

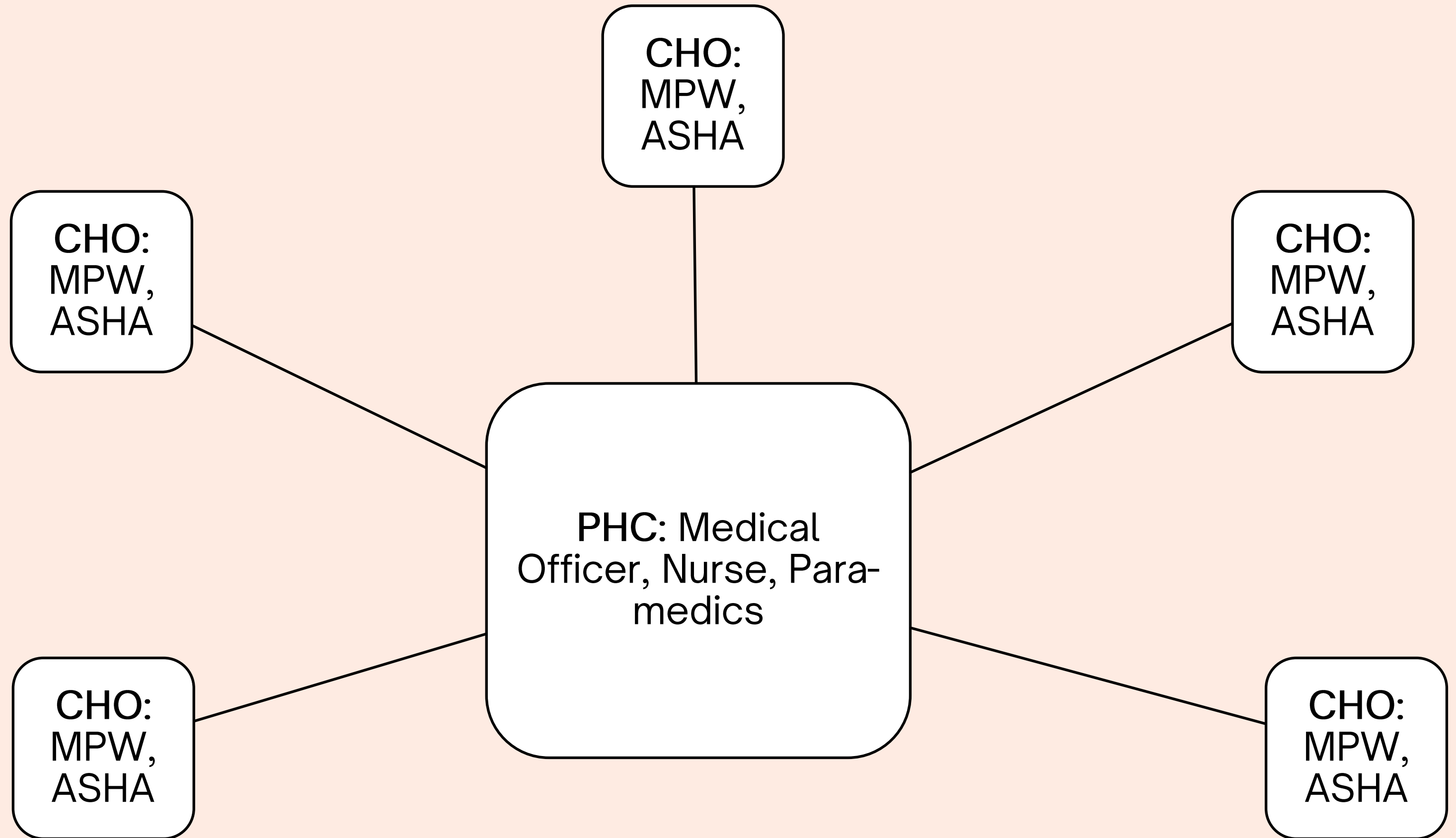


# Role of MO at PHC; Service Delivery Framework and National Programmes

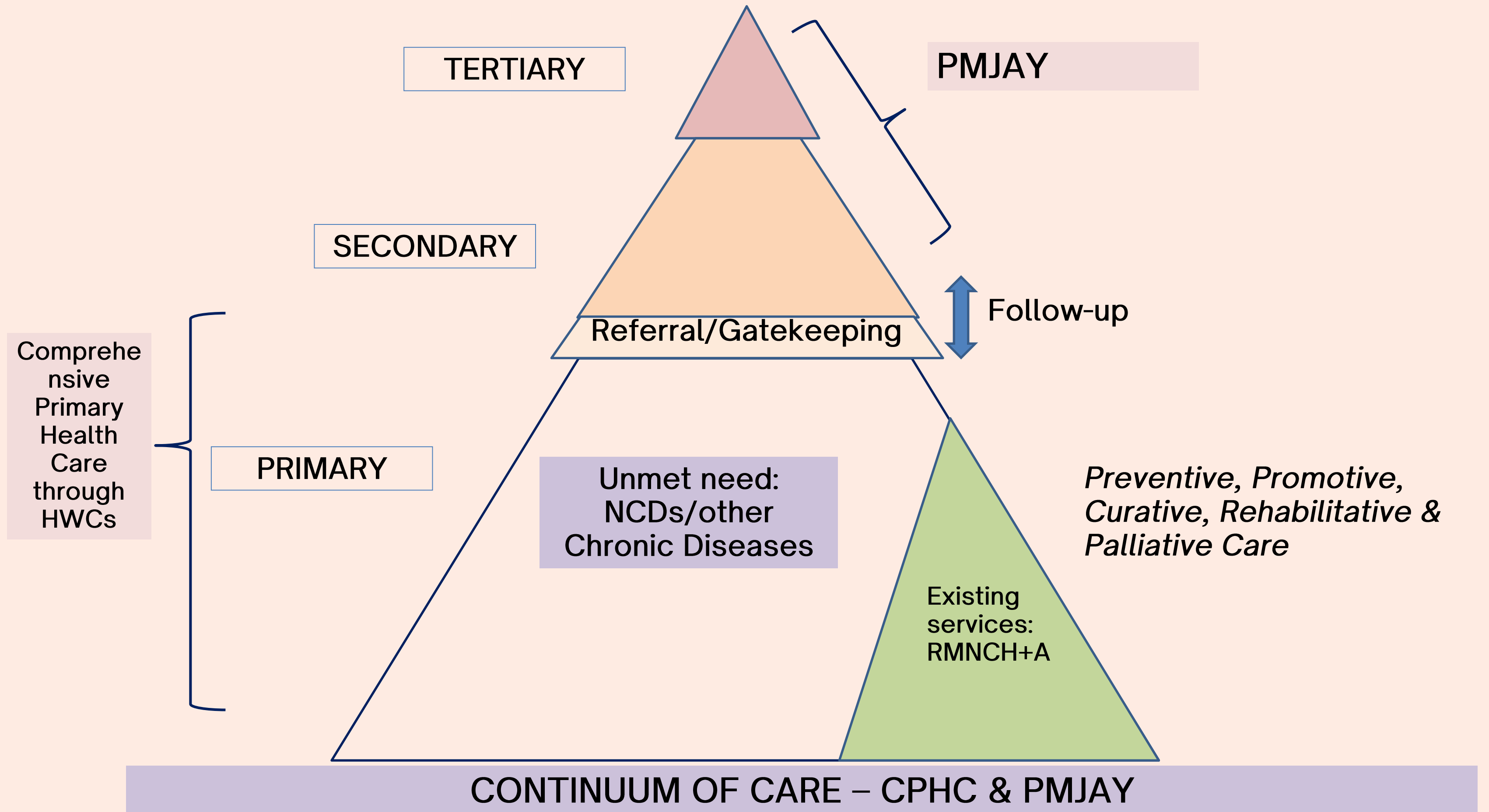




# PRIMARY HEALTH CARE TEAM



# Universal Health Coverage: AB-HWC



# KEY ROLES OF MO: GERIATRIC CARE

## Clinical Role

- Early diagnosis and management of all illnesses in the elderly
- Comprehensive geriatric assessment of the elderly
- Weekly fixed day geriatric clinic
- Referral to higher centres
- Follow up - conduct home visit for bedbound elderly
- Fixed day rehabilitation services including physiotherapy & occupational therapy
- Counselling of patient and family
- Teleconsultation when possible

