

Assessment of Referral System Quality from Clients' Perspectives at Outpatient Consultancy Clinics in Al-Hilla City Hospitals

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Abstract

Aim: The aim of the study is to assess the referral system quality from clients' perspectives at outpatient consultancy clinics in al-Hilla city hospitals.

Subjects and Methods: A descriptive analytic study design was carried out at outpatient consultancy clinics of Al- Hilla city hospital (Al-Hilla and Al-Imam Al-Sadiq general teaching hospital) from March 14th to December 12th 2019. Non – probability (purposive) sample of 200 clients who were coming to the Outpatient Consultancy Clinics were selected. Data is collected through used of an assessment tools and interview technique with (19) items of questionnaire. Reliability of instrument was determined through the use of Alpha Cronbach approach and the instrument validity was determined through a panel of experts. The analysis of the data was used descriptive statistics frequencies, percentages, mean, mean of score, cut off point, Chi square. In order to assess the referral system quality from clients' perspectives.

Results: The findings of the present study reveal that overall assessment of the referral system quality is poor, grand mean of referral system services from clients' perspectives are fair, majority reason for referring is lack of specialty(51%), and finally; medical diseases unit is most referred clients to it(24%). .

Conclusion: The study concluded that poor referral system quality for clients at outpatient consultancy clinics in Al-Hilla city hospitals.

Keyword: Assessment; referral system; quality; clients; Outpatient Consultancy Clinics.

Introduction

The referral system is one of the cornerstones of basic healthcare systems. It is a complete and sustainable system with two directions to connect the primary healthcare units/centers and hospitals. It is one of the basic healthcare systems. It leads to continuous improvement of comprehensive health care for all patients by assigning priorities to those who need it ⁽¹⁾. A referral can be defined as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case ⁽²⁾.

Most countries in the Eastern Mediterranean Region (EMR) are committed to strengthening family practice, however, implementation is uneven and inconsistent. An assessment of the status of family practice revealed significant gaps in terms of political commitment, client registration, packages of essential health care, essential medicines lists, referral systems and staff. Another big challenge is the insufficiency of trained care provider and the inability of current training programs to meet the enormous needs ⁽³⁾. The referral system given to primary care providers is based on clear guidelines detailing the referral process. This includes the use of a pre-designed standardized referral form with important relevant clinical and social information⁽⁴⁾. The health care in Iraq are provided through a network of public Primary

Health Care (PHC) centers and hospitals where care are provided at very low charges. However, the Iraqi health system faces enormous problems that have mainly resulted from wars and economic sanctions during the last few decades⁽⁵⁾. The Ministry of Health (MOH) in Iraq adopted a referral system in late 2008 to ensure a close relationship among all levels of the health system, to ensure people receive the best possible care closest to home, and to make cost effective use of hospitals and primary health care. Most PHC clinics (85%) had a referral system record, however (69%) did not have an electronic archive or family inventory and (64%) said they do not have any follow up mechanisms for the clients who are in need of continuous care⁽⁶⁾. Although the Iraq referral system is between primary and secondary care, in practice, there is minimal coordination between the primary health care (PHC) level and the district hospitals apart from communicable disease surveillance⁽⁷⁾. An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care. It also benefits in making cost-effective use of hospitals and primary health care. Support to health centers and outreach care by experienced staff from the hospital or district health office helps build capacity and enhance access to better quality of health care within a community⁽⁸⁾. The important of the referral system can be brief as the following points: for the clients (prompt diagnosis and management, save time, low cost and effort, and better quality of health care), for primary care providers (learning and training, gaining self confidence, increase communication between the health care staff), and finally for consultant (improve the quality of client's management, and increase communication between the primary health care staff by feedback reports)⁽⁹⁾. Recently, The studies increase

the interest in quality of referral system, with increasing focus for assessing and measuring the referral quality, evaluation of referral services which based on clients' perspective are becoming very important. clients have a special perspective for evaluating the non technical aspects of health care. There are different definitions of referral system quality⁽¹⁰⁾.

