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Primary health care in hospitals

Patan Hospital in Patan, Nepal, provides a large volume of primary health care activities within its walls as well as supporting such work outside.

A recent article in ***World Health Forum*** forcefully expressed the need for hospitals to be involved in primary health care and gave interesting examples of ways in which this has been done *(1)*. Great scope exists for innovation, trial and error, and the sharing of experiences. In this connection I describe here certain approaches that we have explored at Patan Hospital in Nepal. They have been shaped by geographical, historical, political, social, financial and other factors. When the hospital opened in 1982 it inherited many influences from the mission hospital it superseded. However, it was intended that the new hospital should be run independently by a board on which the government, mission and local community would be represented in approximately equal numbers. The board determined the priorities of the hospital as follows:

— primary health care, mainly through the outpatient department;

— secondary, but not tertiary, medical care through departments of medicine, surgery, paediatrics, and obstetrics and gynaecology;

— support for the primary health care programme in the District of Lalitpur;

— training of health manpower for the whole country.

Determining factors

An important factor was the existence of a mission agency which the government had made responsible for much of the health and development work in Lalitpur District. This meant that the hospital did not need to initiate primary health care activities in the district, but had to support efforts already being made. Offices for the agency, renamed the Lalitpur Community Development and Health Project, were provided within the hospital complex. Unfortunately, the project had already outgrown the space allotted to it by the time the building was completed. Clearly, planning should have allowed for a growing and flourishing community programme.

Given the parallel relationship between the hospital and the project, it was decided to establish a functional coordinating committee that would facilitate cooperation in matters of administration, referral and so on. The hospital is located in Patan at the northern extremity of the district, on the edge of its urban area. This presents a major problem, exacerbated by the fact that the

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heavily populated urban areas of Kathmandu and Bhaktapur are very close indeed: the hospital can be reached from these areas by short bus rides, whereas much of Lalitpur District itself is two or three days' walking distance. The urban population in particular feels free to attend whichever hospital in the three cities it prefers. Thus, while our target area is the city of Patan and Lalitpur District, with a population of 210 000, there is virtually no control over the utilization of health facilities. This problem relates in particular to the referral system.

An important political factor is the recent Decentralization Act, which should ultimately mean that the beneficiaries of development programmes will be in a stronger position to plan and monitor the use of resources.

The final major factor is that of poverty in a typical Third World situation with unreliable crop production, deforestation, soil erosion, malnutrition, poor sanitation, insufficient fuel, defective drinking-water supplies, infectious diseases, high child mortality, the problems of urbanization, and so on.

Primary health care

The roles of the hospital in primary health care consist of conducting internal activities and providing support for external ones (Table 1). Many activities, such as simple treatment and education in nutrition, take place both in the hospital and outside, and in this way different groups of people can be influenced.