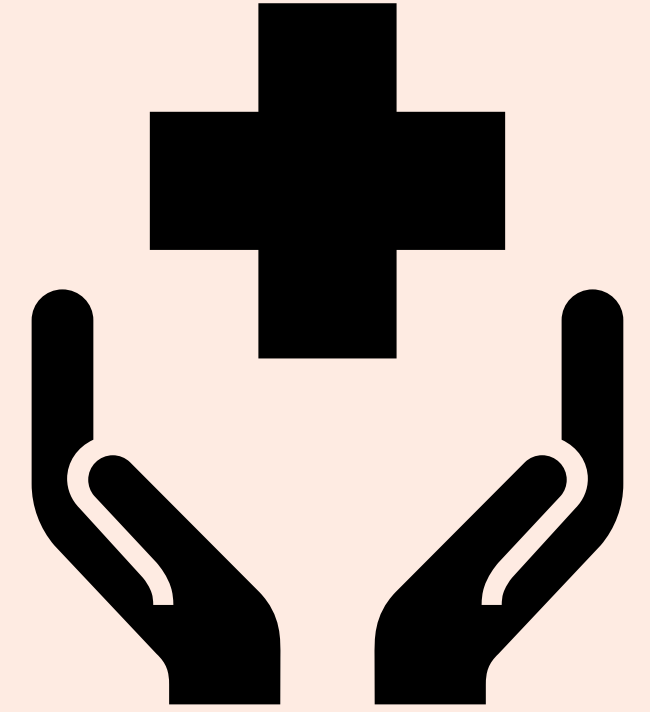






## Management Role

- Records and reporting; Administrative responsibilities
- Supportive supervision of the PHC and SHC teams
- Networking with other departments to facilitate schemes and social entitlements for the patients and their families



## Public Health Role

- Listing of all high risk populations, including partially mobile and bed bound patients
- Health promotion and prevention programs during health and village/urban sanitation day/camps
- Disease surveillance where required

# KEY ROLES OF MO: PALLIATIVE CARE

## Clinical Role

- Detailed assessment of patient/families by home visits or Outpatient basis
- Weekly clinics
- Perform basic procedures when required
- Referral
- Follow up
- Counseling of patient and family
- Teleconsultation when possible



## Management Role

- Records and reporting
- Administrative responsibilities
- Supportive supervision of the PHC and Sub centre teams
- Networking with other departments to facilitate schemes and social entitlements for the patients and their families

## Public Health Role

- Listing of all palliative care populations
- Health promotion and prevention programs and encouraging volunteer support
- Disease surveillance where required

# GROUP ACTIVITY

- Group activity - 4 groups
- Each group has a scenario
- List out steps what MO will do in that scenario
- 10 minutes in group
- Choose one leader who will present the answers
- 4 minutes to present





# GROUP 1 SCENARIO

Rashmi, the CHO, calls up the MO in her area to say Archana, a 23 yr old lady came crying to her saying her mother is having breathing difficulty. You have seen her mother 2 months ago- an 86 yr old woman who had a stroke with hemiplegia and loss of speech, and who is bed bound.

Rashmi says she has put her in a sitting position and has asked them to open the windows and fan her, She has also called 108 but the driver is not picking up the phone. She wants to know what to do next. Her MPW and ASHA are with her.

**How will you respond as an MO. Rashmi has a whatsapp connection.**

# GROUP 2 SCENARIO

You were conducting a health education session in Vatli village to discuss how important it is to focus on the nutrition of children. Someone in the group interrupted and said – what about my parents – they give so much trouble to eat – and I don't know what to do – one is 94 and the other is 85. I try my best but they don't listen to me.

