

Chettinad Free Community Hospital (CFCH) – “Revisiting the health care needs of Rural Poor”

Aim:

To provide free health care and health awareness to all population living in the villages in and around Chettinad Hospital & Research Institute (CHRI).

Objective:

- To offer quality health services at free of cost to all strata of society through CFCH and integrated outreach program.
- CFCH aims to provide free health care starting from basic primary health checks extending up to advanced diagnosis and care to all individuals attending CFCH. The different services offered include Consultation, Diagnostics, In-patient care, Surgery, Treatment and Medications.

Context:

Chettinad Hospital & Research Institute (CHRI) was established in the year 2005 with an objective “Health care for all at affordable cost” i.e., everyone should be able to access health care service offered at the hospital without subject to any financial hardship. The management’s focus towards the underprivileged resulted in the introduction of very affordable health care services and several health schemes in the region to help people to stay healthy.

In-spite of all the efforts, some population especially in difficult to reach villages were unable to access the effective and affordable health care offered at CHRI as these people have their own logistic, economic and social reasons.

There is growing evidence that poverty leads to ill-health and vice versa. In order to prevent the negative downward spiral of poverty and illness, Chettinad under the motto – “Health care for all” promoted “CHETTINAD FREE COMMUNITY HOSPITAL” through INTEGRATED COMMUNITY OUTREACH PROGRAMME aiming towards a disease free community by providing health care services to all the poor people who are economically unstable at free of cost in order to increase access to health care for poor households.

The Practice:

To contribute to the welfare of the society, CFCH was initiated with the following agenda

- High quality OP consultation 6 days a week
- IP admission & Consultation 24x7
- Community oriented Primary care (COPC) services
- Implementation of national health Program (RNTCP, NCPDCS, NPCB)
- Diagnostic & Imaging facilities
- Treatment facilities
- Day care procedures
- Minor surgical procedures on the same day
- Facilitation of Major and advanced procedures with prior appointment
- Free medication
- Free transportation of the patients
- Free food

On the above basis, necessary Infrastructure, lab instruments, computers, printers for billing, internet connection & equipment's etc for the functioning of CFCH is provided with necessary manpower. Regular health camps and outreach programme to create awareness is practiced. Diagnostic services including ECG services are provided. Admission procedures, surgeries, medication including food and beverages to such patients are given free of cost. ERP billing is adopted to make the process easy. We send vehicles to every village and take the patients to our hospital to provide services under this programme and the patients are dropped back at their villages in the end.

Introduction of Importance of healthcare at grassroots

All schools coming under the field practice area is made aware of health care issues and regular nutritional assessment, along with routine health check up and screening the children for various diseases (Anaemia, Refractory error, heart diseases, developmental anomalies, etc) is practised. Important health education activities like Hand wash hygiene, menstrual hygiene, healthy life style, etc. is covered.

The practice is as follows:

Primordial (healthy person): Includes health promotion involving health education and healthy environment

Primary (Risk factors): Includes risk factor management involving counselling and specific protection covering immunization and smoking and alcohol cessation

Secondary (Disease): Includes early diagnosis and screening covering opportunistic screening for NCD risk, pharmacist approach for NCD, mental health screening, screening cervical and breast cancer risk

Tertiary (Complications): Includes rehabilitation covering physical, psychological and vocational. Palliative care for terminally ill patients and rehabilitation of persons with disabilities

Problems encountered and resources required:

1. Main obstacle is shortage of manpower: This is overcome by increasing the manpower and also appropriate shift based work allocation.
2. Another Obstacle faced is resources: This is overcome by increasing the number of buses, vans, ambulances
3. Difficult to reach population groups and to refer patients especially underprivileged to CHETTINAD FREE COMMUNITY HOSPITAL: This is overcome by issue of family privilege membership cards and awareness through outreach programs actively pursued by the department of community medicine.

Evidence of Success

1. Infrastructure establishment – Facility, buses, vans and manpower
2. No of outreach programs for creating awareness on CFCH
3. No of people attending to CFCH
4. Patient feedback.
5. Preventive healthcare measures for underprivileged
6. Collaborations with village health workers and village heads
7. Appreciation from village health workers and village heads
8. Data on advanced treatments offered