

ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH SYSTEMS MANAGEMENT AND POLICY



Improving Referral Feedback in Daye Primary Hospital, Sidama Region, Southern Ethiopia

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A Capstone Project Submitted to the School of Graduate Studies of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree Masters of Hospital and Health Care Administration

JULY 2021

ADDIS ABABA: ETHIOPIA

**DECLARATION**

This Capstone Project is my original work and all sources of materials have been duly acknowledged.

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## ABSTRACT

**Background:** Referral is a two way process and ensures that a continuum of care is maintained to patients or clients. Referral system is a process by which a health provider transfers the responsibility of care temporarily or permanently to another health professional or social worker or to the community in response to its inability or limitation to provide the necessary care. It is done from the community to the primary care health service and to hospitals and within hospitals and vice versa. It also involves not only direct patient care but support services such as transport and communication. And once the care is completed, the receiving unit shall return the patient back to referring unit with timely referral feedback. This system is not practiced in Daye primary Hospital and uniformly.

**The objectives:** To improve referral feedback in Daye primary hospital, in Sidama regional state, southern Ethiopia.

**Method:** A pre-post intervention study to patients who were referred to Daye primary Hospital received referral feedback when referred back to the referring unit. A chart audit was conducted to calculate the percentage of completion of referral feedback forms and checklist was prepared to collect the information during chart auditing. The sample size was 62 chart audits referred in during pre intervention and post intervention.

The reliability of the items in the check list was tested and revised. During the actual data collection process check the data collectors by randomly taking medical records with the checklist. Ethiopian hospital key performance indicator/KPI/ formula was used to analyses the difference between the pre-post intervention change in percentage the pre-post intervention change in percentage of referral feedback given (KPI 39) .

**Result:** Pre intervention revised documents 62 medical records contained completed referral feedback from upon discharged (0%). A total of 68 referred patients were registered. All patients had referral paper (100). Fifty three of the discharged patient's documents contained the completed and gave referral feedback forms (77.9%) to refer health facilities

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## **ACRONYMS/ABBREVIATIONS/**

AAU: -ADDIS ABABA UNIVERSITY

ANC: ANTENATAL CARE

BSC: - BACHELOR OF SCIENCE

CEO: CHEIFE EXECUITIVE OFFICER

CCO: CHEIFE CLINICAL OFFICER

DPH: DAYE PRIMARY HOSPITAL

ETB: ETHIOPIAN BIRR

FMOH: FEDERAL MINISTRY OF HEALTH

GP: GENERAL PRACTITIONER

HC: HEALTH CENTRE

IESO: INTEGRATED EMERGENCY SURGERY OFFICER

KPI: KEY PERFORMANCE INDICATOR

MHA: MASTER IN HOSPITAL AND HEALTH CARE ADMINISTRATION

MOH: MINISTRY OF HEALTH

MRD: MEDICAL RECORD NUMBER

P/E : PHYSICAL EXAMINATION

PHC: PRIMARY HEALTH CARE

PCP: PRIMARY CARE PROVIDER

RCA: ROOT CAUSE ANALYSIS

SRS: SIDAMA REGIONAL State

## **CHAPTER 1.ORGANIZATIONAL DESCRIPTIONS**

Daye primary hospital was a hospital established in April 15, 2016 G.C by community participation as one of modern medical service delivery centers in the country. Daye primary hospital located in Daye city administration, Sidama regional state, located 410 km south of Addis Ababa capital city of Ethiopia and 135km south of Hawassa capital city of Sidama regional state. Daye primary hospital catchment area found north Arbegona woreda, North east Oromo region West Arsi zone kokossa woreda, East Chire woreda, and South of Arroresa woreda South west bona zuria woreda. It has 32 operational beds and total population catchment area male 178,583 female 171,580 total= (350163) three hundredth fifty thousand one hundred sixty three populations, under one year of age 11206 under five of age 57532. women 15-49 years of age 77491 numbers of pregnant women 12151 receiving patients from 11 health centers and 40 health posts. Now Daye primary hospital expansion construction by federal government and progress of construction 85%. The hospital provides both preventive and curative health service. Daye primary hospital offers Pediatrics and child health, Gynecology and obstetrics, minor operation unit, emergency unit, TB/ ART clinic, laboratory unit, OPD and inpatient services etc.

