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RESEARCH ARTICLE

DEVELOPING A REFERRAL POLICY FOR HEALTH CARE INSTITUTIONS OF KASHMIR STUDY OF PROFILE OF PATIENTS ATTENDING SKIMS OUT PATIENT DEPARTMENT

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ABSTRACT

Keeping in view the importance of referral system and centrality of outpatient department in a health care unit the present study at SKIMS will be undertaken to assess profile of patients attending outpatient department, their rationale for referral and thereby forming a policy of referral for health care institutions. In order to study the referral pattern of patients and the rationale of referral, with profile of the referred patients as well as to study the specialty wise profile of patients attending Outpatient Department of SKIMS and to evolve a referral policy for health care institutions of Kashmir. The article is devised to develop a referral policy for Health Care institutions of Kashmir

INTRODUCTION

For any community based health service to succeed, it is imperative that users are provided secondary and tertiary care, whenever need arises. This can be translated into reality by having sound referral system with a mechanism for feedback, between extreme posts of rural health services and hospital based health services. This will also avoid duplication of services, thus making the system cost-effective.

DISCUSSION

Sher-I-Kashmir Institute of Medical Sciences (SKIMS) being the apex institute for the referral system in the state was selected for studying the profile of patients visiting its outpatient department and identifying various referral centres as well as their reasons for referral in order to develop and formulate a proper referral policy for the state. The study was undertaken the objective to study the specialty wise profile of patients attending Outpatient Department of SKIMS.

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Objective

To study the specialty wise profile of patients attending Outpatient Department of SKIMS.A prospective study for a period of one year was undertaken from 1st January 2010 to 31st December 2010. Questionnaire was developed for the same which in addition to demographic variables, included concerned specialty and diagnosis of the study group. Fifty patients randomly selected were studied for first three days of the week so as to include all the specialties. The questionnaire was presented to the patients in the form of an interview and findings noted by the investigator. Specialty concerned and diagnosis were checked from OPD card. A total number of 7200 patients were studied during the study period.

Text

Healthcare is the largest industry in the world and its sheer size and complexity makes change an evolution of mammoth proportions. Broadly speaking, hospitals of all types, even tertiary care facilities, are overwhelmed by huge number of patients, particularly the Out Patient Department, who otherwise could have been treated at lower level facilities, and many of them have self-referred, bypassing primary health

care or district hospitals. The Outpatient Department is the most important area and is the first point of contact between a patient and hospital. The reputation of a hospital can largely be made or marred by its impression on the patients in the first few minutes after his arrival (Lewelyn-Davies and Macaulay, 1995). An ideal referral system would ensure that patients can receive appropriate, high-quality care for their high problems at low cost and nearby facility possible, given the resources available to the health system, with seamless transfer of information and responsibility as that patient may move up or down the referral chain.

Although few referral systems anywhere in the world live up to this ideal fully, but nevertheless the current situation can be improved. The outpatient department indulges in preventive, diagnostic and therapeutic work, besides educational work (Goel and Kumar, ?). Sheri Kashmir Institute of Medical Sciences, Srinagar is a 700 hundred bedded tertiary care centre, which has the facilities of inpatient care, outpatient facilities, day care units, round the clock diagnostic facilities in addition to advanced laboratory services. This being apex tertiary care Institute of the state it receives referred patients from all parts of the state including Jammu and Ladakh. With increase in the awareness of health care among masses there has been a tremendous increase in the work load of patients visiting the hospital thereby putting extra burden on the existing facilities of the hospital.

Proper referral of patients from various parts of the state to this apex institution is prerequisite for increasing the efficiency of services delivered to the patients as well as reducing the patient load which can easily be treated at lower levels of healthcare system. Rangrez R *et al* conducted a study at a large teaching hospital in Kashmir (Sher-i-Kashmir Institute of Medical Sciences.), by which 400 patients in out-patient department were put to a question for referral letter from peripheral/satellite care centre. l2(3%) patients had referral letter from other hospitals of the valley. 125(31 .3%) patients were referred from primary health centre's or dispensary while 7 (1.8%) patients had referral letter from private clinics.

