PUBLIC HEALTH

Co-ordination of Health and Hospital Services

By

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As you are aware, that in accordance with the recommendations made by the Health Survey and Development Committee, the Government of India decided to amalgamate the two sections, preventive and curative medicine, and as a result they are now under one administrative head both at the Centre as well as in the States. The same type of administrative structure exists in the districts also. With such a set-up in the country one would imagine that there is complete co-ordination of preventive and curative services and it is no longer necessary for us to worry about Co-ordination of Health Services and Hospitals any longer. Under this arrangement let us consider the case of a child who is under the health supervision of a Health Centre ; when he is referred to a hospital for treatment, the staff, both medical and nursing, should give necessary attention to the child, inform the staff of the Centre that the child is admitted and is being taken care of. Again when the child is discharged, the Health Centre staff should be informed of the treatment given the child and its condition on the date of discharge, the instructions which the family is required to carry out and the date the child is required to attend the Out-patient Department at the hospital ; or the type of treatment to be continued at the Centre. You will agree with me that such understanding does not at present exist between the Welfare Centres and the Hospitals. On the contrary hospitals hesitate to refer cases to the Welfare Centre and the Centre staff are of the opinion that the mothers and children referred to hospitals do not receive the necessary attention.

Even in regard to investigation and treatment of pregnant cases or admission of abnormal cases for confinement, we have not arrived at a system which could be put into practice, without difficulty and annoyance to the authorities of the institutions concerned.

Before I tell you how we should organise a system for the co-ordination of Health and Hospital Services, let us consider the requirements. The effectiveness of a Health Service will depend on its availability to all those who need it, rich and poor alike. It should aim at prevention of disease and promotion of positive health. In order to achieve good results it is necessary to provide both preventive as well as curative services. Unless the staff in charge of both these aspects of the Health Service work together it is not likely to achieve the desired results.

We know that curative service is expensive. In order that it is available to every member of the community it is necessary to provide health measures which aim at prevention of disease and promotion of health. A Health Service would therefore include health supervision of the people, detection of ill health at its very outset, and at health education so that the people themselves may help in the prevention

of disease and in the promotion of health. Any health service should therefore require the services of the hospital to investigate the cause of ill health of patients referred to them and for appropriate treatment. The hospitals which provide a diagnostic and curative service is therefore a complementary service to the Public Health Service. In fact the hospital services form only a part of the entire Health Service structure and it cannot achieve the desired results unless there is complete co-ordination with the other important branches of the Health Services.

If we review the existing state of affairs, what do we find ? Owing to lack of co-ordination in the Hospital and Health Services, there is considerable overcrowding in the hospitals, at the same time hospital services are not available to all those that are in urgent need of such services, and there is no regular follow-up of those requiring further treatment and health supervision after they leave the hospital. Consider the Welfare Centres : These units should ordinarily devote attention to health education and provide facilities for regular medical examination to ascertain that the individuals are maintaining maximum health and introduce such preventive services that would ensure good health ; whereas the Health Centre staff spend most of their time, not only in dealing with minor ailments, but very often treating complicated and abnormal midwifery cases for which they are not adequately equipped.

From what I have told you, I hope you can visualise that although hospital services aim at prevention of diseases and treatment of such cases that require close medical and nursing supervision and treatment, you will agree that they are a great asset in the provision of Health Services. The other aspect of Health Services aim at providing such measures that would prevent or control disease and assist the family in maintaining good health.

Let us now ascertain the ways and means of bringing about the closest co-operation and co-ordination of the Hospital Services with other Health Services. To my mind, the most important means of bringing these two aspects of the health services closer, is to have a thorough understanding between the medical and nursing staff of hospitals and the Public Health personnel. In my opinion defective preparation of health and hospital personnel is partly responsible for this state of affairs. Even under the existing conditions a good deal can be achieved if the staff of hospitals and health personnel would realise that the ultimate aim is the same, and that the personnel of both institutions concerned must seek the assistance of each other in order to establish an adequate Health Service. Secondly the staff, both medical and nursing, must contribute their share in minimising the effects of ill health both on the individual, as well as on the community.

Let me explain further ; if a sick child is admitted to the hospital, the doctor would be able to understand the conditions of the child very much better if the Health Centre staff would write a short note on the health of the child, previous to the present illness, stating if, in their opinion, any of the poor environmental conditions are, to some extent responsible for the poor health of the child. When the child is in hospital, the Public Health Nurse or Health Visitor should be free to visit the hospital and ascertain for herself the condition of child. On discharge, the hospital should notify the Health Centre, informing them of treatment the child should continue with, and that the environmental factors responsible for the disease should be removed. The Public Health Nurse should seek the assistance of the Health Officer and the family in correcting the environment of the child. The family should be instructed how to care for the child and how to carry out treatment. Thus the staff of the hospital, as well as that of

the Centre will have helped the family not only to cure the child of its disease, but to adopt such measures that would prevent recurrence of the condition and help the parents to maintain maximum health for the child.

Thirdly, we have to ascertain the needs of the people and provide appropriate measures so that the most urgent and needy cases would receive the attention they require. Today, the hospitals, as well as the Welfare Centres are conducting routine prenatal examinations but the hospital clinics are overcrowded and difficult to manage. The centres are treating some of the serious cases which should ordinarily be dealt with in hospitals. Very often, lack of facilities for proper diagnosis and treatment, result in a loss of time and money. If the hospitals would keep one or two days a week to examine, investigate and treat antenatal cases referred by Welfare Centres in the area, it would make the work of the hospitals, as well as that of the Centres easier, and there would be better co-ordination of both services ; further, it would ensure that a mother is not having antenatal care at more than one place. Similar arrangements would hold good for infants and children's clinics.

With regard to midwifery services, the hospitals are overcrowded and very often cases have to be refused admission. This could to some extent be minimised, if there was closer co-ordination between the Welfare Centres and the hospitals. The Centre staff should deal with normal cases in those homes that can provide minimum standard of space and other facilities for confinement in the house. The hospitals would deal with only such cases that need to be delivered in the hospitals, namely, primipara, multipara which are abnormal or are expected to have abnormal labour, and those normal cases whose homes are most unsatisfactory and not suitable for confinement at home. Due to overcrowding and shortage of maternity beds in the hospitals, the mothers are discharged on the fourth or the fifth day of confinement and the infant leaves the hospital, before cord is off and the naval dry. Most of these cases go without adequate care in their homes. If the hospital staff would realise that the mother and infant still require care, they would refer the case to the Centre staff and request them to continue the post-natal care in the home.

Teaching in mothercraft is sadly neglected. If there was closer co-ordination, the staff of the nearest Welfare Centre would be approached to give health talks at prenatal clinics and mothercraft classes in the lying-in wards at hospital.

In dealing with infectious disease cases, the co-operation of the hospital is necessary for its isolation and treatment ; at the same time the Health Department must provide protective measures for the prevention of spread of the disease, and the staff of the Welfare Centre should instruct the people of the protective measures they should adopt to safeguard themselves from the infection, and to notify any diseased cases they contact to the Health Department and arrange for the isolation of the case.

Some of you are familiar with the method introduced in Delhi by the Co-ordinating Committee. The Delhi and New Delhi area was divided into three large areas, each area with a central large hospital and Welfare Centre in its neighbourhood. The staff of the Welfare Centres are required to refer cases requiring hospital treatment and certain cards were introduced to send notes while refering the case to the hospital ; a portion of the card has to be filled in by the hospital staff and returned to the Centre. This system is still in use but it is regretted that the authorities concerned have lately not co-operated fully in making the system a success.