The hospital has different departments and 154 staffs with different categories. For instance, there are 2 IESO, 7 GP, 12 Laboratory technician and technologist, 11 Pharmacy professional, 36 nurses and 57 supportive staffs.

## 1.2 INTRODUCTION

Background: Referral is an activity by which a health worker shares responsibility of service short time or long time to another health professional or social worker or to the community in response to its inability or limitation to provide necessary care. Referral feedback is a two way activities and ensures that a continuum of care is maintained to patients or clients. (1)

Accorded to the international conference on primary health care held at alma-ata underlined the need for properly organized referral process a means of achieving success primary health service (4).

In the Kasongo Project, in Zaire :the fact that out of 82 patients formally referred back indicates that health workers do not receive feed-back information on patients they have referred for admission. Thus, the complaints made by health workers for not receiving information on patients they have referred must be true. (3) None of the 24 clients formally sent to Addis Ababa referral hospitals by the teaching hospital of Gondar were referred back. We presume that some were probably referred back but simply failed to show up at the hospital or may have by-passed the hospital and instead went straight to their clinics, however the fact remains that no feed-back information on diagnosis reached and care provided was communicated, and this is indeed disturbing (3). Ideally, the primary health care (PHC) centers are supposed to be the point of first contact for patients. From PHC centers referral to the secondary and tertiary levels should follow a timely, smooth and organized process. A number of factors specific to the particular context of a country's health system will also influence the appropriate balance between referral hospitals and lower levels of care. Broadly, they can be summarized as follows. The three factors are closely interrelated. If primary health care and district hospital services are weak, cutting resources for referral hospitals without destabilizing the system will be more difficult. In such circumstances, rapid rebalancing of resources is unlikely to be Possible because careful efforts will be required to develop lower-level services first, while still maintaining the referral service. Where lower-level services are strong, devoting relatively fewer resources to referral hospitals may well be possible. However, even though an effective district health system will be able to treat a large proportion of patients at lower levels of care, it will also be better able to identify patients who require referral for more complex care and, thus, may generate a greater appropriate demand for referral hospital care

### **1.3 Problem statement**

Low referral feedback in Daye primary hospital.

62 patients referred from other health facility in Daye primary hospital out of this no feedbacks sent to referring health institutions from may1, 2020toJuly30, 2020. Referral feedback was one of major observed challenges in Daye primary hospital. One important and critical component of the referral process is the referral feedback. Study done on referral feedback in Tigray region Mearge hospital on pre intervention 0% (7). Once the care is completed, the receiving unit shall return the patient back to referring unit with referral feedback. Depending on circumstances a facility can be both referring and receiving. Effective referral system between different levels of health care delivery represents a cornerstone in addressing patients' health needs.

#### 1.4 Significant of the study

The aim of this project is to identify the possible root causes, strategically solve referral feedback problems to referring health facility at a primary hospital (DPH).

The data obtain in this project, may be used by hospitals and health bureau for planning and evaluating appropriateness and clarity of patient information and to guarantee improvement in the quality of patient care.

This study may add knowledge on understanding the problems of on referral feedback at different health institution

## **CHAPTER 2. OBJECTIVE**

### **2.1 General Objective**

To improve referral feedback provided by the health care provider in Daye primary Hospital.

### **2.2 Specific objective**

To improve referral feedback from 0% to 75% at end of October 2020 G.C in Daye primary Hospital.

### CHAPTER 3. ROOT CAUSE ANALYSIS (RCA)

Using the fish bone tool many causes were identified as contributor to the existence of low rate of referral feedback to other health facility regarding to people, environment, policy and equipment.