256 (64,0%) patients attended the out-patient department without any referral letter The study reflects poorly on referral system between rural based and urban based health care systems Urgent attention is required to be given at policy planning level so that health professionals particularly in rural setting are made aware of their responsibilities, towards the importance of referral system. The system should be two way, so as to coordinate efforts for better patient care results.

Higher levels of care should provide feedback to the referring institution/doctor Proper filtering, as per need and protocols is to be maintained, so that one who needs specialized care may be directly referred to treating hospitals.. Regular review meeting should be held by top officials like Commissioner Secretary health and Medical Education, Director SKIMS, Principal Medical College and Director Health Services to monitor the progress and efficacy of the referrals with a view to identify deficiencies and improving the system (Rangrez *et al*., 2005).

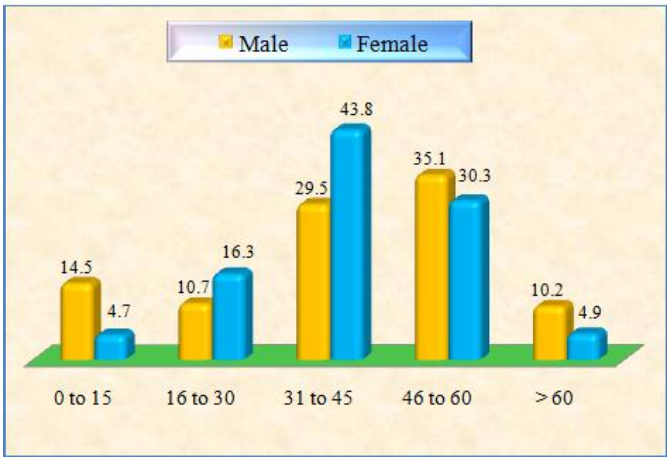

Fig. 1. Age and Gender Distribution of the Referred Patients

To study the referral of various patients attending referral clinic at SKIMS a prospective study was undertaken for a period of one year from 1st January 2010 to 31st December 2010. Study revealed (table 1 and figure 1) that out of 5820 patients, 441 (14.5%) were males in the age group 0-15 years while 131 (4.7%) were females in the same age group.778 (13.4%) were in the age group of 16-30 years, which included 324 (10.7%) males and 454 (16.3%) females. Maximum number of patients, 2115 (36.3%) were in the age group of 31-45years. This included 898 (29.5%) males and 1217 (43.8%) females. In the age group 46-60 years, there were 1067 (35.1%) males and 842 (30.3%) females. Only 446 (7.7%) patients were in the geriatric age group (>60 years), out of which only 137 (4.9%) were females.

Table 2. Demographic Distribution of the Referred Patients

Demographic Characteristics		
		n (%)
Gender	Male	3039 (52.2)
	Female	2781 (47.8)
Dwelling	Rural	3639 (62.5)
	Urban	2181 (37.5)
Literacy Status	Literate	3176 (54.6)
	Illiterate	2644 (45.4)

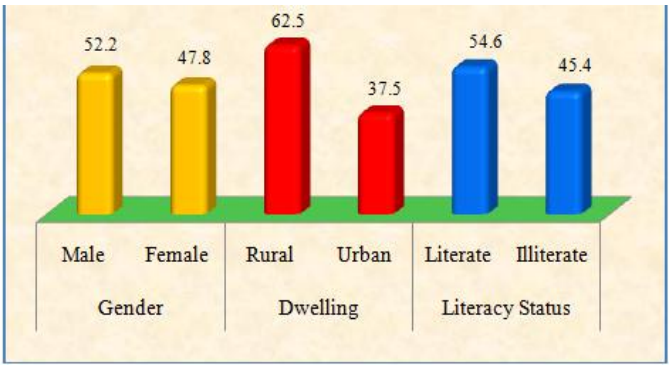

Fig. 2. Demographic Characteristics of the Referred Patients

Demographic distribution of the referred patients (Table 2 and Figure 2) revealed that there were 3039 (52.2%) males and 2781(47.8%) females. 3639 (62.5%) belonged to rural back ground while 2181 (37.5%) were from urban background.

