

Work while you have the light. You are responsible for the talent that has been entrusted to you. -Henri Frederic Amiel

Introduction

In India around 2.5 million people are living with HIV. Of these, an estimated 39% are female and 3.5% are children. The highest HIV burden is contributed by Andhra Pradesh, Maharashtra, Tamil Nadu and Karnataka in the south; and Manipur and Nagaland in the north-east.

In Karnataka, there are an estimated total of 2.76 lakhs people living with HIV (PLHIV). The male-female ratio is 1.6:1 and most of the infection is concentrated in a few districts, with 8 out of 29 districts¹ accounting for more than half (58%) of the total PLHIV. More than half of the PLHIV reside in rural areas.

In this context, under the National AIDS Control Programme Phase- II, 122 Community Care Centres (CCC) were set up across the country to provide treatment for minor opportunistic infections and to provide psychosocial support through sustained counseling. Under NACP- III, 350 Community Care Centres are planned to be set up during the programme period (2007-2012) and link them to the nearest ART centre, set up in all A category districts of the country.

Community Care Centres are an important component for providing comprehensive care and support to PLHIV. The process of providing care within the CCCs is not restricted to treatment of medical issues alone. At Snehadan a community care centre in Bangalore, a frame work is formulated from experience gleaned through its years of active presence and involvement in the HIV care & treatment in Karnataka. The framework named the “sequence of care” transcends beyond the realm of medical routines and touches the patients with care and concern.

Ensuring quality of care requires that a number of different activities are completed in a particular sequence. Towards this, a set of simple one-page documents have been developed which can be a reference by CCC staff for day to day work within a CCC. Additionally, checklists have been developed and included so that different professionals can complete an activity, without overlooking any key steps.

The steps and sequences laid out in the following pages from first hand experience acquired through years of quality care towards the PLHIV. The process and procedure would need to be modified to suit resources and infrastructure in different contexts.

¹ Bangalore urban, Belgaum, Hassan, Bagalkot, Mysore, Bellary, Gulbarga and Davangere
Bangalore urban and Belgaum account for 29% of the total estimated PLHIV

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Process followed for Admission

Admission is done for:

1. Treatment of OI
2. ART initiation
3. ART adherence counselling
4. Monitoring side effects of ART
5. Providing counselling support
6. Palliative care

→ Prior to Admission:

The Counsellor must

1. Make a Telephonic assessment of the patient's condition
2. Must also cross check if beds are available for admission
3. Must discuss with the clinical team regarding admission
4. Must communicate to the family/NGO if patient can be brought for admission

→ On the Day of Admission:

The counsellor must:

1. Conduct assessment of the health condition of the patient
2. Discuss with the clinical team (doctor, nurse) regarding the health of the patient
3. Refer patient to Tertiary Care Centre if after assessment of the health condition the team decides that the patient cannot be managed at the CCC
4. Inform the nurses/health workers to prepare bed for patient if the clinical team confirms admission

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→ Upon admission, the following to be done:

1. Nurses must prepare bed for patient
2. Counsellor must conduct Case History and probe into:
 - a. Present illnesses and treatments administered
 - b. Previous medical history, including all co morbidities and past HIV-related complications, other major illnesses, hospitalizations, surgeries and date of HIV diagnosis, medications history
 - c. Substance use and dependence history, including treatment
 - d. Assessment of the family circumstances and support system of the patient
 - e. Details of patient's place of residence,
 - f. Details of the patient's source of income(whether stable or not)
 - g. Whether the patient has disclosed his status to the family
 - h. HIV status and care needs of others in the family.
3. For any woman between 15-45 years, check:
 - a. Details of pregnancy
 - b. Family Planning
 - c. HIV status of Partner
 - d. HIV status of children
4. Review the TB Status
 - a. 4 point indicator to assess TB is carried out
 - b. Obtain previous history of TB
 - c. If the patient is on TB medication,
 - i. check the medications being consumed by the patient
 - ii. details about the course
 - iii. Check where(name of the RNTCP centre) the treatment was initiated
 - iv. present condition of the patient etc
 - v. Record TB status in the case sheet form and inform the nursing team and the Medical officer.
 - d. If the patient is on ATT, procure the drugs from them and hand it over to the nurses station
 - e. If the patient has TB and is not yet registered for TB treatment
 - f. Register the patient at the centre and provide DOTS from the centre as the centre is a DOTS provider.

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- g. 5. Identify other issues not yet addressed such as any other medical problems, family problems, emotional problems etc
5. Encourage partner testing and testing of other family members.
6. Verify the address and phone number
7. Counsellor must explain
 - a. what care , support and treatment encompasses
 - b. procedures involved
 - c. how the centre functions
 - d. the policies and regulations of the centre
 - e. information relating to the expenses
 - f. Service Delivery Model
 - g. circumstances that require referral to other centres
 - h. practice of shared confidentiality and the basics of HIV infection and transmission
8. Register the patient using proper registration forms
9. Enter the patient details in Visit form
10. Obtain the signature of the patient and the primary care giver on the Consent form
11. In case of a Palliative Care patient, ensure the Medical Officer speaks to the family

→ Admission to Ward

1. Nurses/ Health Workers must prepare Bed for the patient
2. Nurses/Health workers must give Patient a bath, change his/her clothes, groom the patient etc
3. Nurses must look into the Nutritional requirements of the patient and make arrangements to fulfil the same
4. Nurses/Heath Workers must orient the Patient to the centre
 - After assessing the need of the Patient, the nurse must allocate the wards accordingly-
 - for ART initiation patient is admitted to ART Ward
 - Patient for OI Treatment is admitted to a general ward
 - If Patient tests sputum positive he/she will be admitted in the TB ward
 - Patient for Palliative Care is admitted in Palliative Care Unit and
 - if patient has complications and has severe side effects ,the person is admitted in Intensive Care Unit. If the CCC does not have an ICU facility, refer to nearest hospital.

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Annexure 1: Checklist for Admission		√
Before patient arrives at the CCC		
1	The Medical Officer is informed regarding the condition of the Patient	
2	Bed availability is verified and confirmed	
3	NGO/Family members are reminded to bring all the records, documents of the patient	
Upon patient's arrival at the CCC		
1	Registration form is filled	
2	Visit form is filled	
3	Consent form signed	
4	Intake Case History form filled	
5	Face sheet is filled	
6	Counselling Care sheet is filled	
7	The reports of HIV test, other treatments etc are obtained	
8	Money, valuable belongings of the patient are collected and stored safely	
9	The medicines with the patients are given to the nurses	
10	Contact number verification is completed	