HOME BASED CARE

 Concept and progress so far

1. **Purpose:**​ To reach the urban people with God’s love through nurses and health professionals by

empowering them to give ethical and compassionate health care in their homes.

2. **Need of Home Based Care in India:**

1. Reaching the Urban people with the gospel directly is becoming harder and harder
2. While there are many hospitals, for a variety of reasons, health care has become very expensive. Lack of ethics and commercialization has compounded the problem. We Christians have the tradition of providing ethical and compassionate care. Home based care can reduce health care expenses by reducing hospitalization and by reducing OPD visits.
3. In the home situation the health care giver becomes vulnerable and the patient is empowered unlike the hospital situation where this is the reverse. We believe this is the right atmosphere for talking about spiritual things.

3. **How it is designed:**

Christian Mission Hospital or a Clinic run by Christian Family Physicians will be
the base hospital or base clinic for Home Based Care.

The HBC team will consist of 3 types of professionals.

* One Family Physician at the top who is based in the Base Hospital.
* Under the Family Physician, there will be many teams of 2 people. Each team will consist of one medical professional who may be a Nurse or a Physician assistant and along with them there will be
one non-medical person, who is trained as
* Family Health Assistant. FHA will be a committed Christian who besides assisting the health professional (driving, managing the equipment needed for investigations) will seek to communicate the gospel.

**4. Training:**

a. These nurses and Physician assistants and the FHAs will be trained for 6 months in Home Based Care in a Hospital set-up (Currently Paul Brand Memorial hospital). There will be 2 trainers, one to train the nurses and physician assistants and the other trainer to train the FHAs.

**5. Other components of the HBC:**

1. The HBC personnel will be equipped in basic common skills which can be used at home under the supervision of doctor at the base hospital.
2. A calling app is being made to call and schedule visits.
3. Electronic medical records will be used in the system in every aspect of the care.
4. Mobile Lab system using portable machine will be part of the HBC system. This portable lab test gadget can do many basic investigations like Urine, Blood Sugar, Cholesterol, Dengue, Malaria etc.
5. Mobile based ECG will also be used in the system
6. Decision tree software aided history taking and arriving at probable diagnosis
7. Using WhatsApp to share images with the Physicians from the field.

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**PROGRESS SO FAR …..**

 **1. Team:** A team of people, (Health and software professionals) who contribute in evolving the ideas, strategies, IT solutions, HR recruitment etc., are involved in this initiative.

**2. Base Hospitals:** Two mission hospitals have been identified. Paul Brand Memorial hospital (a branch of Karigiri Hospital), Katpadi, Vellore and St. Thomas Hospital, Chetpet, near Arani as base hospitals. The HBC will be launched in these cities.

**3. Training:** One US based Physician Assistant, Miss. Molly Ulrickson to train the nurses and the physician assistants has been appointed to train the nurses and another trainer Mr. Elango has been appointed to train the FHAs.. The training will start in the first week of January 2010.

**4. Place of Training:** One of the base hospitals, St. Thomas Hospital, Chetpet, has been identified as a training centre for training the nurses and the FHAs for six months from January 2020 to June 2020. This has got boarding and lodging facility for 25 trainees.

**5. Base Hospital Family Physicians:** One Anesthetist Dr. Ramya (who is being trained as Family Physician) for Vellore has been appointed and another Family Physician from St. Thomas Hospital, Chetpet will be appointed.

**6. Nurses:**​ 7 nurses have been recruited so far. More recruitment will be taking place in the coming weeks.

**7. Family Health Assistants:** 7 FHAs have been recruited and the selection for more FHAs is going on.

**8. Software Development:** Software based Disease Entry is being developed in order to facilitate the HBC team to take history of the patient and to diagnose the disease when they visit home without the help of the doctor.

**9. Portable Lab Gadget:** Dialogue with a company called ​“**Healthcube”** is going on to purchase their portable gadget to do lab test.

**10. Funding so far:** ​