Comparing the functioning of a CHC with the standard functions of CHC

Dr. Sneha Mishra

Pgdhm-18

Roll No. 1505

Rationale

- Generally , it is seen that CHCs are not functioning according the standards set for the same.
- To evaluate whether the CHC is acting as a referral centre for its neighbouring PHCs

- It is fulfilling its two fold function of providing specialised services to its patients both reffered and patients coming directly to the center

Research Question

Is CHC Amer, functioning according to the set standards of a CHC as laid down by the IPHS?

Objectives

- **To compare the functioning of the CHC Amer with that of the set standards laid down for a CHC**

Methodology

1. Type of study: Crosssectional qualitative analytical, Focussed group study

2. Primary: unstructured interviews, observations

3. Secondary: Record review, Check lists

4. Data collection tools: observations, questionaire, check lists

5.sample size: data collected from 1st January 2015 to 31st March 2015

Analysis

Resouces	Indian Public Health Standard	Community Health Center, Amer
1.No. of beds	30	35
2. All Assured services	Mandatory	Present
(a)routine and emergency medical care department	Mandatory	Present
(b)routine and emergency surgical care department	Mandatory	Present
(c)obstetrics and gynaecology department with a Labour Room	Mandatory	Present
(d)Paedatrics department	Mandatory	Present

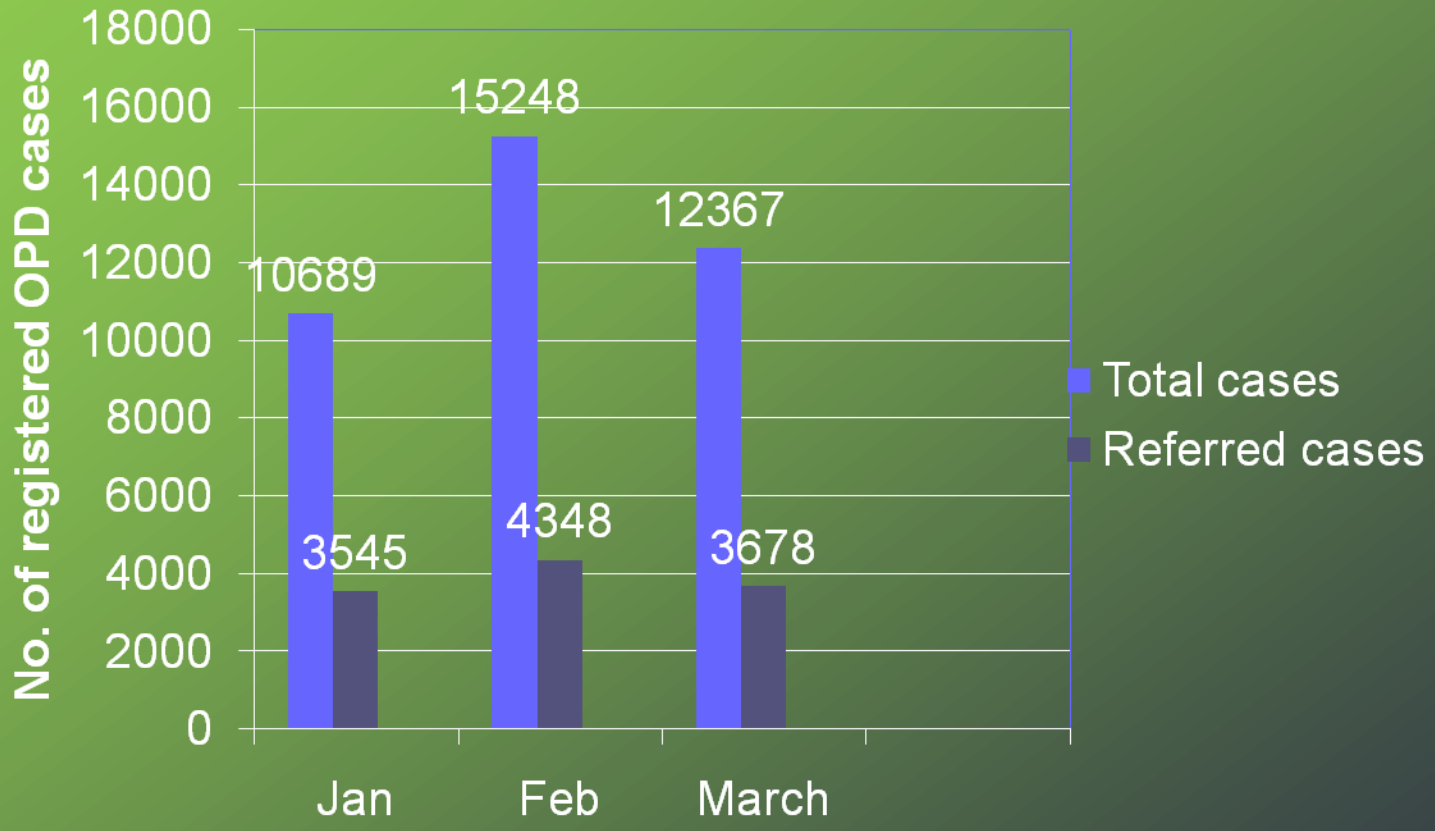
Resources	Indian Public Health Standard	Community Health Center, Amer
3. Manpower		
General Surgeon	1	Present (1)
Physician	1	Present (1)
Obstetrician/ Gynaecologist	1	Present (1)
Paediatrics	1	Present (1)
Anaesthetist	1 (can be on contractual basis)	Present (1)
Ophtalmologist	1 (Proposed)	Present (1)

