CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.3519811

Available online at: http://www.iajps.com *Research Article*

LEVEL OF CONSULTANCIES TO THE PATIENT REFERRED FROM OTHER HEALTH FACILITIES IN MEDICAL OPD SERVICES HOSPITAL LAHORE

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Article Received: August 2019 **Accepted:** September 2019 **Published:** October 2019

Abstract:

Introduction: *Referral is the transfer of care for a patient from one clinician to another. Tertiary care is usually done by referral from primary or secondary medical care personnel. Various researches have been done on quality of referral and various factors influencing it i.e. factors related to physician and patient. But there is no significant work on analyzing the quality of consultation for referred patients. Purpose of our study is to evaluate the quality of consultation for the patients being referred from various other health facilities to Medical OPD of Services Hospital Lahore.*

Objectives: *The aim of the study was to find outcome of level of consultancies to the referred patients from other health facilities and to assess the response of healthcare provider to the referred patients from other health facilities.*

Methodology: *It was "Cross sectional" study. All the referred patients from other health care facilities visiting Medical OPD of Services Hospital, Lahore from 20 April-20 May 2017. Subjects were accessed by research team through non-probability convenient sampling techniques. Subjects were the patients who attended OPD of SHL. Written consent from the patients was obtained after informing them about the purpose of the study survey. Detail structured questionnaire was used to collect data. A face to face interview was conducted. The questionnaire was translated into local language for convenience.*

Results: *A total of 34 referred patients were interviewed for the research according to availability of referred patients attending medical OPD of Services Hospital Lahore. 70.6% of patients were referred from within the Lahore and 29.4% were referred from periphery. The percentage of people having referral note with them was 47.1% and those referred without note was 52.9%. 35.3% of patients were referred from BHU. 26.5% from DHQ. 14.7% from THQ. 55.9% were using Hired private services. 26.5% were using self-transport. 11.8% using Govt. Transport. 5.9 % used Ambulance. 50% patients acknowledged of having advantage of referral note. Most of the patients (38.2%) were attended by Post Graduate Trainees, 29.4% were attended by Consultants and 23.5% patients were attended by Medical officer on duty. And among all the patients referred 20.6% of them were admitted while 79.4% of them received ambulatory services. Fisher's Exact was applied to check association between referral note and its advantage. The two tailed P value equals 0.0149. The association between referral note and its Overall Advantage is considered to be statistically significant.*

Conclusions: *The number of referrals to medical OPD of SHL is quite low which is attributed to more number of self referrals and unsatisfactory referral system. Even the patients being referred do not have prescribed referral form and most of the referrals were verbal. But level of consultancy is quite satisfactory for referred patients. Patients with referral note either prescribed or informal experienced advantage over verbally referred patients. Time delay to approach doctor after issuance of slip is not more than one hour for most of patients. Majority of referred patients are being attended by Senior doctors and in case being attended by House officers it is at least done under supervision of registrar. Most of the patients received OPD services and did not require admission and disposal is being decided by registrar or above*

Keywords: *Referral Notes, Time Delay, Level of Consultancy.*

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Please cite this article in press Muhammad Nadeem et al., ***Level of Consultancies to the Patient Referred from Other Health Facilities in Medical Opd Services Hospital Lahore.,*** *Indo Am. J. P. Sci, 2019; 06(10).*

INTRODUCTION:

Pakistan has a relatively large primary health care infrastructure. There are 5000 Basic health units,600 Rural health centres,7500 other health care facilities and over 100,000 lady health workers. There are three levels of health care delivery to patients, Primary, Secondary and tertiary health care systems. WHO supports Pakistani health authorities and provides technical support in updating the knowledge and skills of supervisors through regular courses. In medicine, referral is the transfer of care for a patient from one clinician to another. Tertiary care is usually done by referral from primary or secondary medical care personnel. Referral was defined as a process in which the treating physician at a lower level of the health service, who has inadequate skills by virtue of his qualification and/or fewer facilities to manage a clinical condition, seeks assistance of a better equipped and/or specially trained person, with better resources at a higher level, to guide him in managing or to take over the management of a particular episode of a clinical condition in a beneficiary. Medical referral letter is sent from one doctor to another when referring a patient for care. Referral letter should provide sufficient information to facilitate management of a patient in hospital. Patient's identity, information related to illness, social and psychological factors as well as primary care doctor's details should be included. When assessing referrals, the consultants prioritize patients for further examination or treatment in specialist health services or reject the referral. The referral process has different stages based on sequence and purpose of the task.

