AN ASSESSMENT OF A TWO-WAY PATIENT REFERRAL SYSTEM IN GONDAR REGION

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ABSTRACT

In a study conducted to assess the adequacy of a two-way patient referral system between a teaching hospital and other health institutions in Gondar administrative unit, it was found out that out of 82 patients referred for admission, and subsequently admitted into the teaching hospital, 8 (9.8%) were referred back while the remaining 74 (90.2%) were discharged. The causes for the discrepancy between the criteria used for the selection of referral patients by the health institutions, on the one hand, and the referral and discharge of the same patients by the teaching hospital, on the other, were investigated. This paper will present the results of the investigation along with proposals for improving the criteria for the selection of referral patients.

INTRODUCTION

Since a hospital takes care of patients referred to it by providing feed-back information about treatment and follow up services, it occupies a key place in the health service chain. A properly organized referral system is therefore a pre-requisite for developing sound relation ships between different levels of health care services.

The international conference on primary health care held at Alma-Ata underlined the need for a properly organized referral process as a means of achieving success in primary health care (I). The Ministry of Health pointed out the lack of an organized referral system as one of the problems in the Ethiopian health service (2). It seems, that so far no well established referral system has been set up. And one of the reasons for the absence of such a system may be attributed to the lack of applied research that would help in the indentification of problem areas in the chain of referral process.

The main objective of the present study is to exalnine the adquacy of a two-way patient referral system between the teaching hospital at Gondar and the health institutions in the region and to identify problem areas in the chain of the referral process so as to suggest ways of improving the existing practices and or developing a better and sound referral system.

The present study owes its origin to an observation made at the grass root level with regard to referral practices at the hospital. Many complaints were made by rural health workers to the effect that they never receive discharge or follow-up information as concerns patients they have referred for admission into the hospital, and the lack of co-ordination between the teaching hospital and the rural health services with regard to the referral process has been confIrmed by observation made during clinical practice.

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PATIENTS AND METHODS

The study was conducted at the Gondar teaching hospital during the period from January to June 1984, and is based on a retrospective review of in patient charts and referral records of all patients admitted between September 1982 and August 1983. Since most of the records of out-patients were found to be incomplete this study limits itself to in-patients only.

Patients admitted in to the hospital were classified by age, sex and home address. Patient clinical charts, emergency books antl referral reports were systematically examined, including the name and type of the referring health institution, place of referral and the cause for referral. Discharge reports were also examined in order to learn about the condition of the patients after their discharge. With regard to patients referred downward after discharge, careful records were made of the places of referral, types of health institutions and the disease for which they were referred. An overall assessment of the record was made then to determine whether patients referred downward after discharge were the same as those who were previously referred for admission, and any differences, observed were recorded.

Since it was found extremely difficult to examine and follow-up cases of every discharged patients, it was necessary to limit the investigation to patients with pulmonary tuberculosis, under continuous care. Out of these cases, the number of patients who were referred downward, and those who left without follow-up was noted.

RESULTS

Out of the total of 3132 admissions 2987 (95.4%) were new admissions and 145 (4.6%) were re-admissions. The range of distribution by age of the 3132 patients admitted is as follows: 15 years of age and below 27.9%; 16 to 44 years of age was 55.3%; 44 years of age and above 16.8%; while the ratio of distribution according to sex was found to be 1.2 : 1 in favour of males, and that by domicile showed that the majority (59.4%) were from outside of Gondar town.

With regard to the mode of admission, out of the 3132 patients whose cases were examjned 2749 (87.8%) were admitted during normal consultation hours while the remaining 383 (12.2%) were admitted during emergency hours. Of those admitted during normal consultation hours, 82 (3%) were referred for admission, 23 of whom were referred from 12 health stations, 32 from 8 health centers and 27 from 2 rural hospitals.

Moreover, of the 3020 reported discharges 292 (9.7%) died and 24 (0.8%) were referred upward to national referral centers. Of the remaining 2704 discharges 72 (2.7%) were referred downward for continuous care, out of whom 31 were sent to health stations, 32 to health centers and 9 to rural hospitals.

The coordination of the referral mechanism at the teaching hospital was also assessed. Out of 82 patients previously referred for admission 8 (9.8%) were referred back, while the remaining 74 (90.2%) were discharged without any referral. For example, out of 19 patients referred to Gondar teaching hospital from Humera Hospital for admission only 8 were referred back, and out of 4 patients referred from Addis Zemen health center, of which 2 were cases of pulmonary tuberculosis, none were referred back. There were 85 cases of pulomonary tuberculosis who came from outside Gondar town. Out of these, 61 (71.8%) were discharged and schedulled for follow-

up at the hospital while the remaining 24 (28.2%) patients were discharged without being schedulled for follow-up either at the hospital or at the periphery .The findings indicate the existence of a problem with regard to the co-ordination of the referral process at the teaching hospital.

Moreover, although 24 patients were referred to nationa; referal centers in Addis Ababa, no feed-back information with respect to the kind of diagnosis made and care provided was received.

DISCUSSION

It has been recognized for sometime that a referral process ought to be two way mechanism between referring institutions and the ones receiving referral patients in order to improve the quality of care provided at the periphery. A well co-ordinated referral process can also serve as a useful educational tool to health workers by providing them with information on clinical findings and care provided at the higher and technical capable levels of care. In the Kasongo Project, in Zaire, it was possible to monitor the quality of care provided at the sick clinics of peripheral health institutions by assessing the number and usefulness of referrals arriving at a hospital.

Although this study is based on a retrospective hospital data, it has provided useful information for the understanding of the problem areas in the referral process.

The fact that out of 82 patients formally referred back indicates that health workers do not receive feed-back information on patients they have referred for admission. Thus, the complaints made by health workers for not receiving information on patients they have referred must be true. The absence of communication among several factors, such as inadequate knowledge with respect to the importance of the referral system as a means of improving the quality of care, must be taken to account for the fewer number of referrals arriving at the Gondar hospital and perhaps elsewhere too.

Normally all patients arriving at a hospital with referral letters should be referred back to the referring health institution, however if this is not carried out the continuity of care provided at the periphery will be seriously affected.

None of the 24 patients formally referred to Addis Ababa referral hospitals by the teaching hosptial of Gondar were referred back. We may presume that some were probably referred back but simply failed to show up at the hospital or may have by-passed the hospital and instead went straight to their clinics, however the fact remains that no feed-back information on diagnosis reached and care provided was communicated, and this is indeed disturbing.

The authors believe that the problem in the break down in the chain of the referral process investigated in this study is not limited to the Gondar teaching hospital. Such a break down in the ref.erral process has also been observed with respect to the general health service.

The study revealed that such factors as inadequate knowledge and awareness of the use fullness of the referral process by the hospital staff and the over-crowding at the out-patient department (OPD) contribute toward the lack of coordination in the referral process.

As part of the attempts to solve the problem reorienting and educating the health staff, particularly phyisiqans and specialists, to view their work in a broader framework in the context of public health is an area that deserves attention. As a means of improving the out-patient department, the development of a separate unit with the sole responsibility of handling referrals could be experimented with. Though difficult to implement in all hospitals, the creation of such a unit becomes more indispensable in a teaching hospital since it provides the students with the opportunity of gaining much needed proficiency in the handling of referral cases as well as in primary health care. Educating health workers in the identification of referral cases and developing

task oriented referral fonns to be used at different levels of the health care system may be another way to improve the situation.

However, the overall solution of the problem lies in instituting and coordinating a unifonn system referralprocess at the national level for effective functioning and operation of rural health services.

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