supportive supervision of palliative care activities provided by ASHA and MPW



PALLIATIVE CARE AT PHC LEVEL - MEDICAL OFFICER

- Provision of providing Palliative care Out Patient services at least once a week
- Prescribing appropriate drugs, including Oral Morphine and maintaining separate case sheet and patient card for palliative care patients
- Provision of home care and end of life care palliative care services for those who need it, on a routine or emergency basis as required.
- Lead necessary sensitization session for caregivers, general public, representatives from PRI/Urban Local Bodies (ULB), students etc
- Ensuring referral services for secondary level of palliative care



PALLIATIVE CARE AT REFERRAL CENTRE LEVEL



Palliative care **outpatient services**

Palliative care **inpatient services** (CHC/SDH/DH)

Referral to higher centre when needed

Provision of **home care and end of life care** on routine/emergency basis whenever needed

Awareness generation activities

Maintain relevant **records**

Maintain **drugs and consumables** and dispense medication to patients

Monitoring of palliative care activities of HWCs in the area

At least 5 beds to be earmarked for palliative care patients as apart of providing inpatient services.

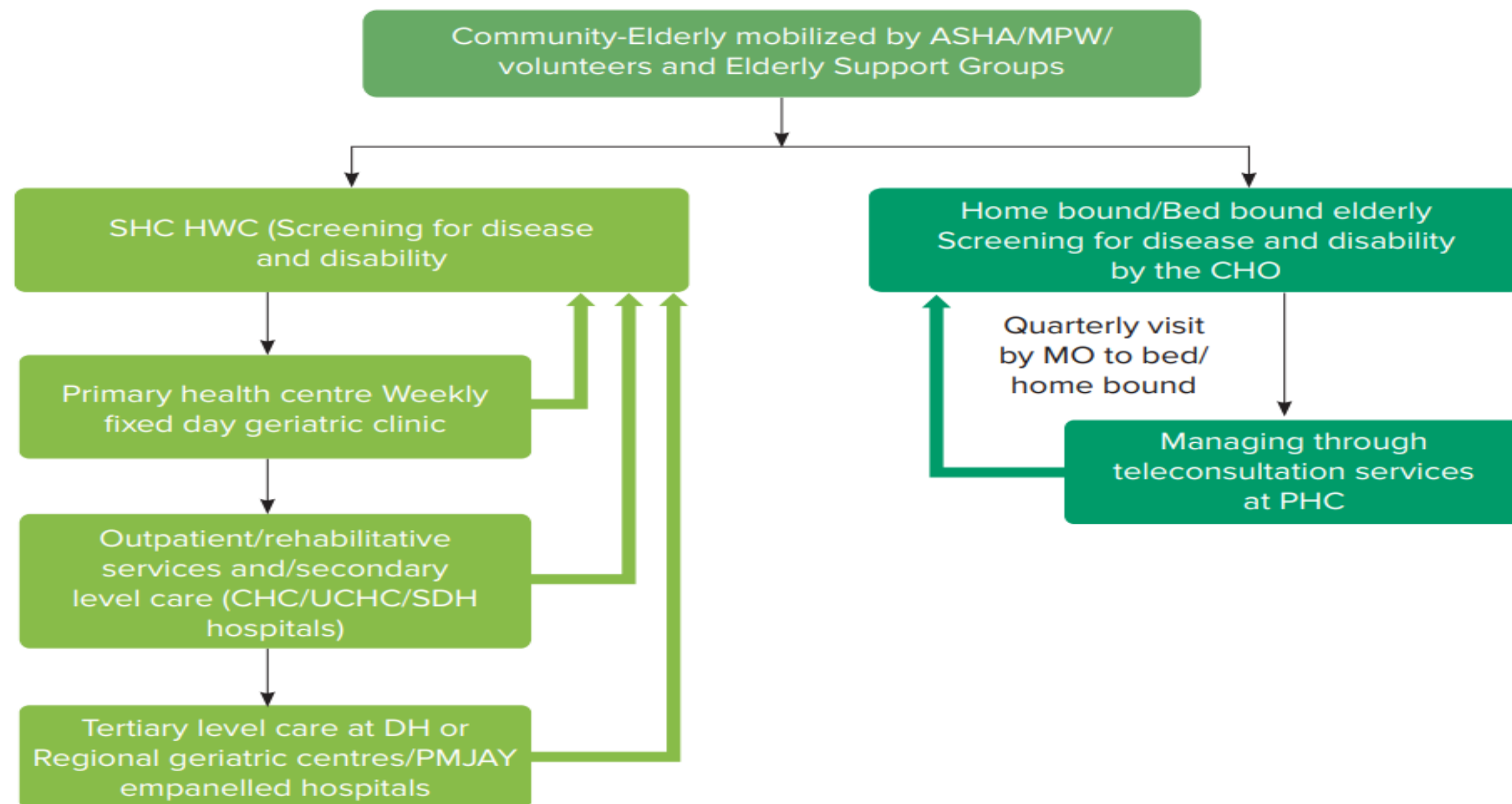




REFERRAL PATHWAY FOR ELDERLY CARE AT ALL LEVELS

Referral Pathway for Elderly Care across all levels:

Service Delivery Framework & Continuum of Care





Elderly care services delivered at different levels of care

WHAT IS THE ROLE OF ASHA, MPW, CHO?
WHO DOES WHAT?

Levels of health care

□ Primary Health care

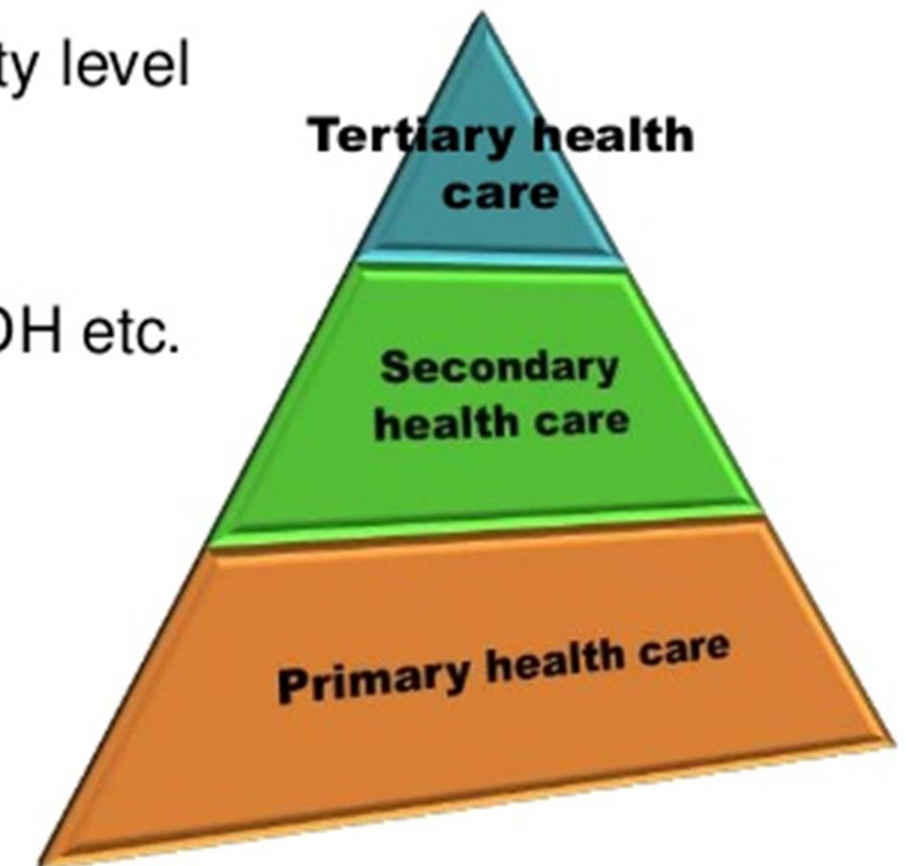
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EXERCISE