1. Consideration and decision to refer a patient to specialist health services.
2. Submission of referral request and referral review by the consultant.
3. The patient transition to specialty care.

Patients are referred when facilities to provide health are exhausted in primary care. If the referrals accepted as scheduled appointment is given to the patient, if rejected may be referred for further discussion with another consultant. In the USA from 1999 to 2009, the probability of referral that an ambulatory visit to physician increased from 4.8%-9.3% (p <.001) that is 94%. The absolute number of visits resulting in physician referral increased 159% nationally during this time from 41 million to 105 million. The government of Pakistan spends 3.1 per cent of its GDP on economic, social and community services and 43 per cent is spent on debt servicing. About 0.8 per cent is spent on health care, which is even lower than Bangladesh (1.2 per cent) and Sri Lanka (1.4 per cent). However, the health status of the population has improved over the past three decades. Hierarchy of staff in medical OPD is senior registrar, registrar, medical officer, house officer and nurses. Admissions from OPD should be done by Registrar or above. Admission through causality should be done by on call member of team (SHO/TMO) after proper referral from CMO. Referral from other hospitals should be admitted via causality. If SHO/TMO believes there is sufficient reason, he can admit the patient. If SHO/TMO cannot make the decision, he can put the patient under observation and call the registrar and seniors while starting requisite treatment of the patient. On admission a detailed history should be taken by the house officer on arrival, followed by summary of the patient by the TMO on duty. Frequently physicians determine that patients should directly proceed medical OPD for treatment. Efforts are being done to improve the consultation to the referred patients from other hospitals. The rationale of my study is to improve the outcome and see the response of healthcare provider to the patients referred from other health facilities.

MATERIALS & METHODOLOGY:

It was "Cross-sectional" study design. It was conducted at OPD of Services Hospital Lahore. A tertiary Level Hospital Located on Jail road, Lahore, Pakistan. The hospital contains 1196 beds and 31 departments with 27 major and 8 minor operation theaters and an outpatient attendance of 700 patients per day. Research was completed in almost one month. All the referred patients from other health care

facilities visiting medical OPD of Services Hospital Lahore from 20 April-20 May 2017. Non-Probability, convenience sampling technique was applied. All the patients referred to the medical OPD of Services Hospital Lahore from other Health facilities. A detailed questionnaire (close ended) will be used to collect the information from the subjects. A detail questionnaire will be used to collect the data. Written informed consent will have obtained from all the respondents and face to face interview will be conducted and close ended questions will be asked. Questionnaire will be translated into the local language. The questionnaire will be presented in different settings. All the data will be collected by the interviewer herself. Accuracy of the questionnaire will be checked on the daily basis by the researcher. Data was analyzed by computer software; Statistical package for social sciences (SPSS version 20). Appropriate statistics were applied. For qualitative variables, frequency and percentage distribution tables were generated. The data presentation diagrams (bars, pie charts etc.) were made. Formal approval was taken from ethical committee of Services Hospital. Written informed consent was taken from all the respondents. Confidentiality of the patients was maintained.

RESULTS:

A total of 34 referred patients were interviewed for the research according to availability of referred patients. Results are below.

Gender:

Gender	Frequency	Percent
Male	20	**58.8**
Female	14	**41.2**
Total	34	**100**

Table 2. Showing frequency distribution of patient's gender who attended OPD at SHL. 58.8% were male and 14% were female.

Marital status:

Job Nature	Frequency	Percent
Married	26	**76.5**
Unmarried	8	**23.5**
Total	100	**100.0**

Table 3. Showing frequency distribution of patient's marital status. 76.5% are married and 23.5% are unmarried.

Residence of patients:

34 of total patients were under the study. 70.6% of patients were referred from within the Lahore and 29.4% were referred from periphery. Patients were referred from different government facilities (Table) and private facilities.

