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**The Referral System In Health Care In Kashmir
Basis For Effective Health Care**

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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.

Key Words: Referral, SKIMS, Out Patient , , Policy

Introduction:

Most of the Referral cases are sent to SKIMS Soura and SMHS Hospital from different Districts which are the most premier institutes of the state of Jammu and Kashmir in India. They provide Ambulatory medical care general health care and, specialised health care to a large population.

The outpatient department of SKIMS and SMHS are large care centre which provides health care with special facilities to members of community that are needed to keep them in a good state of health. The outpatient department of a hospital is an establishment, which cares for the ambulatory patients, who come for diagnosis, treatment and follow-up care. A proper Referral System is a must for Health Care.

Discussion :

To study the referral pattern of Out Patient Department at SKIMS an observational study was undertaken for a period of one year from 1st January 2010 to 31st December 2010. The sample size of the study group was fixed at 5% of referred

patients who attended Out Patient Department at SKIMS. A total number of 5616 patients were studied.

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.

Research by DC Lamichhanes , et al on morbidity pattern among 32,017 new patients attending the Out Patient Department revealed six hundred and eighty patients 680(53.9%) were female. The age group 15-25 years accounted for the highest number 364 (28.9%) of patients. Only 909 patient files (72.1%) contained information on the occupation of the patients. Students were the largest group to visit the Out Patient Department 398patients (43.8% of the 909 patients). Study 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. Males were having highest income than females. Out of the total study subjects only 1895 (32.6%) were smokers while maximum number of patients 3925 (67.4%) were non-smokers. Females were predominantly non-smokers i.e. 2367(85.1%). 4166 (71.6%) were having medical problems and 1654 (28.4%) 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 Centres. 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. 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.

Study revealed that maximum number of patients i.e. 3272 (56.2%) were having monthly income Rs.5000 or below. SKIMS being the Government health facilities, most of the patients belong to lower socioeconomic status. Study further reveals smoking habits of the population has considerably reduced. Majority of the patients i.e. 1064(18.3%) were referred from private clinics and still large number of patients i.e. 1666(28.6%) were self referred.

The reason for referral in most of the patients was 1646(28.3%) was non-availability of facilities at other centres. Majority of the patients 1622(22.5%) visited endocrinology and most of the patients had Type-2 diabetes mellitus 566 (34.9%). This indicates surge of the disease in the valley. Most of the Administrators opined that though referral policy is not practised and it is almost non-existent except in a small measure it is practised in case of Gynae-Obstetrics patients.

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.

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. Referral communication deals with subsequent interactions that exist between referring and referred-to providers once a referral decision is made. These two key aspects of a referral process require the transfer and coordination of complex and diverse forms of information distributed between providers. The complexity of the process often causes inefficient referral decisions and referral communication, which in turn affects the quality and cost of care. Hence, it is important to improve both the decision-making as well as communication aspects of the process to enhance the overall outcome of the referral system.

Referral does not mean only the forward referrals. Equal importance should be given to the downward referrals as well. If the patients are treated at the first level referral centre they may be referred back to the original primary health care centre with the necessary follow-up advices. This will enhance the trust towards the primary care centers by the patients from the catchments areas. Effective referral requires clear communications to assure that the patient receives optimal care at each level of the system. This communication need to be on both directions, forward, describing the problem ascend at the lower level facility and backward, information back to the lower level facility describing the findings and the actions to be taken and the follow up needs. Introduction of a well plan referral care mechanism could contribute to overcome some of the short comings and to minimize the prevailing deficiencies which ultimately leads to provide health care services to the people on an equitable basis.

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.

Conclusion:

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 closest to home. It also assists in making cost-effective use of hospitals and primary health care services. Support to health centres and outreach services by experienced staff from the hospital helps build capacity and enhance access to better quality care. A high proportion of clients seen at the outpatient clinics at secondary facilities could be appropriately looked after at primary health care centres at lower overall cost to the client and the health system. A good referral system can help to ensure: patients receive optimal care at the appropriate level, hospital facilities are used optimally and cost-effectively, patients who most need specialist services can access them in a timely way, primary health services are well utilized and their reputation is enhanced.

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