	Indian Public Health Standard	Community Health Center, Amer
4.Support Man power		
Public Health Nurse	Mandatory (1)	Present (1)
ANM	Mandatory (1)	Present (1)
5.Support services		
laboratory	Mandatory	present
blood storage	Mandatory	present
X ray Laboratory	Mandatory	present

	IPHS	CHC AMER
Nurse-midwife	7+2	3
Dresser (certified by Red Cross/ St.Johns Ambulance)	1	0
Pharmacist/compounder	1	1
Lab Technician	1	1
Radiographer	1	0
Ophthalmic assistant	0-1	0
Ward Boys/ Nursing	2	1
Sweepers	3	1
Chowkidar	5	1
OPD attendant		0
Statistical Assistant/ Data Entry Operator		1
OT attendant		0
Registration clerk		1
Total essential	21/22	10

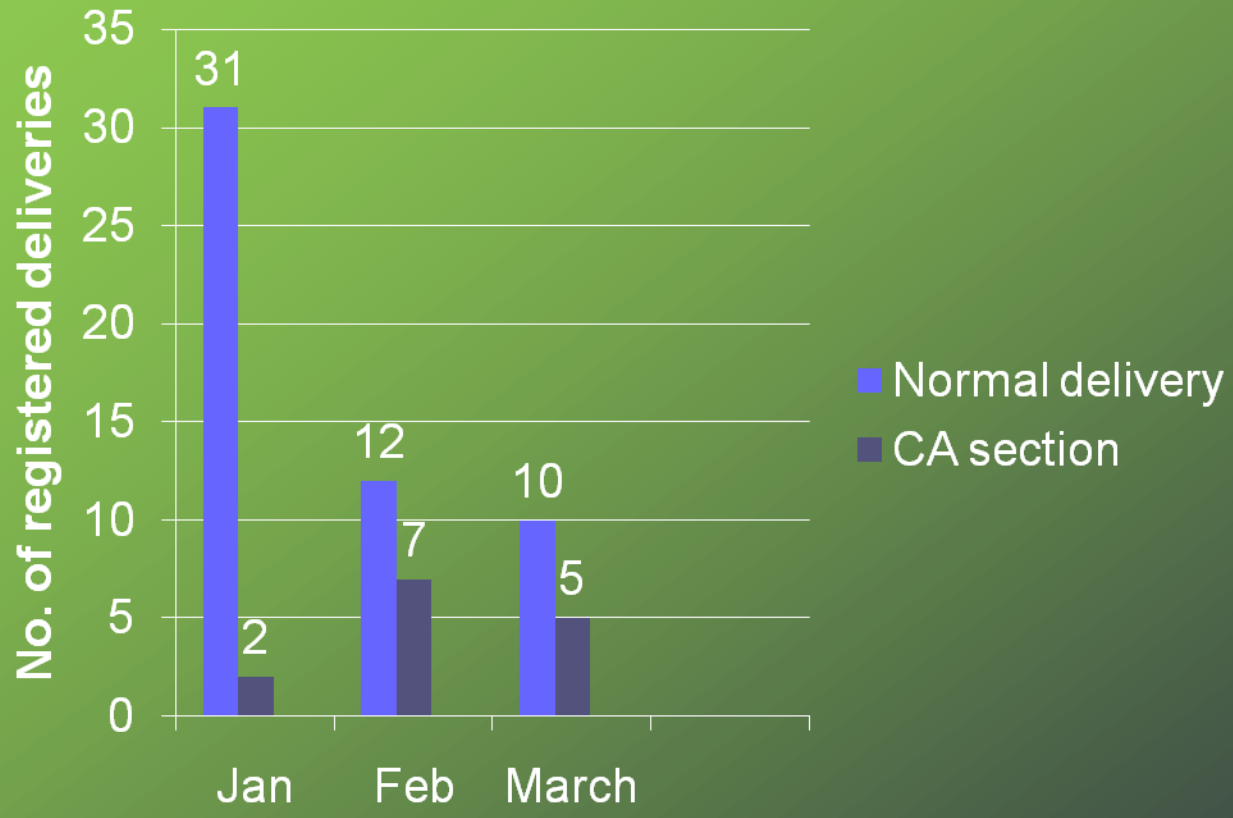
Graphical Interpretation

Referred Cases v/s total cases



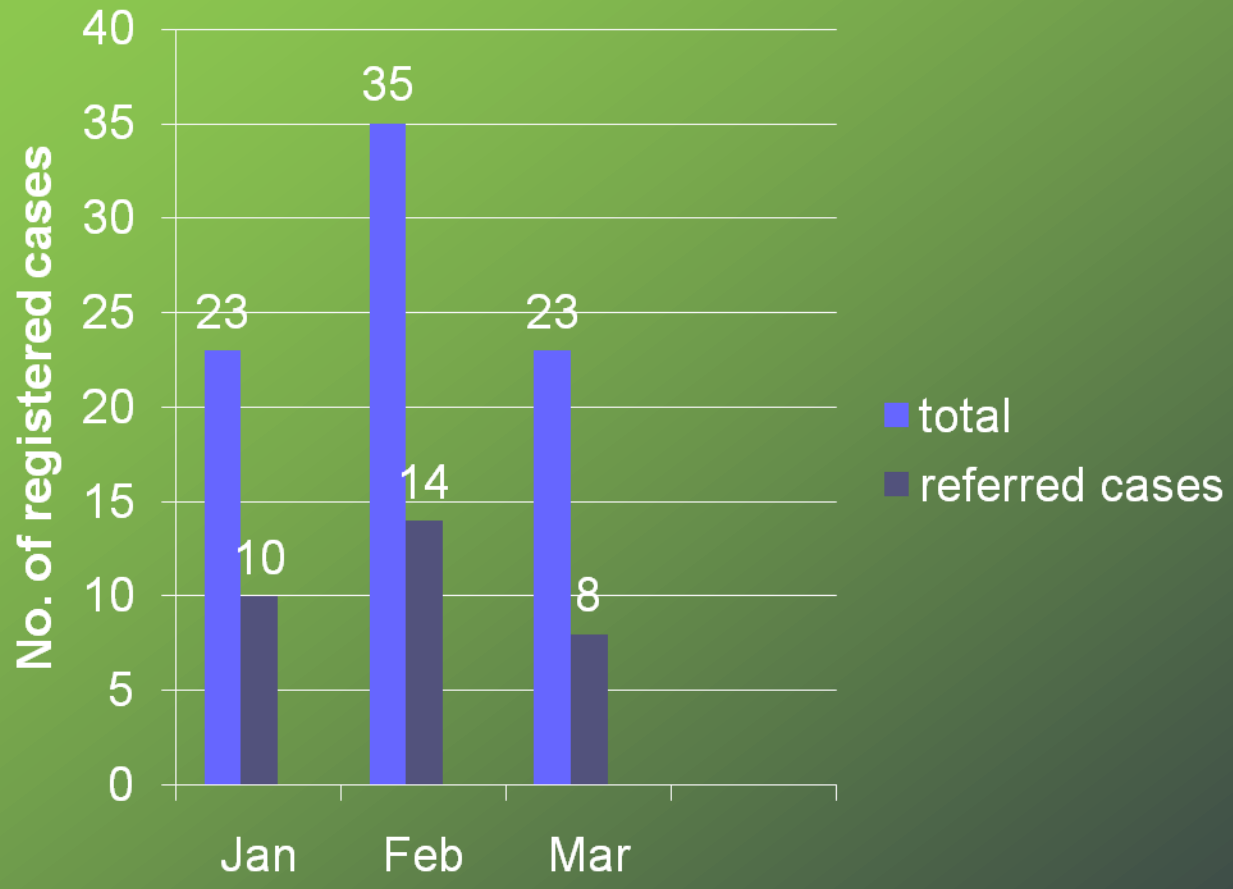
No. of referred cases less than 1/3rd of total cases