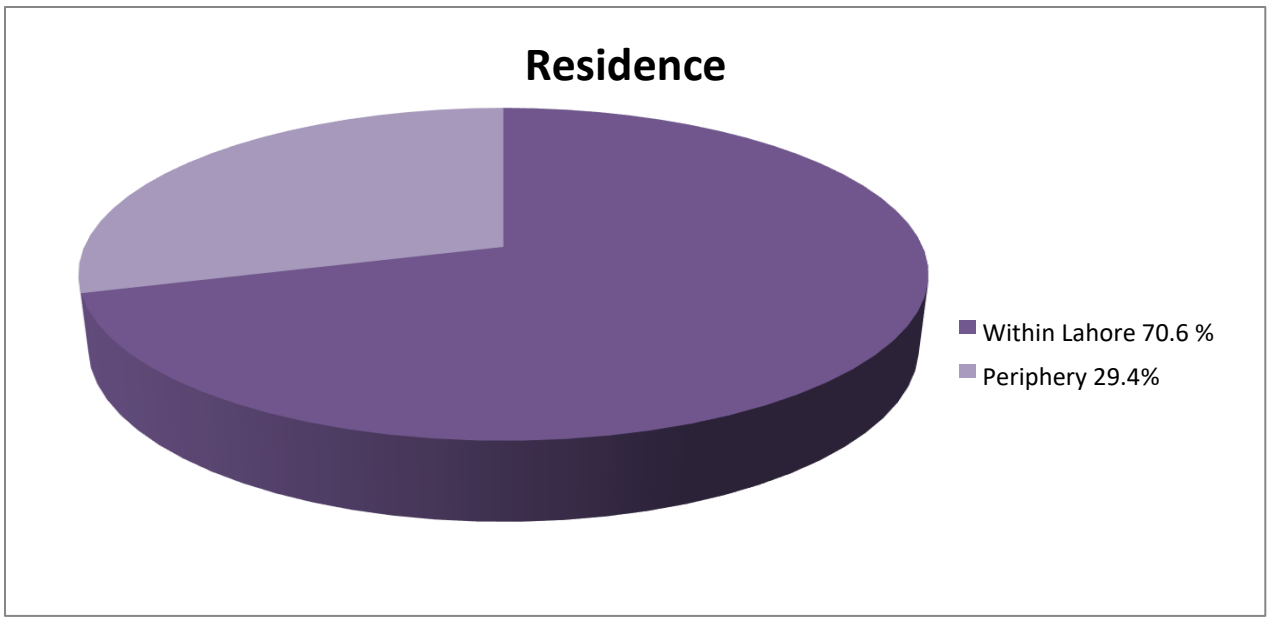

Figure-1: Shows frequency distribution of patients coming from within Lahore and periphery. 70.6% patients were from within Lahore.

Referral Note:

Referral Note	Frequency	Percent
Yes	16	**47.1**
Prescribed referral notes	3	**18.75**
Informal Note	13	**81.2**
No	18	**52.9**
Total	34	**100**

Table 4. Showing frequency of patients having referral notes. 47.1% have referral notes.

Referred from:

Referred From	Frequency	Percent
Government facility	27	**79.4**
Private	7	**20.6**
Total	34	**100**

Table 5. Showing frequency distribution of patients being referred from Government or private facility.79.4% were referred from Government facility.

Type of Government Facility from Which Referred:

Government facility	Frequency	Percent
BHU	12	**35.3**
RHC	2	**5.9**
THQ	5	**14.7**
DHQ	9	**26.5**
Private	6	**17.6**
Total	34	**100**

Table 6. Showing frequency distribution of patients being referred from different government health facilities. 35.3% of patients were referred from BHU. 26.5% from DHQ. 14.7% from THQ.

Mode of Transportation:

Mode of Transportation	Frequency	Percent
Ambulance	2	**5.9**
Hired private	19	**55.9**
Govt. transport	4	**11.8**
Self	9	**26.5**
Total	34	**100**

Table 7. Showing frequency distribution of patients using different mode of transportation to reach SHL OPD. 55.9% were using Hired private services. 26.5% were using self-transport. 11.8% using Govt. Transport. 5.9 % used Ambulance.

Problem Encountered Finding SHL:

Problem Encountered	Frequency	Percent
Yes	17	**50**
No	17	**50**
Total	34	**100**

Table 8. Showing frequency distribution of patients encountering problem finding SHL. 50% patients encountered problem in finding SHL.

