

Silchar, Assam

Summary of visit in 2012, 2013, 2015, 2018, 2019, 2020

- Assam is a poor State of India.
- Tea production is a major employer in this part of Assam.
- The plantation workers are very poor and their reliance on piecework causes real fear of the costs of treatment, resulting in late disease presentation
- Palliative care patients come from a large geographical base throughout the region of Assam.
- According to the population-based cancer registry of Indian Council of Medical Research (ICMR), the incidence is higher with Assam alone adding roughly 26,000 new cancer patients every year.
- One of the primary reasons for the high incidence of cancer in Northeast India is high usage level of both smoking and non-smoking types of tobacco.

Site

Cachar Cancer Centre

- The Cachar Cancer Hospital Society is a non-profit NGO located in the outskirts of Silchar town in the Barak Valley of Assam in India.
- The society consists of about 70 socially conscious citizens of the valley from different walks of life, and came into existence in 1992 as a result of a desperately felt need for a cancer hospital since the only cancer hospital in the entire north east was in far away Guwahati.
- At its inception, the society had three principal objectives viz.
 - to make people aware of cancer, adopt preventive measures and seek early detection,
 - to establish a full-fledged cancer hospital to provide meaningful services to all suffering people and
 - to set up a cancer research centre.
- Public philanthropy (from rickshaw pullers who contributed a day's earnings to leading citizens) helped the Society establish the Cachar

Cancer Hospital & Research Centre at Meherpur village, near Silchar town, on a plot of land (11 bigha) allotted by the Govt. of Assam, thus truly making it a people's project.

- The hospital serves an extremely underserved and economically impoverished community of patients from the Barak valley districts of Assam state and from the states of Tripura, Manipur and Mizoram.
- The hospital sees about 4000 new and 10000 follow-up patients annually with the last few years seeing a steady rise in the workload of the hospital.
- Nearly 60% of the patients visiting the hospital earn an income of Rs. 2000 or less per month with most of them being daily wage earners - labourers, tea garden and agricultural workers.
- The hospital makes efforts to offer the best treatment possible to all the patients irrespective of their socio-economic status.
- The palliative care service itself is predominantly funded by donations from the Indo American Cancer Association, but there is uncertainty about ongoing support.

Year of Visit February 2012 (first visit)	Year of Visit February 2013 (second visit)	Year of Visit December 2015 (third visit)	Year of Visit February 2018
Australian Palliative Link International <ul style="list-style-type: none"> • David Brumley – Palliative Care Physician, Ballarat, Australia • Oliver Haisken – Palliative Care Physician, Melbourne, Australia • Sarah Corfe – Palliative Care Nurse Specialist, Melbourne, Australia 	Australian Palliative Link International <ul style="list-style-type: none"> • David Brumley – Palliative Care Physician, Ballarat, Australia • Sarah Corfe – Palliative Care Nurse Specialist, Melbourne, Australia • Ofra Fried - palliative care physician, Townsville 	Australian Palliative Link International <ul style="list-style-type: none"> • Niamh O'Connor • Lisa King • Joan Ryan • David Brumley – Palliative Care Physician, Ballarat, Australia 	Australian Palliative Link International <ul style="list-style-type: none"> • David Brumley – Palliative Care Physician, Ballarat, Australia • Joan Ryan • Penny Tuffin • Liese de Groot

Participants from Cachar Cancer Centre <ul style="list-style-type: none"> • Ikbal Bahar – Palliative Care Specialist, Cachar Cancer Centre, India • Sarita Chetri – Nursing Team Leader in Palliative Care, Cachar Cancer Centre • Ravi Kannan – Director of Hospital, Cachar Cancer Centre, India • Nursing staff of Palliative Care Unit, Cachar Cancer Centre, India • Medical, Surgical, Radiation Oncologists, Cachar Cancer Centre, India 	Participants from Cachar Cancer Centre <ul style="list-style-type: none"> • Ikbal Bahar – Palliative Care Specialist, Cachar Cancer Centre, India • Sarita Chetri – Nursing Team Leader in Palliative Care, Cachar Cancer Centre • Ravi Kannan – Director of Hospital, Cachar Cancer Centre, India • Achun, a senior nurse • Nursing staff of Palliative Care Unit, Cachar Cancer Centre, India • Medical, Surgical, Radiation Oncologists, Cachar Cancer Centre, India 	Participants from Cachar Cancer Centre <ul style="list-style-type: none"> • Ikbal Bahar – Palliative Care Specialist, Cachar Cancer Centre, India • Sarita Chetri – Nursing Team Leader in Palliative Care, Cachar Cancer Centre • Mr Kalyan Chakravorty, the Chair of the Cachar Cancer Centre Society • Ravi Kannan – Director of Hospital, Cachar Cancer Centre, India • Nursing staff of Palliative Care Unit, Cachar Cancer Centre, India • Medical, Surgical, Radiation Oncologists, Cachar Cancer Centre, India 	Participants from Cachar Cancer Centre <ul style="list-style-type: none"> • Ikbal Bahar – Palliative Care Specialist, Cachar Cancer Centre, India • Sarita Chetri – Nursing Team Leader in Palliative Care, Cachar Cancer Centre • Mr Kalyan Chakravorty, the Chair of the Cachar Cancer Centre Society • Ravi Kannan – Director of Hospital, Cachar Cancer Centre, India • Nursing staff of Palliative Care Unit, Cachar Cancer Centre, India • Medical, Surgical, Radiation Oncologists, Cachar Cancer Centre, India
Objectives of the visits: <ul style="list-style-type: none"> • To support and mentor the clinical staff in the palliative care unit by exchanging knowledge and experiences of working within this specialty. • Specific objectives: <ul style="list-style-type: none"> ○ Introduce ourselves 			