**What tips will you give them? How will you follow up?**





# GROUP 3 SCENARIO

Today is a busy OPD day – over 100 patients are there and it is only 10.30 am. There is a lot of noise suddenly and Sister shouts saying someone has come to the OPD with a child in a wheelchair who is having fits. She says the accompanying person said the fits started in the village over 3 km away. The ASHA has come with the family also. You see the child and realise she is a Cerebral Palsy case with severe disabilities.

**What will you do?**







# GROUP 4 SCENARIO

You have just been trained in palliative care and have been asked to teach your sub centre team how to take care of a Esophageal cancer patient with tracheostomy who is too scared to do much himself. He is having mild back pain and cannot sleep well.

**How will you go about it?**

**Who all will you involve?**

**Where will you conduct it?**

**List out the details as if it was a checklist for a new CHO to follow.**







Community/ Field	Sub centre Health & Wellness Centre	PHC	Higher Referral centre
ASHA/ MPW	CHO/ MPW	MO/ NURSE/ PARAMEDIC TEAM	SPECIALISTS
Awareness generation on the preventive aspects of geriatric care	Assessment, initial management of all cases	Assessment, initial management and referral of all emergencies Home visits quarterly for bed bound care patients Weekly geriatric clinics	Provide specialised y care
raise awareness on Dos and Don'ts for prevention/ action	Referral of cases requiring specialized care	Reporting and documentation during transfer	Diagnose and specific management of all cases
Facilitate training in first aid and basic home care–volunteers	Follow up of patients referred	Monthly review, assessment of functionality of equipment and adequacy of referral transport arrangements.	Back referral to the community with regular contact with the MO
initial assessment, management including home based care	Record maintenance, reporting on the appropriate portal	Training and skill building of the front-line workers and CHOs. Training and skill building of the Primary care team	Training and skill building of the Primary care team
arrangement of referral transport	Co-ordinate and participate in outreach activities	Supervise, support and co-ordinate all the activities at PHC and SHC levels	



# COMMUNITY LEVEL

ASHA	ASHA and MPW	MPW
<ul style="list-style-type: none"> <li>• <b>Identify</b> patients in need of palliative care – using CBAC</li> <li>• <b>Document</b> palliative care services provided to individuals in her area &amp; submit monthly report</li> <li>• <b>Identify community volunteers</b> for palliative care</li> </ul>	<ul style="list-style-type: none"> <li>• Create <b>awareness</b> regarding palliative care – including in VHSNDs, VHSNC/ MAS meetings</li> <li>• Home care visits (ASHA coordinates) Basic nursing care</li> <li>• Equip caregivers in simple nursing tasks</li> <li>• Refer those needing more care to CHO</li> <li>• Non-pharmacological management of symptoms</li> <li>• <b>Communicate</b> compassionately with patient and caregivers</li> <li>• Provide psychological and spiritual support</li> <li>• End of life care and bereavement support</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Screen</b> individuals for need of palliative care</li> <li>• <b>Detailed assessment</b> of patient and family</li> <li>• <b>Nursing care</b> – nasogastric feeding, bladder care, wound care, tracheostomy/colostomy care</li> <li>• Maintain home care kit</li> </ul>

# SHC-HWC LEVEL



- 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
- Take leadership in creating Patient and Caregiver Support Groups and ensure regular meetings
- Support and undertake IEC activities
- Provide end of life care and bereavement support
- Maintain relevant records at the SHC-HWC
- Supportive supervision of palliative care activities provided by ASHA and MPW



# PHC-HWC LEVEL



- Palliative care outpatient services
- Palliative care inpatient services- temporary day care where possible
- 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



# MAINTAINING CONTINUUM OF CARE: AYUSHMAN BHARAT

Village/Urban Ward

- Identifying potential risk geriatric patients –multiple comorbidities, partially mobile and bed bound
- Health awareness for prevention of problems
- Basic home care for bed bound patients
- Networking with local stakeholders to set up support mechanisms in preparation for emergencies: transport, local volunteers, linkages to other benefits

SHC-HWC

- Basic geriatric assessment
- Home visit for palliative care
- Referral to PHC or higher centre
- Teleconsult with medical officer
- Follow up care
- Maintain stock of equipment and medicines