#### 3.1 METHOD IN INFORMATION COLLECTION

- ✓ Discussed with health facility responsible bodies especial quality head and CEO.
- ✓ Discussed with hospital management team case team member's and liaison personals
- ✓ Review referral papers which includes referral date and who is referred by and in documentation/patient folders'
- ✓ Discussion would done to identify possible reasons that determine referral feedback to those patients referred to Daye primary Hospital with, medical director, Quality head, matron, some staff members from outpatient, emergency, delivery and Liaison officer.

Some possible root causes suggested by the participants were summarized in the fish bone diagram (figure 1).

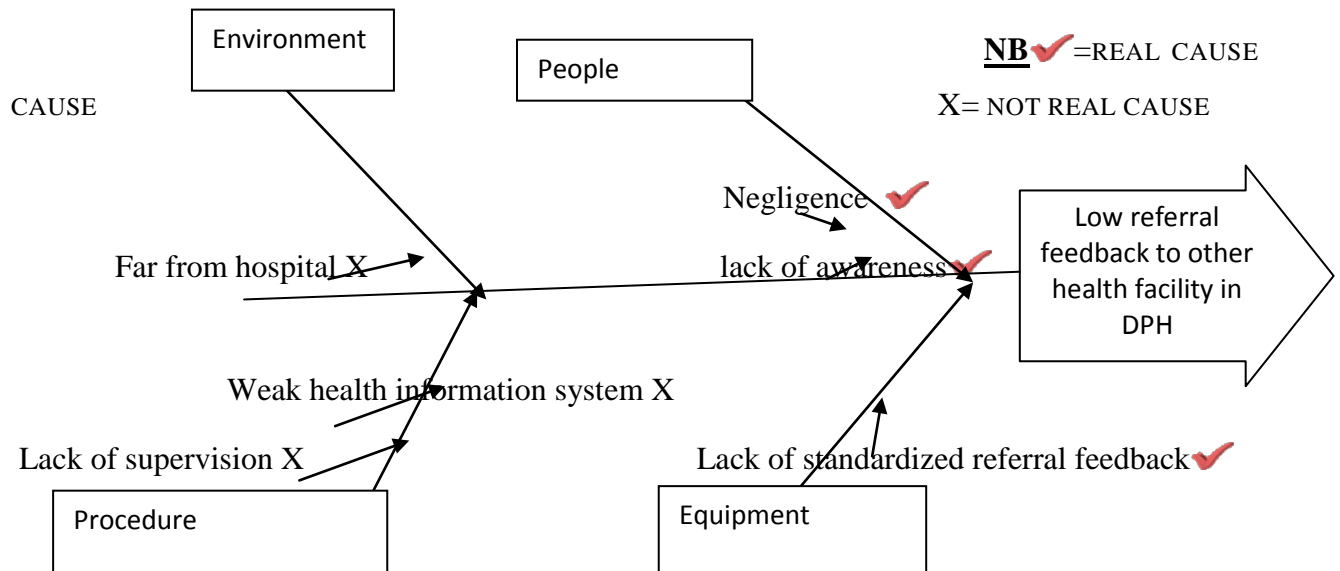


Figure: 1 The generated idea that cause provision referral feedback among health professional in Daye primary Hospital, Sidama region Southern Ethiopia, 2020

### **3.2 VERIFICATION ROOT CAUSES**

1. Lack of awareness about referral and referral feedback due to lack of training. This is proved to be a real root cause of the problem because Training has never been given to the staffs who were working in any of the wards at all, related to Referral feedback, referral rate as a hospital reform and referral feedback as key performance indicator. It is real causes low referral feedback.
2. Negligence because of lack of accountability and lack of awareness to the importance of accurate referral feedback. It real causes low referral feedback.
3. Weak relationship With Health centre (H/C): To check the relationship With Health centre (H/C) we discussed with medical director and matron so here is no supportive relationship mechanism or communication with catchment health facilities or H/Cs. So this is one cause for low referral feedback in our Hospital
4. No standard referral feedback form: A standard referral feedback form was not available to health care providers; it de incentivized health care providers to write referral feedback
5. Far from hospital: the most health centers far from hospital was got referral feedback. But it not real causes low referral feedback.
6. Lack of supportive supervision: supportive supervision is very important improvement on referral feedback as well as promotion of continuity of services .Facilitates Quality improve by involving service providers in identifying and resolving problems through mentoring and joint problem solving. But only supportive supervision not achieve object motivation health care providers had high role to improve referral feedback.