Among the 5820, 54.6% were literate as they were able to read and write and 45.4% were illiterate.

Table 3. Monthly Income and Smoking Status of the Referred Patients

Monthly Income (Rs) and Smoking Status across Gender of the Patients					
		Male	Female	Total	p value
		n (%)	n (%)	n (%)	
Monthly Income (Rs)	< 5000	1672 (55.0)	1600 (57.5)	3272 (56.2)	0.046 (Sig)
	5000 to 10000	1137 (37.4)	1009 (36.3)	2146 (36.9)	
	> 10000	230 (7.6)	172 (6.2)	402 (6.9)	
Smoking Status	Smoker	1481 (48.7)	414 (14.9)	1895 (32.6)	0.000 (Sig)
	Non-smoker	1558 (51.3)	2367 (85.1)	3925 (67.4)	
Total		3039 (52.2)	2781 (47.8)	5820 (100.0)	

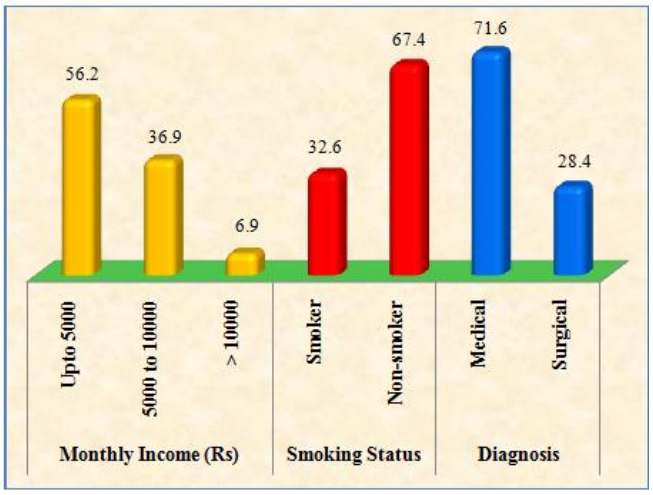

Fig. 3. Monthly Income, Smoking status and Diagnosis of the Referred Patients

Observations revealed (Table 3 and Figure 3) that 3272 (56.2%) were having monthly income up to or below 5000. 2146(36.9%) were of the economic status from 5000-10000. Only 402(6.9%) were having monthly income greater than 10000. Out of the total study subjects only 1895 (32.6%) were smokers while maximum number of patients 3925 (67.4%) were non-smokers. 4166 (71.6%) were having medical problems and 1654 (28.4%) were surgical patients.

Distribution of patients (Table 4 and Figure 4) studied revealed that in the age group 0-15 years , 163 (3.9%) had medical ailments while 409 (24.7%) had surgical ailments. 572 (13.7%) patients in the age group 16-30 years were having medical problems while 206 (12.5%) were surgical patients. Equal distribution of medical and surgical patients was seen in the age group of 31-45 years i.e. 1577 (37.9%) were medical and 538(32.5%) were surgical patients. In the age group of 46-60 years 1519 (36.5%) of the studied patients were medical cases while 390 (23.6%) were surgical cases. In the geriatric age group (> 60 years), 335(8.0%) were having medical ailments while 111(6.7%) were surgical patients. Regular review meeting should be held by top officials like Commissioner Secretary health and Medical Education, Director SKIMS, Principal Medical College and Director Health Services to monitor the progress and efficacy of the referrals with a view to identify deficiencies and improving the system (Rangrez *et al*., 2005).