Follow up all referred cases

CHC/SDH/DH

- Advanced palliative and geriatric care
- Complication assessment and management
- Hospitalization
- Tertiary linkage/PMJAY

PHC-HWC

- Comprehensive geriatric assessment
- Conduct weekly clinics
- Maintain records and all necessary reports
- Follow up with referred cases
- Supervise home visits



# EXCERCISE

The following slides show a list of various services for Elderly and Palliative 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		
Treatment of severe pain in Stage 4 cancer lung		
Screening & Preliminary Geriatric Assessment		
Comprehensive Geriatric Assessment		





Service	Level of care	Provider
Identification & line listing of elderly in the village	Community	ASHA
Treatment of severe pain in Stage 4 cancer lung	PHC/HWC	MO/CHO
Screening & Preliminary Geriatric Assessment	Community/HWC	MPW/CHO
Comprehensive Geriatric Assessment	PHC/HWC	MO/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 CHC/DH		



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 CHC/DH	PHC	MO










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



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





Service	Level of care	Provider
Raise awareness on Dos and Don'ts for prevention/ action		
Record maintenance, reporting on the appropriate portal		
Facilitate training in home care for bed bound patients		
Training and skill building of the Primary care team		



Service	Level of care	Provider
Raise awareness on Dos and Don'ts for prevention/ action	Community	ASHA, MPW,,CHO
Record maintenance, reporting on the appropriate portal	SHC, PHC	CHO, MO
Facilitate training in home care for bed bound patients	PHC/ HWC	MO/CHO
Training and skill building of the Primary care team	CHC/DH	Specialist

# LIST OF ITEMS AVAILABLE AT DIFFERENT LEVELS

## SHC-HWC

- Walking Sticks
- Calipers
- Infrared lamps
- Shoulder wheel
- Pulley
- Walker (Ordinary)

## PHC-HWC

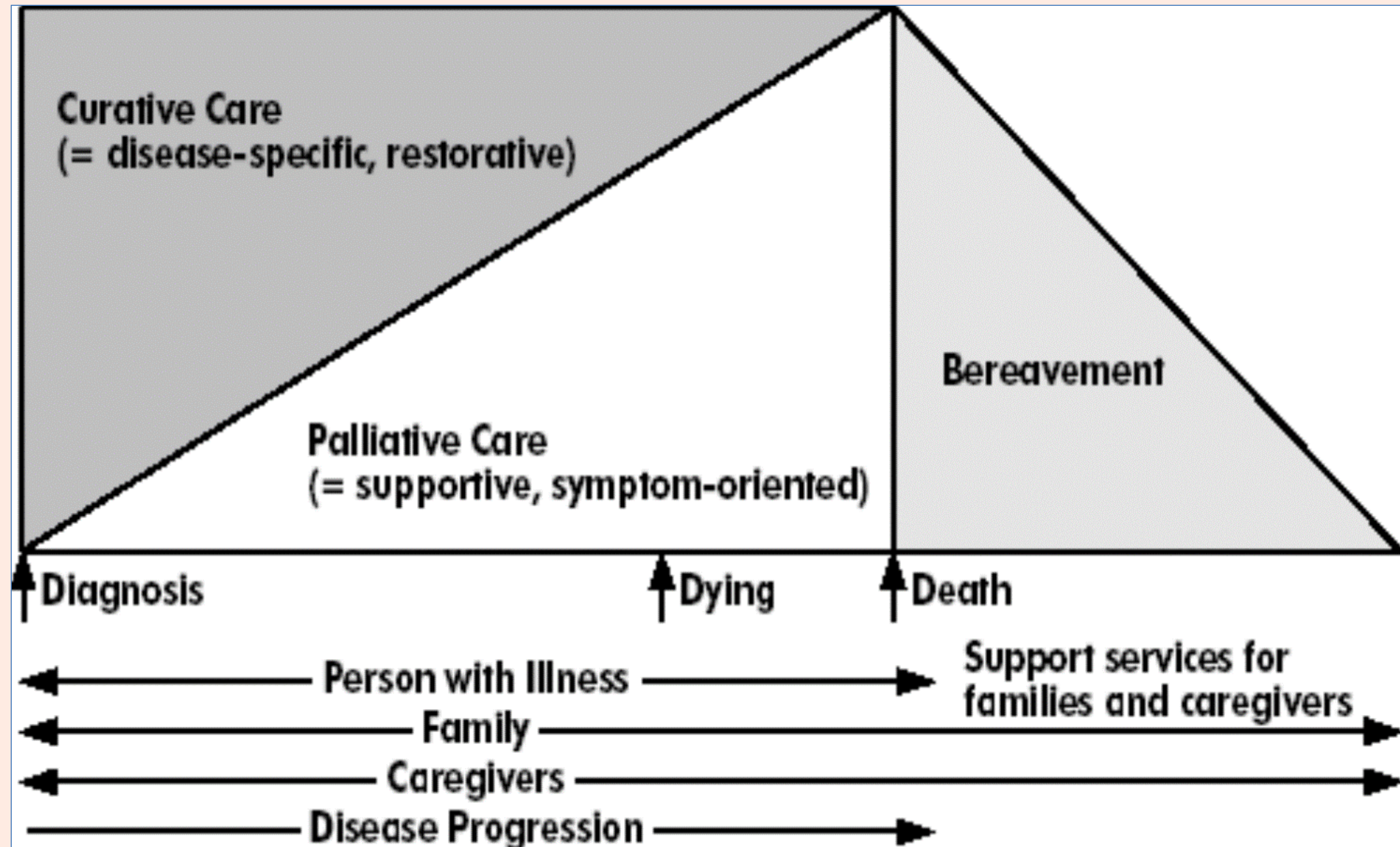
- Items available at sub-centre +
- Nebulizer
- Glucometer
- Cervical traction
- Exercise bicycle
- Lumbar traction
- Gait training apparatus