Normal Delivery v/s CA Section



No. of CA sections were less than 10 for each of the 3 months

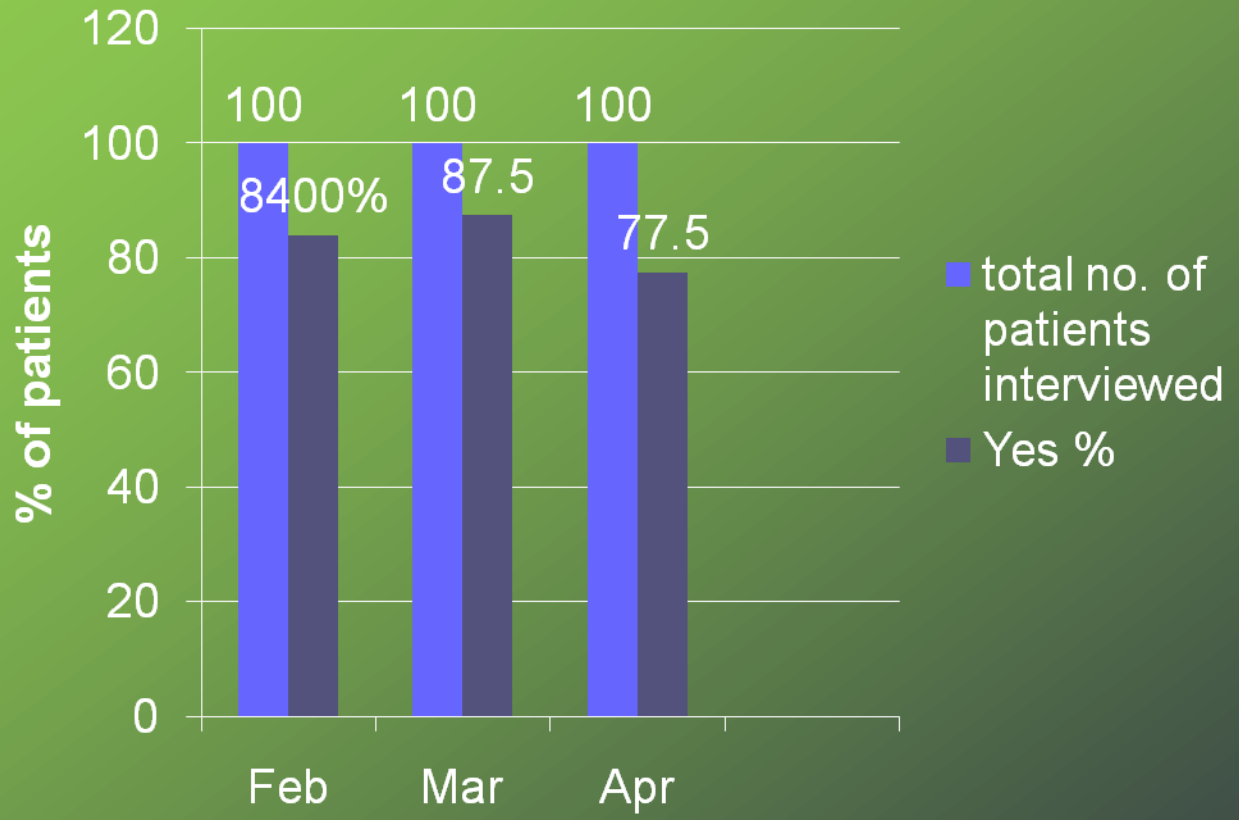
OT Cases



No. of referred OT cases less than 50% of the total cases