Table 4. Age wise Medical and Surgical distribution of the Referred Patients

Medical and Surgical Distribution of Patients			
Age (year)	Medical n (%)	Surgicaln (%)	P value
0 to 15	163 (3.9)	409 (24.7)	0.000 (Sig)
16to 30	572 (13.7)	206 (12.5)	
31 to 45	1577 (37.9)	538 (32.5)	
46 to 60	1519 (36.5)	390 (23.6)	
> 60	335 (8.0)	111 (6.7)	
Total	4166 (71.6)	1654 (28.4)	

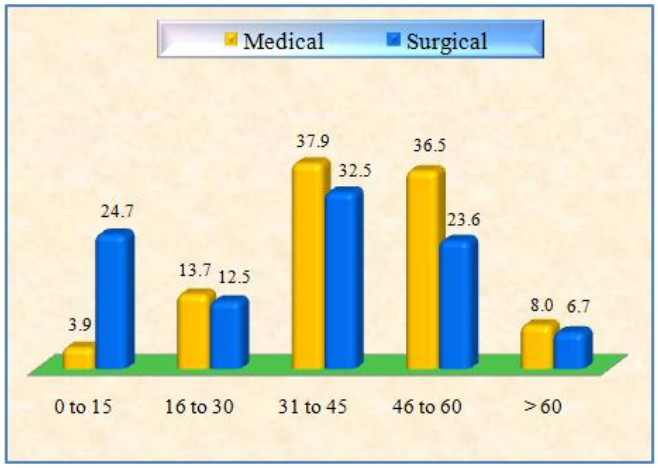

Fig. 4. Age wise Distribution of the Referred Patients

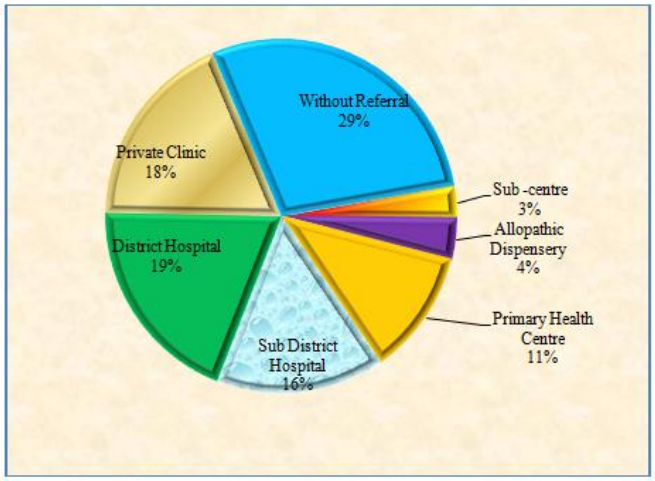

Fig. 5. Referral Status of the Patients from various levels of healthcare system

Regarding referral of patients from various healthcare facilities (Table 5 and Figure 5), the study revealed that only 172 (3%) patients attending the referral clinic were from Sub Centers.217(3.7%) patients were referred from allopathic dispensaries while 670(11.5%) were from Primary Health Centres. Sub District Hospitals referred 906 (15.6%) patients, while District Hospitals referred 1125(19.3%) patients.