## CHC

- Items available at PHC +
- ECG machine
- Pulse-oximeter
- Defibrillator
- Multi-channel monitor
- Shortwave diathermy
- Cervical traction (intermittent)

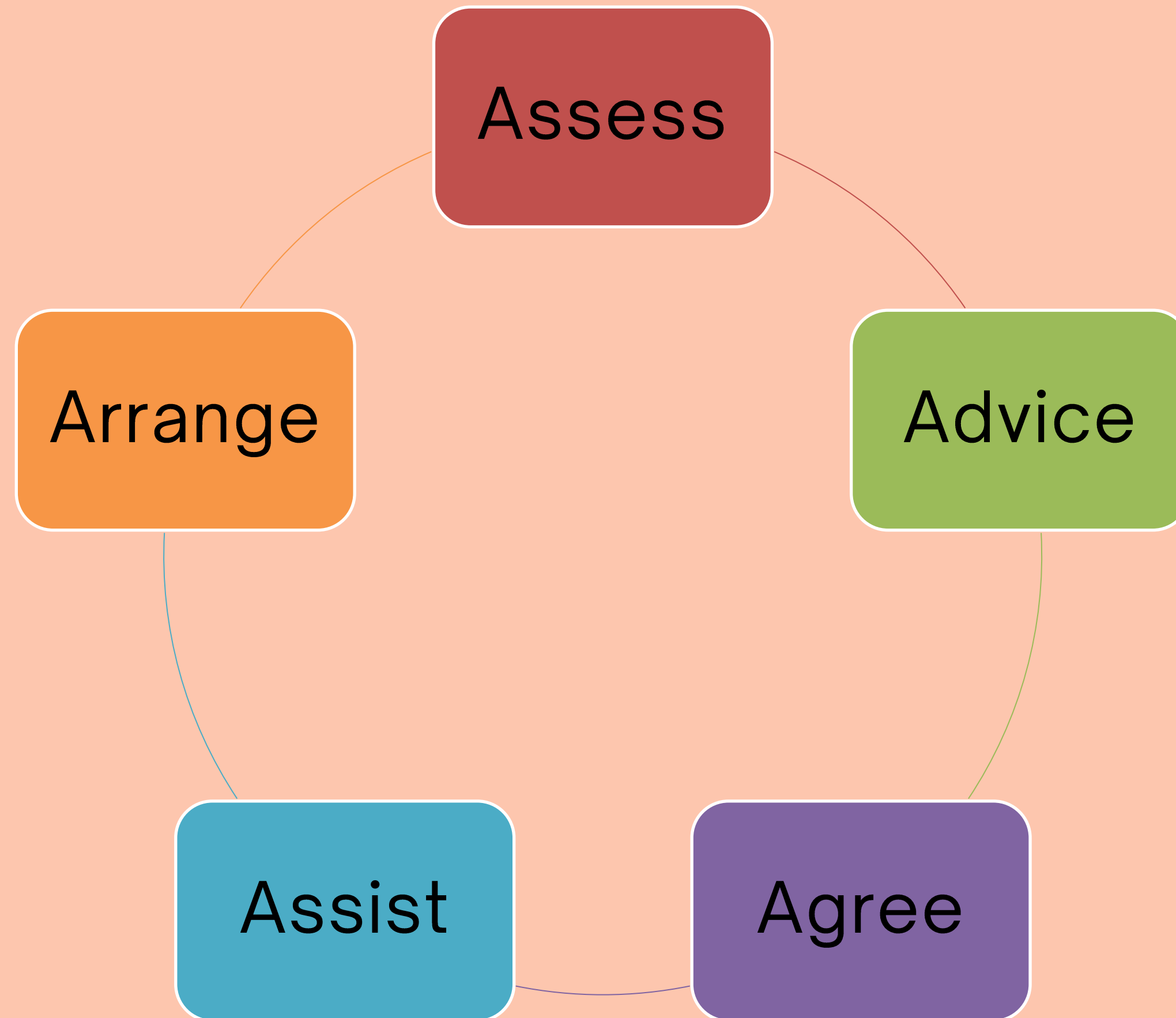


# INTEGRATED MODEL OF CARE





# 5 A'S OF CHRONIC CARE PRINCIPLES



# MODELS OF CARE



Bio-physical Acute care model	Psychosocial whole person model
Disease centered	Person centered
Authority and responsibility inherent in practitioner, not patient	Practitioner, patient and family-all are involved
Aggressive intervention with focus on the immediate results	Focus beyond short term, based on what the individual values with respect to quality of life and well being
Acknowledges Rationality	Acknowledges emotions
Death as a failure	Death as the inevitable consequence of life

# INDIA'S NATIONAL PROGRAM ON PALLIATIVE CARE 2012

## Objectives

- **Capacity building** for palliative care & delivery of services through various national program like- NPCDCS, NACP, NPHCE, NHM
- **Improvement of opioid access:** Amendment of NDPS Act to ensure balance, estimation of requirement, mechanism to ensure uninterrupted supply, keep stock
- **Encourage attitudinal shift among HCWs:** Ensure reorientation of curriculum, Escalate the number of centres offering MD in Palliative medicine, Encourage employment opportunities, enhance the quality of education



- **Promote behaviour change in the community:** through IEC designing, training doctors and nurses from public health system, Palliative Care IEC video for general awareness,
- **Improve access to palliative care in private system:** Activate public-private partnerships
- **Ensure standards and monitoring:** assist monitoring of qualitative of PC by developing committee, members from skilled background, Develop and disseminate the palliative care standards for all levels



# STATE PROGRAM IMPLEMENTATION PLAN (PIP) THROUGH NHM



RCC; Medical College  
Hospitals – funds for  
training.

District hospitals to have 10  
beds for palliative care – 1  
doctor, 4 nurses.

Community health centres  
(CHCs) – outpatient and  
home based care.

Community Health Centres  
to have palliative care  
service.

