

## Keeping the circle moving -Continuum of Care

HIV produces conditions of chronic illness; thereby sustained, continuous care is imperative in the successful management of the disease. Continuum of care is coordinated care, treatment and support for patients.

Care does not stop at the discharge of the patient, it is continual process and there are a few mechanisms through which it is ensured that the patient is given complete and continuous care. This is done through:

1. Out Patient Department
2. Support Group Meetings
3. Outreach

### ● Outpatient Department :

The client can access the out patient clinic facility at the centre on specific days of the week.

### *When the client arrives:*

1. The Counsellor must fill the visit form(this must be done on every visit of the client)
2. The counsellor must retrieve all the necessary records of the patient including registration form and the previous visit forms
3. The Counsellor must assess the condition of the patient
4. The Nurse must check and record the Weight, height, vital signs, Body Mass Index
5. The Nurse must carry out the Pill count/ blister strip verification
6. The Medical Officer must carry out a medical check up of the client
7. If the medical Officer finds out non/poor adherence to ART or non-compliance to ATT the client must be referred to the counsellor
8. The Medical Officer must admit the client if found necessary
9. The counsellor must ensure the patient has received all the medicines and knows how to take them-
10. The counsellor must fix date for follow up in consultation with the client

### ● Support Group Meetings

The clients are brought together for a meeting which acts as a forum to share their problems, discuss concerns and clarify doubts. These meetings are held every month and are fixed on a particular day of the month, e.g. first Saturday of every month.

- The meeting must be fixed for a specific day of every month
- The health workers must remind the clients about the meeting 2-3 days prior to the meeting
- The counsellor must fill the Visit form
- The Health workers/ Nurses must record the height, weight, BMI etc
- The medical officer must fill in details of the diagnosis and treatment in the Follow up form attached to the

visit form

- The counsellor must send the OPD book, ART book and Visit forms with the patient to the consultation room
- If the medical officer finds it necessary to admit the client after check up, the client is admitted
- The counsellor must send the patient to nurses station with all records to collect medicines
- The nurse explains details of medicine consumption
- Counsellor must counsel and reinforce information already imparted to the client.
- The health worker ensures the client attends the meeting organised for the day

### ● Outreach Work-

Outreach work literally means reaching out to a PLHIV at his/her location after being discharged from the centre. These visits are carried out by the outreach workers/Health workers who are already acquainted with the PLHIV when they were admitted at the centre.

- The Health worker must carry out Follow up visits to track the clients on ART, TB drugs and this must be done through Home Visits and telephonic conversations.
- The Health worker must carry out telephonic assessment of clients to track them
- If required the Health worker must seek the assistance of NGO Partners, IPPCC/DIC to track the Lost Follow Up
- The health worker must upload details of clients in the MIS
- The Health worker motivates the client to ensure utilisation of the Out Patient Medical and Counselling Services

#### Annexure 4: Continuum of care checklist

<b>Annexure 4A: Outpatient department checklist</b>		√
1	Samastha Visit form is filled	
2	Ensure Visit form data entered in OPD Register- Nurse	
3	Medication details have been entered in the OPD book of the CCC	
4	Visit form is back in Medico-Social Work Department for verification	

<b>Annexure 4B: Support group meeting</b>		√
1	Visit form is filled	
2	All the medicines have been given	
3	Medications of patients are entered in the Community Support Meeting Register	
4	All records, ART book, OPD book are returned to the patient	
5	Follow up date is fixed	