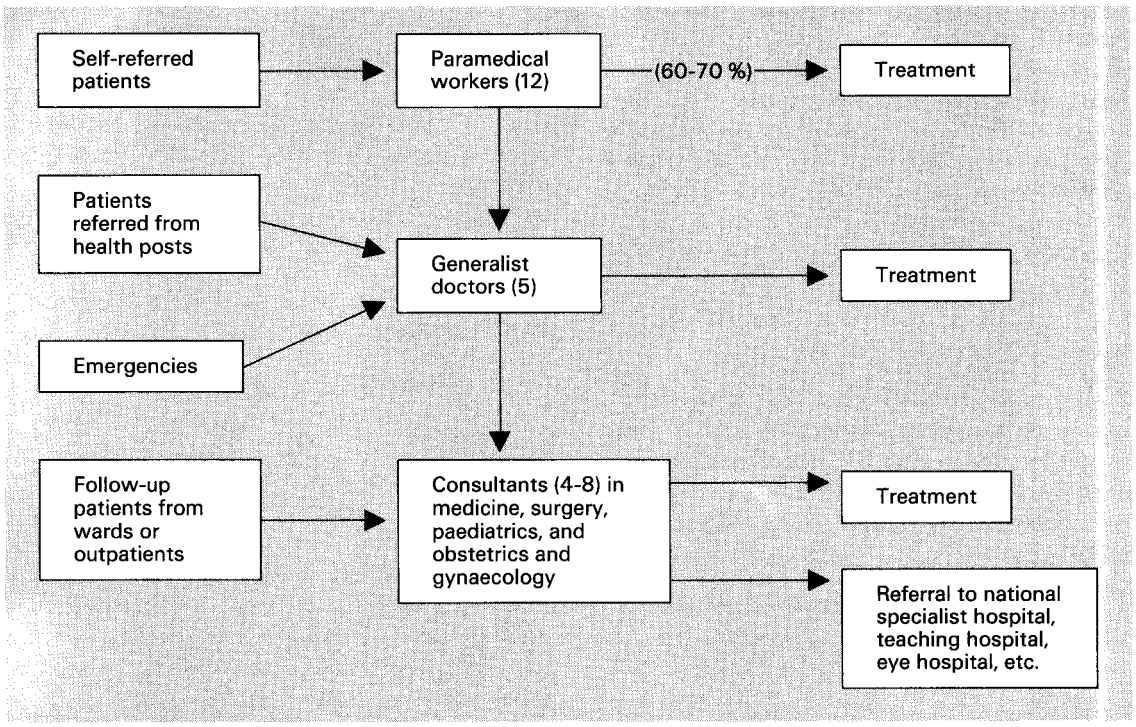
In the hospital

One might well ask if the hospital is the right place for the diagnosis and treatment of simple diseases. Might it not be more appropriate for these tasks to be performed at health posts and in the consulting rooms of local practitioners, and for hospital facilities to be reserved for referrals? Primary medical care is more expensive in hospital because of higher overheads and the use of expensive but unnecessary investigations and treatments. There is also a tendency to employ staff who are overqualified for their jobs; in the previous hospital, for example, most general patients were treated by a specialist in internal

Table 1. Primary health care activities in and outside the hospital

Hospital	Community Development and Health Project	
	Health sector	Other sectors
Treatment of common diseases and injuries	*Health posts*	Non-formal education: animal health, human health, pregnancy, literacy, smokeless cooking stoves
Provision of essential drugs	Simple treatment	Rural industries, eg., milling
Antenatal and postnatal care	Provision of essential drugs	Agriculture: seed distribution, fodder grass, composting, solar drying of food
Clinics for children aged under five years	Health education	Nutrition
Immunization	Immunization	Tree planting
Health education	*Maternal and child health subcentres*	Potable water supply
Tuberculosis treatment and control	Antenatal and postnatal care	Sanitation
Leprosy treatment and control	Home delivery	
Dental health care	Immunization	
	Growth monitoring	
	Centrally-based activities	
	Mental health care	
	Oral health care	
	Urban health care	
	Training of traditional birth attendants	

Referral pattern in the hospital



medicine. Do health posts suffer in the eyes of local people if the hospital offers similar services? The public undoubtedly believes it gets better service in the hospital despite having to wait longer there. In Nepal, public demand for primary medical care in hospitals is high and in some areas the health posts could not cope if large numbers of patients switched to them.

We have come up with the idea of a health post within the hospital. The outpatient department has four large examining rooms, each manned by paramedical workers who are supervised by a general practitioner. New patients are first seen by a paramedical worker, who, in 60–70% of cases, can give all the treatment that is needed, as happens at the health posts. The doctor provides teaching and makes decisions for the paramedical workers when necessary. A further level of support is provided by consultants in medicine, surgery, paediatrics, and obstetrics and gynaecology, to whom immediate referral is available in most cases. Generalist doctors man the emergency room, consultants and their trainees see their own ward follow-up patients, and special arrangements are made for referred patients (see figure). In general the system works well but its success depends on a considerable amount of formal and informal communication and continuing education. One morning a week the outpatient department is closed so that education programmes for paramedical and medical staff can be fulfilled. Those who see patients are encouraged to use tests economically, to deal with patients in one day if possible and to limit prescriptions to no more than two effective drugs whenever they can.

One advantage of giving primary medical care in the hospital is that it sets the scene

for other primary health care activities. For example, up to 600 outpatients and their relatives are available for health education each day. This is provided by a senior public health nurse and her two trainees, who use posters and give practical demonstrations to teach good nutritional practices (including the use of the "superflour" weaning food developed in Nepal) and the importance of immunization, breast-feeding, the safe disposal of faeces and sputum, oral rehydration therapy, family planning, and oral health. Similar teaching is given to inpatients by ward staff, although this needs to be expanded.

Antenatal, postnatal and childrens' clinics (for under-fives) are conducted mainly by paramedicals with supervision by consultants. In the children's clinic, "Road to health" weight charts are used, immunizations are given, and advice is offered on nutrition and general child care. The combination of these clinics in a maternal and child health package was considered but it was decided that the large numbers and the use of different areas and facilities would result in confusion and delay. Treatment and control programmes have been instituted for tuberculosis, dental health and leprosy (in association with The Leprosy Mission).

Supporting the Community Development and Health Project

As well as its offices, the project uses the conference room, classrooms, and, to a limited extent, the maintenance area of the hospital. For the most part it is not dependent on the hospital for logistical support such as transport, drug supplies, and maintenance, and its funding is separate. Hospital doctors visit health posts with the purpose of learning about village conditions and the problems of primary health care personnel on the one hand, and providing technical training and advice in patient care on the other.

Giving primary medical care in the hospital sets the scene for other primary health care activities.

The main support from the hospital comes via the referral system. According to national planning, patients should present themselves at their local health post and be referred to their district hospital if necessary. They may then be referred to successively more specialized hospitals at the zonal, regional and central levels. This structure is as yet incomplete, but the main problems are that patients may bypass the health posts and come directly to the district hospital, that patients residing in the district may seek primary care outside of it, and, conversely, that patients from adjacent or even remote districts may come directly to Patan Hospital, sometimes bringing referral letters. It has not seemed desirable or practicable to turn away patients, wherever their homes may be. However, we have tried to encourage the attendance of patients referred from health posts and maternal and child health subcentres of Lalitpur District by enabling them:

— to register at a separate window with a shorter queue;

— to be exempt from the registration fee;

— to be seen directly by a doctor;

— to be helped through the hospital system, if possible, by a staff member;

— to receive financial concessions through village-based insurance schemes.