### **3.3 REAL ROOT CAUSE**

1. Lack awareness (most of them known about what is referral feedback but not gives attention to the work) not takes as route work.
2. Negligence (fail to give necessary care to referral and referral feedback according to the standard)

## CHAPTER 4. LITERATURE REVIEW

Referral system entails relationships or coordination health care services to patient from one facility to another (1). Referral can be vertical as in the hierarchical arrangement of the health services from the lower end of the health tier system to the higher ones. It also can be horizontal between similar levels of facilities in an interest of clients for cost, location and other reasons. Referrals can also be diagonal when a lower level health facility directly refers patients to a specialized health organization without necessarily passing through the hierarchical system (1). Very important, the referral activities have referring and receiving. The first the referral part of the referral activities begins by the referring health care provider sharing relevant patient information to the receiving health care worker. The second part involves the taking health care worker communicates back to the referring health care provider with information and plan for continuum care (feedback) (1).

Good referral system reduces waste resources of the health system by maximizing the appropriate use of health care institutions. It mentoring the peripheral health organizations and improves the decision making capacity of health care providers at the lower level of the referral network. Also enhances opportunities for balanced distribution of funds, services and health worker while at the same time improving the effectiveness of the health system. Addition, good referral systems create to increase cooperation among all level health facility i.e. primary, secondary and tertiary (1). A proper can provide data and knowledge about the different aspects of the health system (5). A number of factors specific to the particular context of a country's health system will also influence the properly balance between higher hospitals between lower levels facility. These are especially important in considering the appropriateness of plans to change the balance of care between levels. The three factors are closely interrelated. If primary health service and district hospital cares are weak, cutting resources for higher hospitals without destabilizing the system will be more difficult. Where lower-level services are strong, devoting relatively fewer resources to referral hospitals may well be possible. However, even though an effective district health system will be able to treat a large proportion of patients at lower levels of care, it will also be better able to identify Patients who require referral for more complex care and, thus, may generate a greater appropriate demand for referral hospital care (6).

Each hospital would establish a referral coordinator lists facility to/from which clients can be referred or received and care available at each health institution (the referral network). Contact details of every facility in network should be recorded. The criteria to receiving or referring patients to each facility should be also be recorded and agreed between facilities participating in the network. Standardized feedback formats should be used by every facility participating in the network (7). Providing feedback to sources is an essential factor in sustaining referrals to the secondary care givers. Providing feedback in a time manner and in a format is most likely to be useful to primary referral sources is critical (7). For every referral event, there must be a feedback. Once the reason for patient to referral has been resolved, the patient must be referred back to the referring organization for follow-up. Referral and feedback must be completed with as much detail information as necessary for the adequate care of the patient. In case of death of the patient, the referral feedback form should reflect the cause of death (8). Referral is quite common among both facility-based and community-based providers, and is understood as sending clients to seek care at higher level health service facilities, most sending clients back down the referral for treatment, care or support at lower levels of the formal health system. Initial care providers are the usual point of first contact for new client seeking care. Approximately 4.5% clients' visits to an initial care provider result referral to a specialist for that case. The study of physician referral based on patterns disease and their correlates is important because referrals have significant effects on medical costs, quality of care, and access to the health system (9-10).

A district hospital or health centre serve as the initial referral level of services. A referral system is an important on-going effort to connect patients between health care workers and ensures they receive the necessary service and thus improving quality of service for the client through better coordination or management of services between facilities. Rapid referral assessment (RRA) important tool to assist national and district level manager to rapidly assess the status and constraints to referral from first level care to secondary and tertiary level (13-15). All hospitals should have a designated telephone line for emergency referral or contacts, the indication for referral should be for, the need of medical care not available in the referring facility, non-availability of hospital bed, ineligibility for treatment in the referring facility and Preference of the patient (16) a well-functioning referral system is fundamental to primary health care (PHC) delivery.