- Understand how the ward and hospital work
- Review availability and use of analgesia
- Teaching using ward based clinical learning and problem-solving

Discuss processes in change and development

<p>Potential threats to achieving objectives:</p> <ul style="list-style-type: none"> • The short visit time frame • Communication – language barriers with some staff • Lack of preparation – not much communication with hospital medical staff and none at all with the nursing staff prior to meeting at the Indian Palliative Care Conference one day before the visit. 		<p>Potential threats to achieving aims:</p>	<p>Potential threats to achieving aims:</p>
<p>Summary:</p> <ul style="list-style-type: none"> • The palliative care team consists of one doctor - an anesthetist that is now dedicated full time to palliative care. The Director of the hospital and medical/surgical staff are supportive of the unit. The 	<p>Summary:</p> <ul style="list-style-type: none"> • The APLI team noticed an improvement in the infrastructure of the hospital. The sprouting steel rods from the hospital last year had evolved into more levels of 	<p>Summary:</p> <ul style="list-style-type: none"> • Due to the efforts of Dr Ravi Kannan, there have been several developments in the hospital such as increase in the number of beds 60 to 100, increase in staff to 200, 	<p>Summary:</p> <ul style="list-style-type: none"> • The team spent a lot of time working in the wards with Dr Iqbal to talk and reflect. • The team also spent a lot of time nursing staff in direct patient care.