Graphical representation of some Patient's Feedbacks

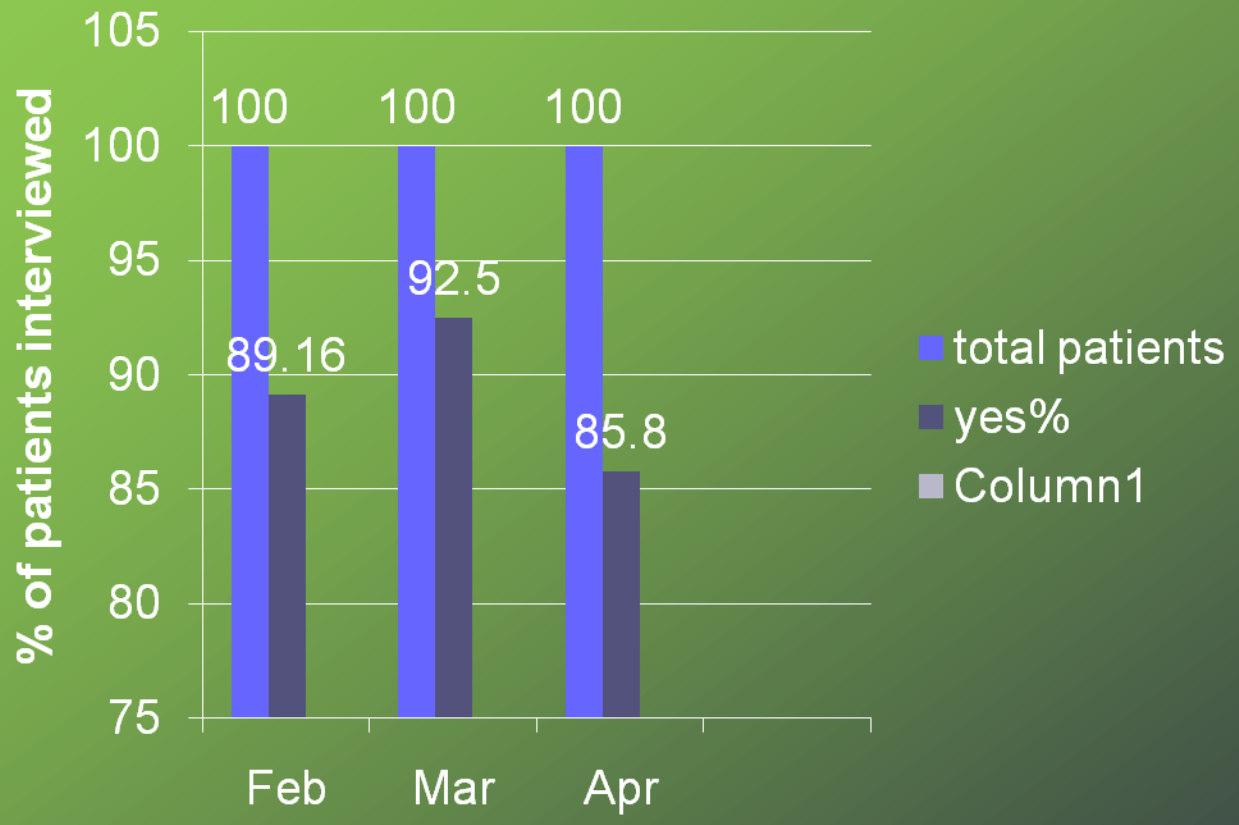
Doctors unavailability during evening shift



More than 75% of patients complained of unavailability of doctors during evening hours

