"Referral policy for health care institutions of Kashmir, Jammu and Kashmir India: The complete demographic profile"

REFERRAL POLICY FOR HEALTH CARE INSTITUTIONS OF KASHMIR, JAMMU AND KASHMIR INDIA: THE COMPLETE DEMOGRAPHIC PROFILE

Dr Muneer A Bhat[1], Dr Ashfaq ul Hassan[2], Dr Farooq A Jan[3], Dr Sadaf Ali[4]
1. Senior Resident Hospital Administration SKIMS Medical College
2. Lecturer /Head Anatomy SKIMS Medical College
3. Additional Professor Hospital Administration SKIMS Soura
4. Additional Prof Surgical Gastroenterology

Abstract:
The ideal health care delivery system should provide a health facility for care of the community. A referral system at all levels is used as a means to facilitate flow of patient referrals among healthcare providers. It is an important activity in any healthcare system for it is a critical component of quality clinical care. If practiced efficiently, it can contribute to high standards of care by improving patient outcomes and decreasing costs through optimal use of medical services. An optimal referral process should be in place for the effectiveness, safety and efficiency of high standard medical care.
Key Words: Referral, standard, administrative, health care, quality

Introduction:
A referral process is an inherently complex activity, which involves referral decision and referral communication. A referral decision is a clinical decision made by physicians about referral indication (whether referral is needed or not), service identification, and provider selection.
Effective referral system is an important part in ensuring that people should receive an appropriate health care. It is of particular importance for those in the lower socio-economic strata. The article provides a full insight into the demographic profile of referral system in Kashmir.
Text: To evolve a referral policy for the state an observational study was carried out in the form of interview to various administrative functionaries of Sheri-Kashmir Institute Of Medical Sciences, Director Health Services, Kashmir, and associated hospitals of Government Medical College, Srinagar. The observation revealed that out of twenty functionaries nine had post graduate qualification, eleven were having diploma and related degrees. Fifteen were categorical by saying Referral policy existed but the same is being practised informally. While two both Medical Superintendents of District Hospital said that there is a written policy for gynaecological patients only. Three Administrators, i.e. all Medical Superintendents of District Hospitals, said

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that it was the discretion of the treating doctor to refer patients to higher levels of care. Regarding the policy practised, fourteen of the Administrators agreed that existing policy is weak while six did not agree to this. Majority, seventeen of the administrative heads stated that follow up, to existing policy whether written or informal is poor and only three Administrators did not agree with this statement of majority. All the twenty Administrators said that there is no documented/written policy regarding the referral system. Nineteen functionaries said that there is no two way transfer of records neither there is any audit of records about existing referral system.

Referral of various patients attending referral clinic at SKIMS revealed that out of 5820 patients 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). Demographic distribution of the referred patients 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 who were able to read and write and 45.4% were illiterate.

Observations revealed 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.These findings indicate that majority of the patients visiting govt. hospitals, is from lower and middle socio- economic class.

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 having surgical problems. Age-wise distribution of patients revealed that in the age group 0-15 year,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. Maximum number of medical and surgical patients were 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 (above 60 years), 335(8.0%) were having medical ailments while 111(6.7%) were surgical patients. Regarding referral of patients from various healthcare facilities 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 Centers. Sub District Hospitals referred 906 (15.6%) patients, while District Hospitals referred 1125(19.3%) patients. A large number of patients 1064(18.3%) were referred by private clinics. 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, non availability of facilities at lower centers was 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. Shin-ichi Toyabe *et al* while studying the pattern of referral of patients from secondary care hospitals to a tertiary care university hospital revealed that 61.2% of the patients were directly admitted to the hospital without referral from other hospitals or clinics. These results suggest that the function of

university hospital in Japan is not specialized and that the referral route from the university hospital to aftercare is also unequipped. [1] Research by Angela Coulter *et al* conducting audit of referrals to outpatient clinics revealed 6553 (35.4%) of the referrals were for particular treatments or operations and a further 6475 (34.9%) were for specific investigation or diagnosis. Advice on management was the main reason for referral in 2656 (14.3%) cases, and in 1719 (9.3%) cases the general practitioners wanted the consultants to take over management of the patients. Reassurance of either the general practitioner or the patient was recorded as the main reason in only 762 (4. 1%) referrals. [2]

Specialty wise distribution of the Referred patients revealed that maximum 1223(21.0%) patients belonged to endocrinology. Specialty wise distribution of referred patients as per different age group reveal that maximum number of patients within age group 0-15 years were from pediatric surgery 256 (44.8%) followed by plastic surgery 103 (18.0%) and nephrology 70 (12.2%). In the age group of 16-30 years endocrinology patients 229 (29.4%) topped the list. 105 (13.5%) referred patients in the age group 16-30 belonged to nephrology. In the age group 31-45 years, highest number of patients were from endocrinology 495 (23.4%), followed by neurology 322 (15.2%) and oncology 305 (14.4%). Endocrinology Patients constituted around 418 patients (21.9%) of total referral in the age group 46-60 years while 342 (17.9%) of patients in the same age group belonged to medical oncology. Patients in the age group 46-60 years belonged to neurology 304 (15.9%). Geriatric age group (above 60 years) was dominated by patients referred to medical oncology 120(26.9%) followed by 90 (20.2%) in neurology. Geriatric patients 81 (18.2%) required surgical gastroenterology consultation. This indicates that patients

having malignancies belonged to age group of 46 to 60 years.