Materials and Method

A descriptive analytic study design was carried out at outpatient consultancy clinics of Al-Hilla city hospital (Al-Hilla and Al-Imam Al-Sadiq general teaching hospital) from March 14th to December 12th 2019. Non-probability (purposive) sample of 200 clients who were coming to the Outpatient Consultancy Clinics. These clients were selected according to the following criteria: clients who had referral from PHCCs to outpatient consultancy clinics of general hospitals in Al-Hilla city; both gender of clients (male and female); clients who had three referral times and above to outpatient consultancy clinics. For the purpose of the present study a questionnaire was designed and developed by the researchers which consists of three parts: The first part of the questionnaire concerned with determination of the socio-demographic characteristics of the sample, and the second part was consist referral information and third part was assessment of referral system quality from clients' perspectives. Reliability of instrument was determined through the use of Alpha Cronbach approach ($r = 0.881$), and the instrument validity was determined through a panel of (20) experts. In order to achieve the early stated objectives, the data of the study were analyzed through the use of Statistical Package of social sciences (SPSS) version 20 through statistical procedures that includes: frequency, percentage, mean, mean of score, cut off point, and Chi square.

Results

Table 1: Distribution of Referral Information at Primary Health Care Centers

List	Items	F.	%	
1	Indications for referring	Lack of specialty	102	51
		Unavailability X ray and ultrasound	36	18
		Lack of lab. Tests	35	17.5
		Need for further management	15	7.5
		Diagnosis difficulty	12	6

Cont... Table 1: Distribution of Referral Information at Primary Health Care Centers

2	Unit that client referral to it	Pediatric	6	3
		Mental diseases	12	6
		Cerebrovascular diseases	5	2.5
		Medical diseases	48	24
		Surgical diseases	20	10
		ENT	13	6.5
		Ophthalmic diseases	20	10
		Joints and bone	24	12
		Dermal and genital	20	10
		Maternity	22	11
		Oncology	10	5

F: Frequency %: Percentage

The results indicated that the referral information was (51%) of indications for referring are lack of specialty, and (24%) of clients had referred to medical diseases unit .

Table 2: Assessment of Referral System from Clients’ perspectives in Outpatient

Consultancy Clinics: n= 200

No.	Items	Strongly Disagree 1		Disagree 2		Not sure 3		Agree 4		Strongly Agree 5		M.S	Sig.
		F	%	F	%	F	%	F	%	F	%		
1	Referral system link between PHC and hospital	3	1.5	52	26	34	17	85	42.5	26	13	3.4	S
2	PHC distance	9	4.5	87	43.5	39	19.5	63	31.5	2	1	2.81	S
3	Good diagnosis	4	2	73	36.5	20	10	87	43.5	16	8	3.2	S
4	Decrease admission	11	5.5	92	46	43	21.5	47	23.5	7	3.5	2.73	S
5	Less waiting time	6	3	56	28	43	21.5	90	45	5	2.5	3.16	S
6	Low cost	17	8.5	136	68	23	11.5	24	12	---	---	2.27	NS
7	Good health care	14	7	117	58.5	39	19.5	28	14	2	1	2.43	S

Cont... Table 2: Assessment of Referral System from Clients’ perspectives in Outpatient

Consultancy Clinics: n= 200

8	Decrease load	8	4	22	11	40	20	124	62	6	3	3.5	S
9	Provide health education by medical staff	21	10.5	172	86	7	3.5	---	---	---	---	1.93	NS
10	Provide health education by nursing staff	26	13	166	83	8	4	---	---	---	---	1.91	NS
Grand mean (Total)									2.73		Fair		

HS: Highly significant had mean of scores greater than 3.68, Sig.: significance had mean of scores equal to 2.34-3.67, NS. : Non-significant had mean of scores less than 2.34, F: Frequency, %:Percentage

The finding out of this table show that significant items are 1,2,3,4,5,7, and 8, while non significant items are 6, 9,and 10. That mean the referral system for clients in outpatient consultancy clinics is fair level (2.73) according to their perspectives.

Table (3): Overall Assessment of Referral System quality from clients’ perspectives

Poor		Fair		Good		Total	
F.	%	F.	%	F.	%	F.	%
196.7	60.15%	41.6	12.72%	88.7	27.13%	327	100%

F: Frequency %: Percentage

Results out of this table present that most of the Primary Health has poor for referral system quality from clients’ perspectives (60.15%).