Through referrals, primary care facilities save lives and provide proper responses to emergency situations, they do this by helping people obtain access to higher levels of care, particularly at the district level. Evidence has shown that intervention aimed at improving the referral system should concentrate on improving referral appropriateness rather than controlling the referral rate. Assessing and understanding the provider's referral decision making process become critical. Findings from developed countries have shown that a complex mix of patient, provider and organization characteristics determines a referral decision. In the developing world, very few published studies are available. Previous studies have mainly focused on the appropriateness of hospital admissions (17).

## **CHAPTER 5. METHOD**

### **5.1 PROJECT SETTING**

The study was conducted in a four year's old found Daye primary hospital in Sidama regional state, Daye city administration, Daye primary hospital

### **5.2 STUDY DESIGN**

We used to study design Pre and post facility based interventional study

#### **5.2.1 STUDY PERIOD**

From May1, 2020 to October 30, 2020

### **5.3 SOURCE OF POPULATION**

Daye primary hospital medical record or documents in the study period

**5.4 STUDY POPULATION :**The study population were on all received and registered patient with referral paper in Daye primary hospital during pre and post intervention.

**5.5 SAMPLE;** A pre-post intervention study to improve patients who were referred to Daye primary hospital received referral feedback when referred back to the referring unit.

### **5.6 DATA COLLECTION AND MEASURES**

A chart audit to all referred patients when care complete was conducted to calculate the percentage of completion of referral feedback forms and checklist was prepared to collect the information during chart auditing. The baseline data was conducted in May1, 2020 to July 30 2020 and intervention data was repeated in August1, 2020 to October 30. 2020, three months after implementation. The numerator is the number of referral feedback forms completed and the denominator is the number of referred patients who are discharged.

### **5.7 SAMPLE SIZE CALCULATION**

Sample size: The sample size was determined after assuming the Hospital performance monitoring and improvement guidelines .calculation formula for comparing two population proportions

$$\text{Formula } n = \frac{[z_{1-\alpha/2} \sqrt{2p(1-p)} + z_{\beta} \sqrt{p_1(1-p_1) + p_2(1-p_2)}]}{(P_1 - P_2)^2}$$

Where as

$Z_{1-\alpha/2} = 1.96$  at 95% level of confidence

$P = 0.475$  pooled proportion

$Z_{\beta} = 0.84$  at power of 80%

$P_1 = 0.35$   $P_2 = 0.60$

$$N = \frac{[1.96 \sqrt{2 \times 0.475(1-0.475)} + 0.84 \sqrt{0.35(1-0.35) + (1-0.60)}]^2}{(0.35-0.60)^2}$$

$n=62$

Where  $n$  = minimum sample size required

$P = (p_1 + p_2) / 2$

$P_1$  = pre-intervention assessment

$P_2$  = post intervention assessment

$z$  = at 95% confident interval

## 5.8 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria: All refer into Daye primary hospital clients from other health facility during the project time.

Exclusion criteria:

1. The exclusion criteria were patients out of mentioned time and clients on treatment site for post intervention.

## **5.9 DATA QUALITY ASSURANCE**

The reliability of the items in the check list was tested and revised; two data collectors were trained on the data collection activities (liaison officer, HMIS focal person) and during the actual data collection process check the data collectors randomly taking medical records with the checklist. Daily information exchange is a means used to correct problems during the course of data collection, consent obtained as well as confidentiality assured to improve the quality of data. Data completeness checked throughout the data collection entry and analysis

## **5.10. DATA ANALYSIS**

Ethiopian hospital key performance indicator/KPI/ formula was used to analyses the difference \between the pre-post intervention change in percentage the pre-post intervention change in percentage of referral feedback given (KPI 39).