Patients referred from other sources may be entitled to at least some of these facilities.

Obviously, for such a system to work, written communication is required in both directions. The doctor should know what has been done at the health post and why the patient has been referred; the paramedical worker should know what has been decided at the hospital and what action has to be taken. Information on the patient's socioeconomic state is required to allow decisions on concessionary care, the need for accommodation other than a hospital bed, and so on.

Essentially, the information from the periphery is provided on a referral slip which the patient brings to the hospital. A tear-off section about insurance membership goes to the cashier. The doctor writes on the reverse side of the referral slip and returns it to the health post via the project's central office. The monitoring of referral activities is achieved by sending a carbon copy of the original referral to the senior public health nurse in the hospital, who acts as referral coordinator. Much, however, can go wrong: the patient may not bring the referral paper; it may not carry all the information required; it may become lost in the hospital system, especially if the patient is admitted or if return visits are required; and the doctor may not give useful information to the health post worker. These are human errors that cannot be entirely eliminated. Simplification of the system might reduce them but would almost certainly diminish the flow of information.

In comparison with the number of self-referred patients, the number referred through the official channels is disappointingly low. However, referrals are in general appropriate, the number is increasing, and most referred patients attend (Table 2). When the figures are broken down according to the health posts from which the patients were referred, it becomes clear that the greatest utilization is by patients from the nearer health posts in areas served by buses and taxis; relatively few patients live in remote areas from which most of the journey must be made on foot over mountainous terrain.

Although the hospital is at the edge of the district, it is very close to the main bus station and the point at which the principal roads converge, and is in the area of highest population density. The hospital is designed to provide adequate space and light, a good working environment, easy maintenance and room for expansion. The clean lines of the four-storey building and the modern plumbing and electrical supply probably present a considerable psychological barrier to poor patients. In an attempt to soften the general appearance of the hospital we have allowed a small bazaar of street vendors to develop at the entrance. Some rooms are provided for patients' relatives but many still prefer to stay in the wards.

As far as possible, the patients pay for the services they receive. Generally speaking, outpatient costs are covered by charges but the more expensive inpatient care is heavily subsidized from mission and government sources. Patients who express difficulty about payment are assessed by a medical social worker, who may grant concessionary or free care. Health education and tuberculosis and maternal and child health services are provided at nominal charges.

As well as the concessions given to patients referred from health posts, many patients

Table 2. Utilization of the referral system

	1984	1985
Number of outpatient visits	120 000	125 500
Number of referred visits	8 168	8 963
Referrals from Lalitpur health posts	425	574
Number of patients attending after referral from these posts	392	537

Table 3. Some primary health care activities during a recent 9-month period

Antenatal examinations	6 920
Postnatal examinations	671
Family planning procedures	471
Immunizations	26 877
Children's clinic visits	26 728
Total outpatient visits	94 101

receive additional benefits from health insurance schemes organized by village health committees with the help of the project. The income from the schemes increases the availability of medicines at the health posts and should provide for extra concessions at the hospital. However, there are still many problems: enrolment is low; families tend to join only after a relative has fallen sick; and health committees may be lax in collecting premiums and in recompensing the hospital for its services. Although a self-financing insurance scheme is the ideal, the hospital is so far providing a free-care subsidy in support of the project while a viable scheme is developed.

The hospital maintains an information system for monitoring statistical and financial parameters and this helps to keep a check on the utilization of the referral services. Primary health care services such as immunization and family planning are also monitored (Table 3).

The training of health staff is given high priority and health workers of various grades attend courses, generally of a practical nature. Such training is also available to project workers. Joint seminars are held from time to time.

Considerable attention must be given to the level and appropriateness of care. The hospital board's long-term plan establishes the basic policy, and functional plans have been developed for each medical service and technical department. These give practical guidelines as to what can and cannot be done in the hospital and indicate what kinds of problem might be referred elsewhere. It is the responsibility of the administration to control care levels in accordance with the policy of the board and to adapt the practical mechanisms to a changing situation.

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A strong referral system is the most important means by which Patan Hospital can support primary health care activities in Lalitpur District. The system must involve the transmission of all essential information but must not be so cumbersome as to defeat its object; refinements are needed.

Communities should eventually pay for their own health care up to an appropriate level and locally-managed insurance schemes may be a way of achieving this. The existing schemes are insufficiently utilized and, as far as hospital treatment is concerned, are probably concealing the true cost of patient care.

While it is easy to designate the correct facility for sick people to use, it appears almost impossible to ensure that they will not go to a different one, often less appropriate. If a national referral system is to be established, strict discipline will have to be applied on a wide scale. Meanwhile we continue to explore ways of making the hospital friendly and easy to use. Ultimately a stage may be reached when primary health care activities will take place entirely at health posts and the hospital will be used exclusively for referral activities. □

Reference

1. **Macagba, R. L.** Hospitals and primary health care. *World health forum,* **6**: 223–229 (1985).