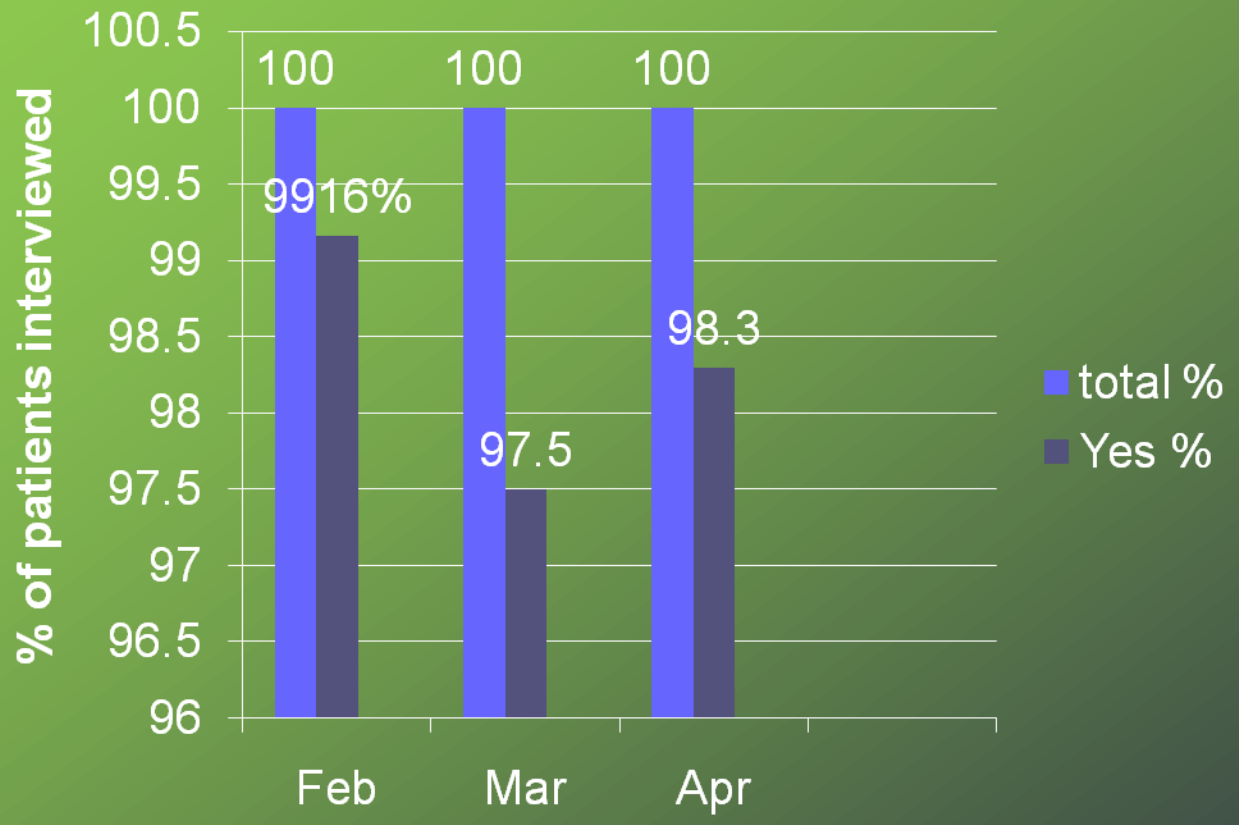
* Total no. of patients interviewed were 120 for each month

Report collection



More than 86% of patients complained of delay in getting reports (more than 1 day)

OPD attendant



More than 98% of patients interviewed faced problems due to unavailability of an OPD attendant

Interpretation

1.No. of referred cases in OPD is less than 1/3rd of the total cases (should be atleast 50% of the total cases)

2.No. of caesarian sections are less than 10 for each month

3.No. of referred surgical cases are less than 50% of the total cases (should be atleast 75% of the total cases treated)

Findings

1. Manpower inadequacy in certain crucial areas of the center; OPD attendant, Nursing staff
2. Lack of communication between CHC and its covering PHCs
3. Unavailability of specialist doctors usually during evening hours
4. Patients facing problem (feel undirected) due to lack of an OPD attendant
5. Patients complaining of long waiting time to collect reports

Suggestions

1. A person dedicated to the OPD to be appointed as an OPD manager to guide the patients as to where to go further

2. A dedicated staff to regularly contact the PHCs so that the no. of referred cases can be increased

3. A prior preparation of the OT or labour room to be done on getting the information on receiving such cases

4. Higher authorities to look into the matter of unavailability of specialists during evening hours: interns can be posted

5. Lab audit to be carried out to improve the TAT of the Laboratory

THANK YOU