## **5.11 ETHICAL CONSIDERATION**

Ethical approval was obtained from ethical committee of Addis Ababa University, school of public health and supportive letters from in Daye primary hospital senior management team and consent from project participants.

## **5.12 DISSEMINATION OF FINDING**

The finding of the project will be presented to Addis Ababa university (AAU) college of health science, will be presented to the hospital senior management team and Sidama region health bureau.

## CHAPTER.6ALTERNATIVE INTERVENTION

### 6.1 Strategic options

- ✓ Closely supportive supervision
- ✓ Onsite training
- ✓ All received referral seen by higher health professional and give feedback
- ✓ Prepare standard referral feedback format
- ✓ Assign additional personal follow referral service
- ✓ Strengthen the relationship by communication and given feedback

### 6.2 Comparative analysis of strategic options

The criteria depend on what is most important to our decision and are used to guide decision making

Table: 1 Quantitative decision matrix comparative of strategic options, to improve referral in

Daye primary Hospital, Sidama region southern Ethiopia, 2020

Tool: Decision matrix

S /no	Strategic options	Evaluative criteria(5=excellence,1= bad)				
		Impact	Expense	Feasibility	Time	Total
1	Closely supportive supervision	2	3	3	3	11
2	Onsite training	4	3	4	4	<b>15</b>
3	All received referral seen by higher health professional and give feedback	3	4	3	3	13
4	Assign additional personal follow referral service	2	2	3	2	9
5	Strengthen the relationship by communication and given feedback	3	3	3	3	12

### 6.3 The best strategy

- Onsite training; on standard referral feedback format and important feedback as well as role and responsibility receiving health facility.

## CHAPTER 7 RESULTS

### 7.1 Socio-demographic from form chart audit.

From the total of 62 participant 28(45.2%) were males and 34(54.8%) females, at pre intervention and 33(48.5%) were males and 35(51.5%) females at post intervention and majority of participants were aged between 16-30 yrs and mean was 32.4 and 11.24 pre intervention and post assessment mean was 33.8 yrs and SD 11.66

**Table-2: socio-demographic characteristics of study in chart audit Daye primary hospital, 2020**

s/no	Socio-demographic variables	Responsive body Investigator	Pre-intervention		Post-intervention	
			Count	Percent	Count	Percent
1	Age	<15	9	14.5%	17	25%
		16-30	23	37.1%	26	38.2%
		31-45	21	33.9%	16	23.5%
		46-60	7	11.3%	5	7.3%
		>60	2	3.2%	4	5.9%
2	Sex	Male	28	45.2%	33	48.5%
		Female	34	54.8%	35	51.5%
3	Marital status	Single	17	27.4%	25	36.7%
		Married	43	69.4%	37	54.4%
		Divorced &Widowed	2	3.2%	6	8.8%
4	Address	Urban	9	14.5%	19	27.9%
		Rural	53	85.5%	49	72.1%

## 7.2 Result in pre and post intervention that provision of referral feedback, in Daye primary hospital

The numerator: number of referral feedback forms completed

The denominator: number of referred patients who were discharged

$$\text{KPI39} = \text{Numerator} / \text{Denominator} * 100$$

Sixty two patients were registered as referred patients in our pre intervention assessment. Seventeen (27.4%) had a referral form attached to medical record. Pre intervention assessment which completed referral feedback from upon discharged (0%). Post intervention data were collected October in 2020. A total of sixty eight referred patients were registered. All patients 62 (100%) had standardized referral and feedback form (paper). Fifty three (77.9%) of the discharged patient's documents contained the completed referral feedback forms.