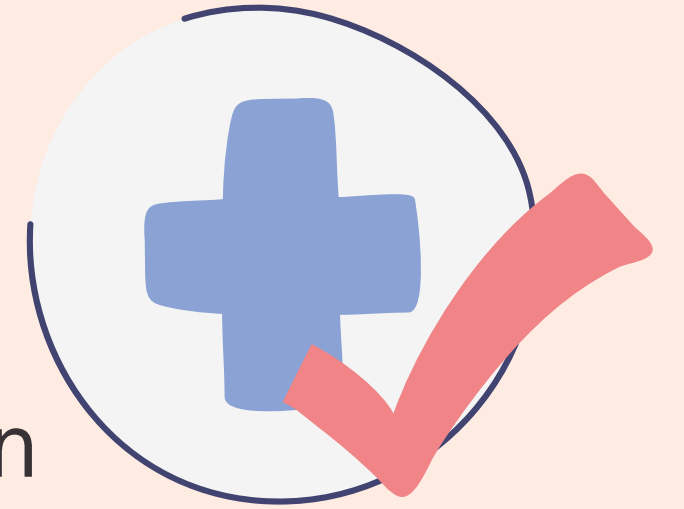
One trained nurse  
dedicated to palliative care.

Home visit program in  
association with Non-  
Government Organizations.

# NATIONAL PROGRAMME FOR HEALTH CARE OF ELDERLY

## Objectives:

- Identification of health problems & appropriate intervention
- Capacity building of medical, paramedical & care givers in family
- Community-based comprehensive healthcare approach
- Referral services through D.H, Regional Medical Institutions
- Convergence with NRHM, AYUSH, & other departments





## Core Strategies

- Community level home visit by trained health care workers
- PHC/CHC level equipment, training, additional human resource (CHC), IEC
- District Hospitals, 10 bedded ward, additional human resources
- 8 regional medical centres, PG course in geriatrics, trainings
- IEC using mass media, folk media and other channels



# PACKAGE OF SERVICES AT DIFFERENT LEVELS

## SHC-HWC

- Health Education
- Domiciliary visits for home bound/ bed ridden
- Training to family care providers
- Arrange for suitable calipers & support devices
- Linkage with other support groups

## PHC-HWC

- Weekly Geriatric Clinic
- Maintenance of records
- Conducting a routine health assessment of elderly persons
- Provision of medicines & proper advice
- Public awareness
- Referral to higher Centres when needed

## CHC

- FRU for Elderly from sub-centre & PHC
- Bi-weekly Geriatric Clinic
- Rehabilitation unit
- Domiciliary visit by rehabilitation worker
- Health promotion & prevention
- Referral to higher Centres



# SOCIAL PROTECTION & SOCIAL NETWORKING

- Social protection is a major arena of government activity aimed at ensuring that vulnerable population groups receive appropriate and effective public support to ensure their financial security and to safeguard their health
- As people age, they tend to retire from jobs, lose friends and become less mobile
- All of this can leave them with a depleted social network, which can in turn negatively affect our health and sense of well-being
- A good social network in later years can improve cognitive functioning as well as improve health. Staying socially active and engaged in activities helps to prevent depression as well



# GOVT. SCHEMES FOR SENIOR CITIZENS



Pradhan Mantri Vaya  
Vandana Scheme

Pension Scheme

Indira Gandhi  
National Old Age  
Pension scheme

Old Age Pension  
Scheme

Annapurna scheme

Supply of free  
grain for elderly

Varishta Mediclaim  
Policy

Health Insurance  
Scheme

Rashtriya Vayoshri  
Yojana

Physical aid &  
assisted living  
devices for BPL

Varishta Pension  
Bima Yojana through  
LIC

Social Security  
Scheme

Senior Citizens'  
Welfare Fun

Pension Scheme

Vayoshreshtha  
Samman

National Awards  
for Senior  
Citizens

# SOME OTHER BENEFITS

## Rail Travel

- Men over 60 years get 40% and women over 58 years get 50% discount in fare of all classes

## Lower Birth Quota

- Provision of free wheelchair/ battery operated rickshaw

## Air Travel

- 50% discount on economy fare for domestic travel





## Income-Tax

- Basic exemption limit for senior & super senior citizens is higher
- Tax benefit on account of payment of medical insurance premium & medical expenses
- Deduction on income from interest is higher

## Others

- Higher interest rates & schemes in Banks and Post-Office





# Thank You