<p>ward staffing consists of a largely minimally or untrained nursing team.</p> <ul style="list-style-type: none"> • the hospital has run its own six-week palliative care training course for nursing staff • Attracting nursing staff to work there is problematic due to geography and lack of awareness of palliative care as a speciality, with no evidence of support from the local nursing college. • The inpatient ward operates 11 beds officially but takes outliers of the medical oncology unit which doubles patient numbers and people are cared for in the corridors. • One attendant (family member) is allowed to stay with the patient and does the majority of physical care of patient. • In outpatients, daily afternoon clinic is staffed with one clinician, seeing anybody who turns up on 	<p>hospital and will soon be occupied as new wards, operating theatres and accommodation.</p> <ul style="list-style-type: none"> • The hospital is becoming a model for rural cancer care and is run with great energy, enthusiasm and dedication, while it attracts resources from elsewhere including professional staff volunteering there in order to learn from the hospital's exemplary practice. • The Palliative Care Service had developed significantly since our previous visit. • Sarita, the ward manager and Achun, a senior nurse were funded by PH to undergo the a palliative care training in Trivandrum. The duo had returned with new skills and ideas, and have been educating other staff since 	<p>a new ICU and new accommodation for staff and other improvements.</p> <ul style="list-style-type: none"> • The Outpatient numbers have also grown dramatically, to now having about 3000 new patients and 14000 reviews each year. • The APLI team engaged at a direct clinical level with nurses and doctors, sharing ward rounds in the palliative care ward and occasionally elsewhere, discussing individual patient problems (pain and physical symptom control). • The APLI team also spent regular time in the outpatient department with Dr Bahar, gaining a great respect for his ability to work effectively in a hot, cramped and busy space. 	<ul style="list-style-type: none"> • The team was also involved in some community visits, though difficult proved to be useful to reflect on clinical practice. It was noted that the nurses also do a lot of interventionist work on these visits, such as doing abdo paracenteses, etc. • The team also delivered formal teaching sessions to staff (oncologists, radiotherapist and surgeons) about pain and symptom control.
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<p>the day, and there are no nursing staff present.</p> <ul style="list-style-type: none"> • The APLI team participated in 3 ward rounds, 2 home care visits and also presented a grand round which was attended by senior medical staff from the surgical, medical and radiation oncology. • The hospital is relatively small with a strong sense of a cohesive and responsive approach to care and a good development of mutual support. The APLI team was impressed with the level of integration of the palliative care team within the other specialties of the hospitals. • Education <ul style="list-style-type: none"> ○ There was one formal grand round and ward rounds informally and one-to-one discussions with a palliative care doctor. ○ Written education material was provided with additional 	<p>then.</p> <ul style="list-style-type: none"> • The APLI team noticed that the atmosphere in the ward was very positive and that interestingly, the concerns raised by the nurses were not very different from those seen in the Western palliative care practices. • Seetha had already met with the palliative care staff, canvassed ideas, and prepared an extensive teaching program for the three of us to cover during this second visit. • The APLI team found it interesting to note that the level of formal nursing training was very variable, and teaching was done across several language barriers, with participants who were themselves from a variety of ethnic and language 	<ul style="list-style-type: none"> • Joan and Lisa spent time with the nursing staff in the ward and also in formal teaching. They also examined the nurses for their hospital palliative care certificate, and presented certificates to the successful nurses at the end-of-visit party. • One of the issues identified in our last few visits was the inability of the patients to come for follow up due to the slow roads and the cost involved. Keeping this in mind, the hospital has established 2 telemedicine centres at a distance from Cachar Cancer Centre. <ul style="list-style-type: none"> ○ Patients attend these centers on a fortnightly basis and receive follow up treatment. • The group also addressed 	
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<p>resources being made available online</p> <ul style="list-style-type: none"> ○ Ward based clinical teaching and two informal classroom sessions were held for nurses based on current ward patients (eg. looking at pain assessment where they were taught of non-verbal signs of pain. The nurses then facilitated the doctor commencing a low opioid dose, with complete pain relief) ○ The APLI team developed, wrote and supervised the written and clinical nursing examinations for the six-week Palliative Care Nursing certificate course, after being given the weekly curriculum. This was done on the request of the hospital staff. ○ 	<p>backgrounds, translating amongst themselves.</p> <ul style="list-style-type: none"> • The APLI felt that the biggest initiative in palliative care at Cachar was the development of the home care service, largely staffed by senior nurses with the support of Dr Iqbal. • The APLI team also attended home visits. • The team discussed ideas about teleconferencing and perhaps videoconferencing to reduce travel costs, and look forward to sharing more ideas about that. 	<p>community groups to generate awareness for cancer prevention and palliative care.</p> <ul style="list-style-type: none"> • The team was involved in a community engagement program at Karimganj, a small city on the border with Bangladesh, where Niamh spoke to a large group of local people, including nurses, in a tent erected for the purpose by the Rotary Club of Karimganj. • The team presented tutorials and lectures regularly. • The team noticed that it was unusual for doctors in this part of India to tell patients bad news, and that instead they told a family member. The team also noticed a change in practice for the better. 	
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<ul style="list-style-type: none"> • Quality Assurance 2012 <ul style="list-style-type: none"> ○ The Pallium India audit tool was completed with Dr Iqbal Bahir and Head Nurse Sarita. ○ The APLI team had discussions with senior hospital clinicians about quality assurance matters in terms of increasing the number of staff, highlighting the need for further palliative care nursing training and in-hospital awareness around universal precautions. ○ A focus during this visit was to guide senior clinicians in quality assurance around the development of their nascent home care service. ○ Discussion was had over improved control of drug prescribing within the hospital 			
<ul style="list-style-type: none"> • Access to Morphine 2012 <ul style="list-style-type: none"> ○ Oral and parental morphine is generally available, with occasional interruptions to supply. ○ Long acting and transdermal opioids were identified by the hospital staff as important but unaffordable in their patient population. ○ IV administration of morphine was generally the main delivery route with subcutaneous administration not practiced at all, with nurses unfamiliar with this delivery route. ○ It was noticed during ward rounds that patients on regular morphine had PRN prescribed ○ There is widespread use of dextropropoxyphene-paracetamol combination and was identified as an affordable pain relief that did not have supply issues. 			
<p>Positive observations</p> <ul style="list-style-type: none"> • Easy access to affordable services and patients are not turned away • Effective multidisciplinary team – a happy work environment where all members were valued • Comprehensive services in all cancer treatment modalities • High level of administrative support to the palliative care team • High levels of commitment and motivation to care for this patient population 			

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| <ul style="list-style-type: none">• A good basic level of understanding of symptom assessment principles in the palliative care nursing team• Rapid access to diagnostics and interventions relating to symptom management• Easy involvement of palliative care |
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<p>Recommendations (taken from the 2018 report)</p>
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| <ul style="list-style-type: none">• Build an inpatient hospice at the site• Have further development of the peripheral clinics |
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<p>Review of recommendations 2018</p>
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| <ul style="list-style-type: none">• It was noted that there was progress with the peripheral clinics.• work on pharmacy development• work on development of inpatient drug sheets |
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Photos – see dropbox under Hamrahi reports website photos; Cachar Cancer Centre