The following slides show a list of various services for Elderly 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 elderly in the village		
Risk assessment of elderly through CBAC		
Screening & Preliminary Geriatric Assessment		
Comprehensive Geriatric Assessment		



Service	Level of care	Provider
Identification & line listing of elderly in the village	Community	ASHA
Risk assessment of elderly through CBAC	Community	ASHA
Screening & Preliminary Geriatric Assessment	Community	MPW
Comprehensive Geriatric Assessment	SHC	CHO



Service	Level of care	Provider
Promote healthy ageing through VHSNC/MAS		
Arrangement of supportive devices for the elderly		
Formation of elderly & caregiver support groups		
Referral of complicated cases to PHC/CHC		



Service	Level of care	Provider
Promote healthy ageing through VHSNC/MAS	Community	ASHA, MPW
Arrangement of supportive devices for the elderly	SHC	CHO
Formation of elderly & caregiver support groups	Community	ASHA
Referral of complicated cases to PHC/CHC	SHC	CHO





Service	Level of care	Provider
Follow up of referred patients to ensure compliance to treatment		
Support elderly for regular use and maintenance of spectacles, dentures and assistive devices		
Nursing care of bed-bound elderly		
Medical and surgical treatment of complicated cases		



Service	Level of care	Provider
Follow up of referred patients to ensure compliance to treatment	Community	ASHA, MPW
Support elderly for regular use and maintenance of spectacles, dentures and assistive devices	Community	ASHA
Nursing care of bed-bound elderly	Community	MPW
Medical and surgical treatment of complicated cases	Referral (DH/MCH)	Specialist



EVALUATION

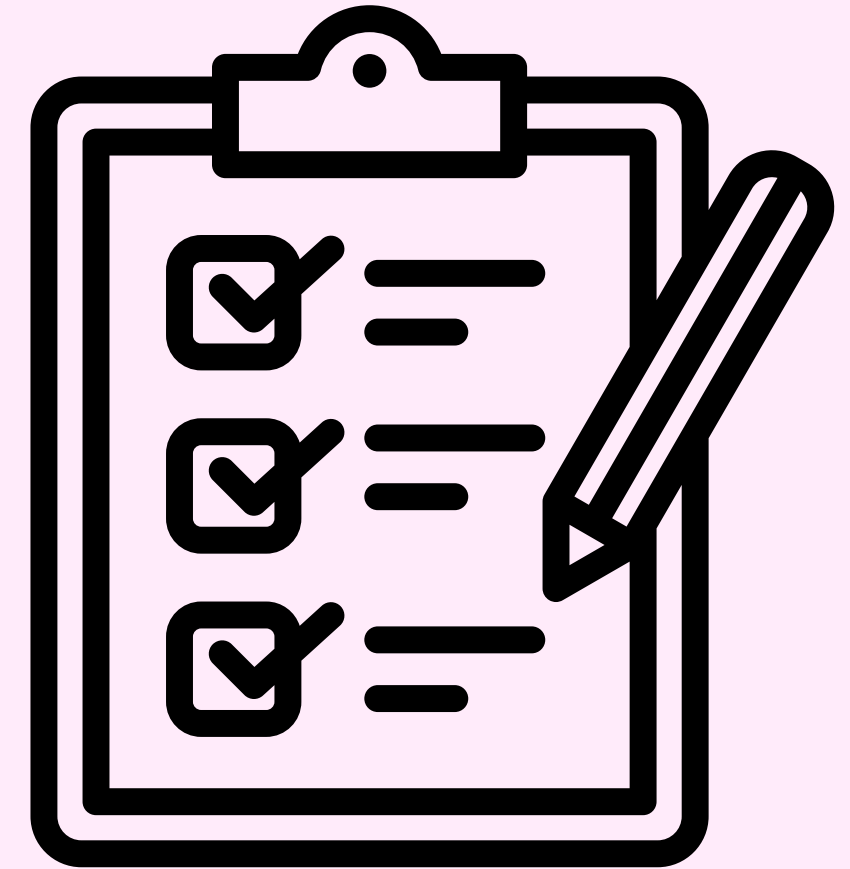
EVALUATION

1. All are roles of ASHA in palliative care EXCEPT:

- a. Referring complicated cases to the CHO
- b. Providing home care for palliative care patients
- c. Maintaining home care kit
- d. Providing spiritual support to patient and family