Advantage of Having Referral Note:

Referral note advantage	Frequency	Percent
Yes	17	**50**
No	17	**50**
Total	34	**100**

Table 9. Showing frequency distribution of patients experiencing advantage of having referral note. 50% patients acknowledged of having advantage of referral note

Separate Queue:

Separate Queue	Frequency	Percent
Yes	21	**61.8**
No	13	**38.2**
Total	34	**100**

Table 10. Showing frequency distribution of patients aware of separate queue for referred patients. 61.8% were aware of separate queue for referred patients.

Guidance given:

34 referred patients attended OPD out of which64.7% patients were given guidance at reception

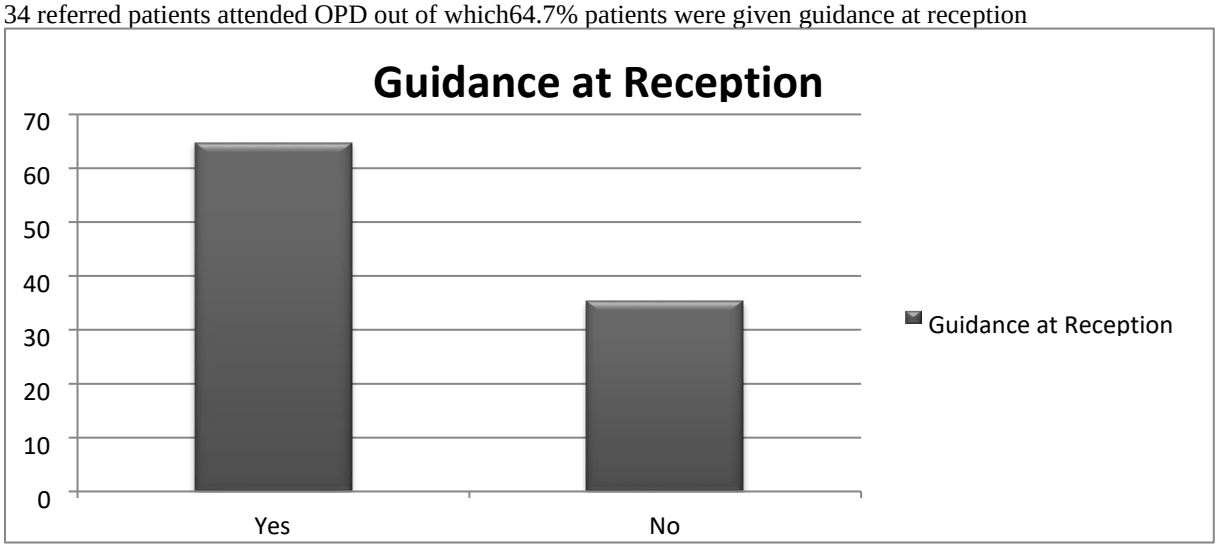

Fig 2. Showing patients given guidance at reception. 64.7% patients were given guidance at reception. 35.3 % did not receive any guidance.

Time Delay to Approach Doctor After Issuance of Slip:

Out of 34 referred patients attending OPD SHL. Following is the time delay to approach doctor after issuance of slip **17.6%** up to 10 min. **61.8%** more than 15 min. **20.6%** more than hour**.**