District wise distributions of referred patients revealed that from Srinagar district maximum patients 728 (33.4%) visited the referral clinic without referral followed by private clinics 449 (20.6%) and district hospitals 342 (15.7%). It was observed that in Ganderbal district maximum patients were referred from private clinics 99 (21%) followed by district hospitals 95 (20.2%). In Bandipora district highest numbers of patients were referred from district hospital while in Kupwara district maximum patients 88(29.9%) were without referral. In Budgam 175 (32.2%), Baramulla 175 (23.2%) districts, the highest numbers of patients were referred without any proper referral documents. In Kulgam maximum number of patients 44(32.1%) were referred from private clinics and district hospitals constituted 41 (29.9%) of total referrals. In Anantnag 143(29.5%) patients were not having any proper referral followed by sub-district hospital which were responsible for 109 (22.5%) of referrals. In Shopian 40(40%) patients were without referral. In Pulwama, highest numbers of patients were without proper referral 95(24.5%), while 76 (19.6%) patients were referred from private clinics.

Reasons for referral of patients from various districts of Kashmir valley revealed that patients referred from Srinagar district cited non availability of facility 558(25.6%) as major reason for referral. Same trend was observed in Ganderbal and Bandipora districts.

Monthly income studied across gender revealed among males 1672 (55.0%) were having income less than Rs.5000. 1137 (37.4%) males were having income of Rs. 5000-10000 while only 230 (7.6%) males were having income more than Rs. 10000. Among females 1600 (57.5%) were below Rs. 5000 income group, females with income of Rs.5000-10000 were 1137

(36.3%) and only 172 (6.2%) females were having income more than 10000.

Smoking habit of the patients studied across the gender revealed1481 (48.7%) were smokers against 1558 (51.3%) non-smokers. Females were predominantly non-smokers i.e. 2367 (85.1%).

Referral of patients from various levels of existing healthcare revealed that among rural patients maximum number of patients i.e. 954 (26.2%) had no referral. There was a progressive increase in that number of patients referred from higher levels of healthcare i.e. sub-centre 114 (3.1%), allopathic dispensary 180 (4.9%) and Primary Health Centre 314 (8.6%), Sub-District Hospital 678 (18.6%) and 761 (20.9%) from District Hospitals.

Reasons cited by patients as per rural-urban distribution revealed that non availability of facility 1088 (29.9%) constituted the main reason for referral, followed by non - availability of expertise 983 (27.0%) among rural dwellers. Among urban population 578 (26.5%) cited non availability of expertise as a reason for referral followed by non availability of facility 558 (25.6%).

Specialty-wise profile of patients attending referral clinic, indicate that maximum number of referred patients 1622 (22.5%) visited endocrinology followed by neurology 1038(14.4%) and medical oncology 1000 (13.9%), respectively. 815 (11.3%) patients attended nephrology clinic, followed by surgical gastroenterology 594 (8.3%), Pediatric surgery 502 (7.0%), plastic surgery 448(6.2%). 294(4.1%) patients were referred to Neurosurgery and 230 (3.2%) to Cardiology. CVTS and Gastroenterology OPD was visited by 285 (4.0%) each, of total referrals.

The disease-wise distribution of referred patients in endocrinology revealed maximum number of patients were Type-2 Diabetes mellitus 566(34.9%) patients while most common patients visiting the specialty of Medical Oncology were Carcinoma breast who constituted 190(19.0%) of the total patients Stroke 244(23.2%) and migraine patients 117(11.1%) constituted the highest number of referrals visiting neurological clinic.

There was a dominance of bear maul patients 86 (19.2%) and burn patients 76 (17.0%) visiting plastic surgery Out Patient Department. Undesended testes 151(30.1%) constituted maximum number of patients visiting pediatric surgery. 57 (11.4%) patients were diagnosed as post circumcision fistula. Dysphagia 74 (26.0%) and Biliary Ascariasis 52 (18.2%) were the main disease groups in gastroenterology. Cardiology specialty was attended by 35(15.2%) dyslipidemia patients followed by Dilated Cardiomyopathy 20 (8.7) and Sinus Bradycardia 20(8.7). Urology specialty was dominated by Benign Hypertrophy of Prostate 18(20.7). Chronic Kidney Disease 234 (28.7%) and nephrotic syndrome 169 (20.7%) were the major reasons for referral to the Nephrology clinic. Topping the list of Neurosurgery referrals were Chronic Sub Dural Haemorrhage and Headache with 34(11.6%) patients Surgical gastroenterology specialty was mainly visited by Gastric Cancer patients 67 (11.3%). Cholelithiasis 47 (7.9%) and Gall Bladder mass 48 (8.1%) were the other important reasons for referral. CVTS was visited mainly by Coronary Artery Disease patients 35 (12.3%). Findings of the research by *DC Lamichhane, et al* studying morbidity pattern among outpatients revealed that diseases of the skin and soft tissues 237 (18.8%) patients (which included tinea infection, acne vulgaris, scabies, and musculoskeletal pain) were the most common. Other groups of diseases in decreasing frequency were disorders of the digestive system (175 patients), diseases of the respiratory system (160 patients), infectious and parasitic diseases (145patients). Diseases of the genitourinary system (127 patients) were also common. Mental disorders and behavioral problems were seen in 31 patients. Many patients had

more than one diagnosis.15.96% of the files did not have any diagnosis written. The missing diagnosis was classified as 'diagnosis not written'. Going by the age group, tinea infection was the most common illness in the age group < 1 year, impetigo in the 1-5 year age group; upper respiratory tract infection (URTI) was the most common illness in the 5-15, 15-25, 25-35 and 35-45 year age groups. Acid peptic disease (APD) was most common in the age group of 45-55 years and Chronic Obstructive Pulmonary Disease (COPD) in the age groups 55-65 years and more than 65 years. [3]

Conclusion:

It is important to emphasize that there are other factors that should be put in place for referral systems to function effectively. Personnel must be competent and available; roles and functions should be clearly delineated. At hospital level prompt and appropriate attention is essential for the patient and, there must be referral back to the primary care level after discharge.

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