2. All are roles of ASHA in elderly care EXCEPT:

- a. Creating Elderly and Caregiver Support groups
- b. Undertaking cognitive assessment of elderly individuals
- c. Providing information on maintenance of assistive devices
- d. Creating awareness regarding geriatric friendly home settings



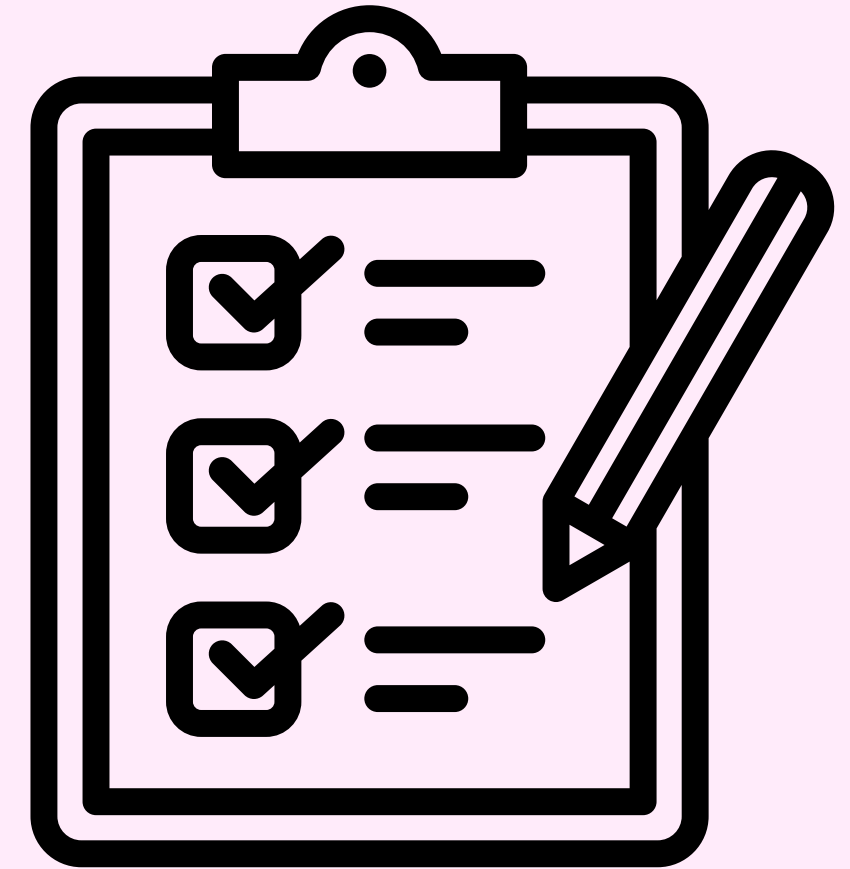
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- a. Creating Elderly and Caregiver Support groups
- b. Undertaking cognitive assessment of elderly individuals ←
- c. Providing information on maintenance of assistive devices
- d. Creating awareness regarding geriatric friendly home settings



EVALUATION

3. ASHA will prepare a list of ____, ____ and ____ elderly individuals in her area based on their mobility.

4. There is no separate section in the Community Based Assessment Checklist for information on elderly individuals. ---- True / False (Section B3 in CBAC Form)

5. One of MPW's roles is to identify destitute elderly, elderly poor and single elderly in her area. ---- True / False (ASHA does this)

6. ASHA will help the CHO in undertaking assessment of elderly individuals and maintaining records for follow up. ---- True / False (MPW helps CHO)



EVALUATION

3. ASHA will prepare a list of ____, ____ and ____ elderly individuals in her area based on their mobility. **Bed bound, restricted and mobile**

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Thank You