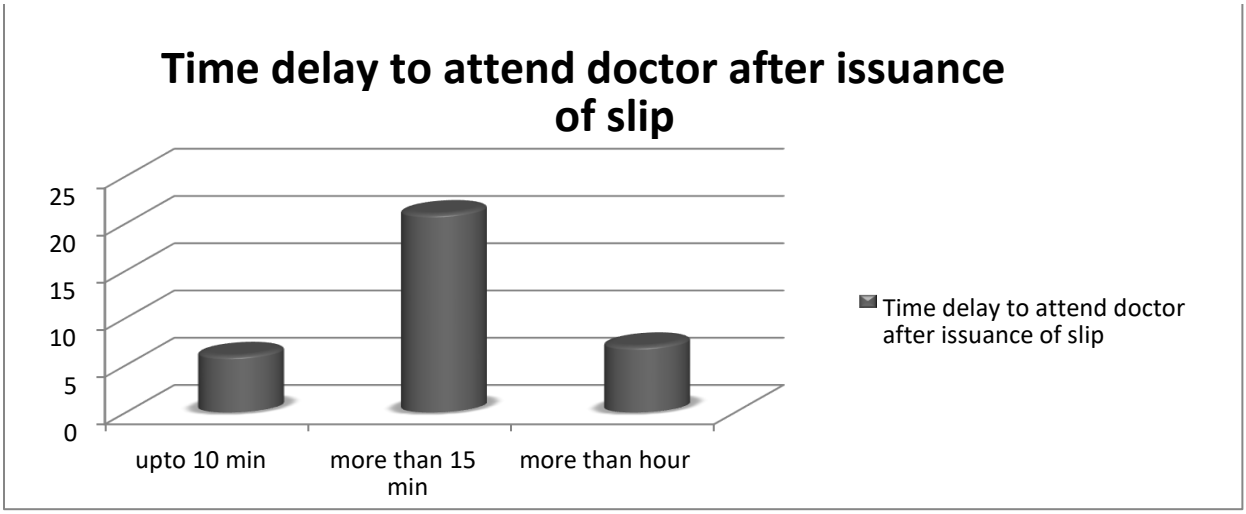

Fig 3. Showing time delay to attend doctor after issuance of slip.

Patients attended by designated doctors at OPD:

Most of the patients **(38.2%)** were attended by Post Graduate Trainees. **(29.4%)** were attended by Consultants (**23.5%)** patients were attended by Medical officer on duty. Results are shown in figure given below.

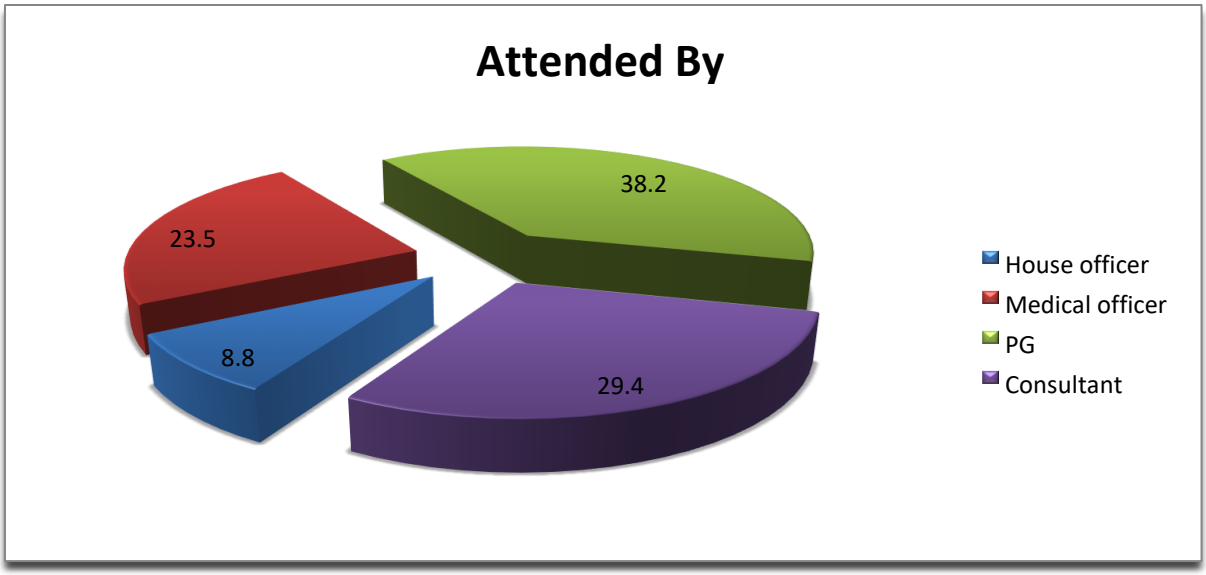

Fig 4. Showing Frequency Distribution of Patients being attended by doctors at different designation.

Type of Service Being Received at OPD:

Type of Service	Frequency	Percent
Admitted	6	**17.6**
Ambulatory Services	28	**82.3**
Total	34	**100**

Table 11. Showing frequency distribution of service type being provided at OPD.

Various Disposals of Patients Receiving Ambulatory Services:

Disposal of Patient	Frequency	Percent
OPD services	23	**67.6**
Under investigation	4	**11.8**
No clear Direction	1	**2.9**
Total	34	**100**

Table 12. Showing frequency distribution of patients having various disposals at OPD.