Table: 3 result in pre and post intervention that provision of referral feedback, in Daye primary hospital, Sidama region southern Ethiopia, 2020

	Pre-intervention May 2020	Post –intervention October 2020	Variation
N	62	68	
Referral feedback given	0(0%)	53(77.9%)	77.9%
Referral feedback not given	62(100%)	15(22.1%)	

### 7.3 Liason officer and referral service

Before intervention in liason, referral and social services Daye primary Hospital work together with triage as one case team. After intervention we discuss with senior management team separated liason, referral and social services according to the standard. List criteria referral in or out. The contact details of each facility in the referral network should be documented. The referred health facilities communicate with the liaison officer of Daye primary Hospital by telephone before the patient referred because you have to check the service available or not, it helps to take other action for patient life saving.

The intervention could facilitate better patient referral information in turn improve quality of patient care and improve resources utilization. In addition to that, the intervention result increased the knowledge of the function of liaison officers.

#### **7.4 Patient details and clinical information**

Patient details are parts of referral letter that contain patient's identification data. It included pre intervention as well as post intervention patient's full name which were recorded in 100% (62) of the cases, age of the patient found in 90.2% (56) pre intervention and postintervention95.6%(65), next of kin or mobile/ telephone numbers of the patient or next of kin was not a part of any referral letters. Whereas clinical information is part of the referral letter which gives brief but pertinent information about the referred case. It includes brief history and physical examinations which were recorded in pre intervention 79% (49) and post intervention92.6% (63), vital signs immediately before the referral which were complete recorded in pre intervention 33.9% (21) and post intervention 63.2%(43)of the referred cases. Basic investigation was reported in pre intervention 30.6% (19) and post intervention 58.8 %( 40) of the cases where as the management given were found in pre intervention 45.2% (28) and post intervention 54.4 %( 37) of the referrals

## CHAPTER 8.DISCUSSION

We found that a simple set of interventions could be accomplished to improve staff awareness, accessibility of all important referral and feedback formats and enhancing feedback and reporting of referral rate (KPI-39) in improving hospital performance. The intervention can facilitate better patient referral information in turn improve quality of patient care and improve resources utilization. In addition to that, the intervention result increased the knowledge of the function of liaison officers. The entire process was managed. Additional benefit of having the liaison officer following the patient facilitates the communicate to other health institution. According to the study done on, improving referral and feedback for clients transfer to other health organization among health care providers in Mearge hospital, Tigray region northern Ethiopia, 2013, (7) System of ensuring accountability would be assure to ensure the proper functioning of the referral feed backs , standardized referral as well as feedback format sharing information on the referral process is vital to an appropriate functioning of the referral system and utilizing all the available services , to continue the enhancement that referral feedback accountability of the both referring organization and receiving facilities are mandatory.

The study done in Daye primary Hospital also similar with Mearge hospital. Daye primary Hospital should establish a referral service coordinator that lists health care organization to/from which clients can be referred or received and service available at each institutions (the referral network). The contact details of each facility in the referral network should be documented. The referred health facilities communicate by liaison officer of Daye primary Hospital by telephone before the patient referred because you have to check the service available or not, it helps to take other action for patient life saving. On other hand Daye primary Hospital, Standardized referral and feedback formats should used and by all organization participating in the network /communicating with Daye primary Hospital/. Standardized form means all the information needed in referral and feedback forms were complete. When patient was referred in with referral paper liaison officer can follow up with the referring facility. All these activities enhance after intervention in Daye primary hospital. The study conducted in Iraqi Kurdistan (2) an appropriate referral system /sharing information/between different levels of health care organization represents a cornerstone in addressing patients 'needs.

The study that conducted in Daye primary Hospital also addressed to improve the effectiveness. The criteria for receiving and sending clients to Daye primary Hospital should also be documented ,agreed all health organization participating in the network.

Currently there is good sharing information between Daye primary Hospital and the referring health facilities during receiving and when to referring back to the referred facilities. Upon reception of a patient responsibility to the client care is transferred to the taking unit.