Discussion

The present study indicates that the majority (90.5%) of clients who were coming to the outpatient consultancy clinics of general teaching hospitals in AL-Hilla city were living in urban areas, and the remaining (9.5%) were living in rural areas(Table 1). This result is similar

to the study in Jordan⁽¹¹⁾, who found that the majority of the study sample (89%) were living in capital (Amman), and 11% were living in city parties. Regarding to the clients’ age , the finding of the study indicates that the highest percentage of the study sample (33.5%) of clients who were coming to the outpatient consultancy clinics were at age group less than 30 years, while the lowest

percentage (4%) of them were at age group 50 years and above. These results agree with the study in Iraq⁽¹²⁾, who found that the majority of the study subjects at age (20-30) years. The findings of the present study show that the majority of the study samples were male (71%) and the remaining (29%) are females. This result similar to study done in Iraq⁽¹⁵⁾, show that most of referred client were male (80%) and (20%) were female. Concerning the educational levels, the findings of the present study indicate that (27.5%) who were coming to the outpatient consultancy clinics have bachelor and above, (20.5%) have primary school, (20%) have read and write, (18%) have illiterate (can't read and write), whereas only (14%) of them were secondary school degree. This result was supported by the study in Uganda⁽¹³⁾, **who found that the most of the study subject (50%)** have bachelor degree, (34%) have primary school, whereas (8%) of them can't read and write, With respect to the occupation, the findings of the present study show that (34%) of the clients have government employee; (23%) have retired, (18.5%) unemployed, (14%) housewife, (10.5%) private employee. This result agree with The study which is conducted in Nigeria⁽¹⁴⁾, which reported that the majority occupation of referred clients were 38% government employee and lowest percentage of clients' occupation was private employee (7.4%).

According to indications for referral reasons were maximum percentage (51%) lack of specialty, followed (18%) unavailability to x-ray and ultrasound, (17.5%) lack of lab. tests, (7.5%) need for further management, and (6%) diagnosis difficulty (Table 2). This results similar to study done in Iraq⁽¹²⁾, which illustrated that reasons for indicated referrals were (43.4%) lack of specialty, (42%) unavailability to x-ray and ultrasound, (7.7%) lack of lab. tests, (3.9%) need for further management, and finally; (3%) diagnosis difficulty. The departments and units selected for clients referral were highest percentage unit to medical diseases (24%), and lowest percentage unit to pediatric diseases. This results disagree with study done in Iraq⁽¹⁵⁾, which presented that most the referred clients to pediatric unit (31.5%), and least referred clients were send to oncology department (1.2%). The disagreement between both studies is attributed to there are two specific hospitals (AL-Noor hospital, and Babil hospital for obstetrical and child) in AL-Hilla city which treatment the children and the most health care providers in PHCCs referred the children to

this hospitals, therefore; the percentage of pediatric unit at general hospital in AL-Hilla city was lowest level.

Regarding the assessment of referral system from clients' perspective in outpatient consultancy clinics (Table 3), the present results was fair in grand mean (2.73). Mean of score show that significant items were 1,2,3,4,5,6, and 7 while the non significant items were 6,9,10. Non significant items included referral system contribute to low of cost, provide health education by medical and nursing staff, the reason of this result can be attributed to insufficiency of indicated referral from PHCCs to hospitals, there are unnecessary requests for referral, self-requested referral, and most letters of referral that send from private clinics that leads to increase number of clients in hospital or outpatient consultancy clinics without clear dissemination guidelines for referral that is may be leads to increase of health care services and increase of cost and waiting time. Regarding lack of provide health education by medical and nursing staff may because of shortage of health care providers in PHCCs, lack of health care providers' knowledge concerning administrative tasks and activities for referral system unit and the greater number of them does not participate in training sessions for referral system and unawareness of them toward benefits of health education for clients regard to referral system.

The overall assessment for the referral system quality from clients' perspectives in present study is poor (60.15%) (Table 4). This result provides evidence that these centers are unable to provide acceptable and effective referral services. So, the quality of referral system was poor and lacking important and relevant items in majority of referral needs to be improved. This result agrees with study obtained in Iraq⁽¹⁶⁾, which indicates that the overall evaluation of referral system quality for letters and feedback was poor and inadequate 69.5% and 78.5% respectively. Also this study similar to other study in Nigeria⁽¹⁷⁾, the overall of referral system and quality of health care were insufficiency and at the low levels (56.3%).

Conclusions

The findings of the present study conclude that the overall assessment of the referral system quality from clients' perspectives at poor services level in the present

study, and the clients' perspectives for referral system services are fair.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Ministry of Health and all experiments were carried out in accordance with approved guidelines.

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