Disposed by:

Disposal By	Frequency	Percent
House officer	2	**5.9**
Medical officer	7	**20.6**
Senior Registrar	8	**23.5**
Assistant professor	13	**38.2**
Associate professor	2	**5.9**
Professor	2	**5.9**
Total	34	**100.0**

Table 13. Showing frequency distribution of patients being disposed by respectively designated doctor.

Association Between Referral Note And Guidance Given At Reception

Count		Guidance Given at reception		Total
		Yes	No	
Referral note	Yes	13	3	16
	No	9	9	18
Total		22	12	34

Applying Fisher's Exact Test
The two-tailed P value equals 0.0796. The association between rows (groups) and columns (outcomes) is considered to be not quite statistically significant.

Applying Fisher's Exact Test:
The two-tailed P value equals 0.0149. The association between rows (groups) and columns (outcomes) is considered to be statistically significant.

Association Between Referral Note And Its Overall Advantage

Count		Advantage of having Referral Note		Total
		yes	**No**	
Referral Note	Yes	12	4	16
	No	5	13	18
Total		17	17	34

DISCUSSION:
The referral of a patient from a general practitioner (GP) to a hospital environment represents a transition of care, in which the major information is delivered through the written referral letter. This transition of care represents an important step in the quality of the care process, and it has been shown that key clinical information may not be communicated adequately at the transition of care interface. There has been considerable research into the quality of a referral and its impact on the process of care. Our research team daily visited medical OPD from 20 April- 20 May. Our target population was the referred patients from other health care facilities. In a period of one-month total patients being referred to medical OPD of SHL were 34 in number which is quite a low figure showing that patients are either not being referred or self-referral rate is quite high due to behavior of patients to bypass FLCF and FLRFs. It showed that most of the patients about 70.6% were from within Lahore compared to 29.4% from periphery (Fig 1)

In our study, out of 34 people which were under the study 79.4% were being referred from government facilities out of which 35.3% were referred from BHU, 26.5% from DHQ, 14.7 % from THQ,17.6% privately and 5.9% from RHC. (Table 6). This is quite in relation to a study conducted in District Attock which shows referral as6, 21 and 35%, respectively for THQs, DHQ and Teaching hospitals. Percentage of patients having referral note was 47.1% out of which 18.75% (3 patients) have prescribed referral note

81.2% (13 patients) were having informal note and 52.9% were sent verbally (Table 4) It was quite close to the study conducted in Attock District which shows that only 15% of patients were referred on the prescribed referral form and others were sent on either verbally (55%) given an informal note (30%).

Most common transport service to reach OPD of SHL by referred patients was use of hired private 55.9%, while 26.5% used self-transport, 11.8% used government transport and 5.9% used ambulances (Table-7)

Fisher's Exact was applied to check association between referral note and its advantage. The two-tailed P value equals 0.0149. The association between referral note and its Overall Advantage is considered to be statistically significant. Patients almost approached doctor satisfactorily with not much time delay after issuance of slip. Majority of patients experienced time delay of 61.8 % of the referred patients had the time delay of more than 15 min to approach the doctor while 20.6% had to wait for more than an hour and 17.6% had the time delay of 10 min.

The above results are not quite relatable to previous studies on referral system which were more oriented towards the quality of referral system. But this study was specifically focused towards the level of consultancy of referred patients.

The main limitations of our study were that

1. The sample size was insufficient due to less number of referrals.
2. The study duration was short.
3. The patients did not cooperate well.
4. The inflow of referred patients in medical OPD was too less.
5. The majority of the referred patients did not have their referral letter.
6. There was lack of awareness of the importance of the referral letter in the patients.

CONCLUSION:

The number of referrals to medical OPD of SHL is quite low which is attributed to more number of self referrals and unsatisfactory referral system. Even the patients being referred do not have prescribed referral form and most of the referrals were verbal. But level of consultancy is quite satisfactory for referred patients. Patients with referral note either prescribed or informal experienced advantage over verbally referred patients. Time delay to approach doctor after issuance of slip is not more than one hour for most of patients. Majority of referred patients are being attended by Senior doctors and in case being attended by House officers it is at least done under supervision of registrar. Most of the patients received OPD services and did not require admission and disposal is being decided by registrar or above.

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