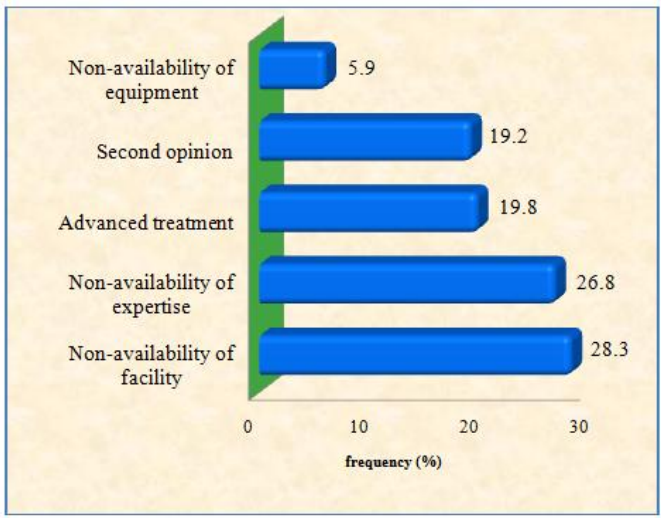

Fig. 6. Reason for Referral on Rural - Urban wise Distribution

Table 6. Speciality wise Distribution of referral patients

Speciality	n (%)
Endocrinology	1223 (21.0
Medical Oncology	859 (14.8)
Neurology	822 (14.1)
Nephrology	769 (13.2)
Surgical Gastroentrology	473 (8.1)
Plastic Surgery	365 (6.3)
Neurosurgery	274 (4.7)
Pediatric Surgery	256 (4.4)
Cardiovascular Thoracic Surgery	252 (4.3)
Gastroenterology	243 (4.2)
Cardiology	189 (3.2)
Urology	100 (1.7)
Total	5825 (100.0)

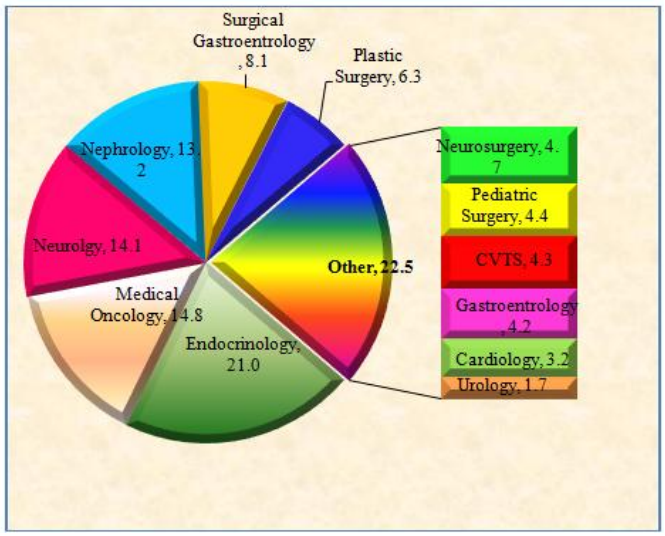

Fig. 7. Speciality wise distribution of the Referred patients

A large number of patients 1064 (18.3%) were referred by private practitioners. 1666(28.6%) patients attending referral clinics were having no proper referral documents and had attended the referral clinics on their own. Regarding reasons for referral of patients (Table 6 and Figure 6), non availability of facilities at lower centres were cited by 1646 (28.3%) patients. 1561(26.8%) gave non availability of expertise as a reason for their referral. Lack of advanced treatment was cited as a reason for referral by 1151(19.8%) patients. 1116 (19.2%) patients wanted second opinion and attended referral clinic for the same. Non availability of equipment was cited a reason for referral by 346 (5.9%) patients. Speciality wise distributions of the Referred patients (Table7 and Figure 7) reveal that maximum 1223 (21.0%) patients belonged to Endocrinology. And 859 (14.8%) patients were from medical oncology. Neurology comprised of around 822 (14.1%) patients while 769 (13.2) belonged to nephrology. Surgical gastroenterology comprised of 473(8.1%) of the referred patients while 365 (6.3%) of patients belonged to Plastic Surgery. Neurosurgery 274 (4.7%), Paediatric surgery 256 (4.4%), CVTS 252 (4.3%), Gastroenterology 243 (4.2%) and Cardiology 189 (3.2%) formed a smaller fraction of the patients. Only 100(1.7%) patients attending referral clinic belonged to Urology.

Conclusion

The referral system need to aim at connecting each patient through different levels of services and should assure at the appropriate level where he or she will receive optimal health care for any kind of illness. Access to hospital care should be through Primary Health centres, except for emergency cases where patients may access the hospital directly via the Emergency Department. Active participation of the patient in the referral process leads to an effective outcome and high level of satisfaction for care-givers and patients, and a reduction in health costs. In order to have a better health care system it is important that all arms of health care services have a sound referral system. This will save the tertiary and other teaching Institutes of the state from unnecessary burden of patients which can be otherwise treated at peripheral centres. The Referral to SKIMS has been due to lack of proper facilities and expertise and the health authorities must look into these problems at peripheral level.

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