A study also conducted in, Mearge hospital, Tigray region northern Ethiopia, 2013, (7) providing feedback to the sources is an important factor in sustaining referrals to the secondary providers. Providing referral feedback to referring facilities /health professional it helps to write referral with full information which includes in referral paper as a diagnosis, it helps also to the care giver for proper diagnosis, treatment and lastly to write feedback. So after this study conducted in Daye primary Hospital all the process addressed. On the other hand the referral coordinator should responsibilities for both referrals out and received referrals, facilitates timetable based on the severity priority for consultation, i.e. emergency, urgent and routine cases, utilizes the following communication methods: letter, telephone, personal contacts, etc and ensures presence service or professionals taking health facility before referral and facilitates transportation for emergency cases.

After this study conducted in Daye primary Hospital the responsibilities of the hospital for receiving referral was conducted and the management ensuring and sensitization was done to create awareness for all staff and also assigns liaison officer with clear role and responsibility you were coordinate all the activities related with referral.

This study also conducted responsibilities of receiving health professional, responds promptly to consultation requests, reports in detail all pertinent findings and recommendations to the referring worker, may outline opinion to the clients (feedback with all fully information , recommendation) and communicate with the patient or family.

After this study conducted provision of referral feedback was improved. That is good sharing information with the referring or catchment area institutions.

Liaison officer coordinated all activities, referring health facilities used standardized referral format, and the problem used improper referral paper was solved do to daily sharing information with the liaison officer as well as giving feedback from the Hospital.

So there is strong relationship with the catchment area health institutions.

The other important of the study was increasing the quality of care for the patient which received by referral. That means referral patient seen /examine /by higher health professional as a consultation and liaison officer follows to the examiner to write feedback including recommendations. In situations in which eliminating none a referred patient is impossible, a queuing system needs to be designed to separate the referred from the none referred so that referrals can be fast tracked. And also the big importance of this study was conducted an agreement with catchment area institutions had every quarter meeting to strength the referral communication, fill gap between referring between receiving institutions . This is a continues to sustain of the project.

## **CHAPTER 9. STRENGTH AND LIMITATION**

### **Strength**

- Intervention inexpensive to improve referral system
- Service providers were included in the discussion; helps to improve care as well as to know job liaison officer
- Help to appropriate data documentation in referral services.

### **Limitation**

Communication challenge: telephone, internet

This study done cross sectional design on one point of time that does or not sustainability depend on management commitment.

### **Challenge**

COVID-19/Corona virus

## CHAPTER 10.CONCLUSION AND RECOMMENDATION

### 10.1 Conclusion

The overall completeness of referral feedback given in Daye primary hospital results improved in feedback from 0% to77.9% after intervention. Because, the intervention was implemented the onsite training held on the hospital reform about referral and feedback so, it could affect the outcome.

### 10.2 RECOMMENDATIONS

#### 10.2.1. Hospital

The Hospital to have a focal person for referral to coordinate the overall referral activities within health organization, include:

- Record and report the referral activities management
- Compile, analyze, as well as interpret referral data to improve the referral service
- Feedback must be sent back to the referring facility

We recommended system of ensuring accountability will be in place to ensure the proper functioning of referral activities share information on the referral activities is vital to the proper functioning of the referral system and utilizing all the presence care, to continue the improvement that comes by this project on referral feedback accountability of the both referring and receiving are mandatory

#### 10.2.2. Regional and woreda health offices

- Regions to develop and implement referral standard operating procedures
- Design mechanisms for coordination of referral activities in the region as well as feedback system
- Designate regional focal person /unit to oversee the referral activities

### 10.2.3. Ministry of Health

- ✓ Initiates legislation; develops policy and SOPs to implementation referral system
- ✓ Develops the standards for resources to be available at health organization
- ✓ Capacity building of the referral system
- ✓ Monitors and coordinates referral systems at national level
- ✓ Revises and updates the referral system as appropriate

## CHAPTER 11 REFERENCES

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Annexes 1: Interview guide - English version

To improve referral feedback provided by the health care provider in Daye primary Hospital.

Identification number \_\_\_\_\_

Opening

I want to thank you for taking the time to meet with me today.

My name is Eshetu Tuke, currently; I am a student at Addis Ababa University, college of Health science, school of public health, department masters health care and hospital administration. I am conducting a capstone title: To improve referral feedback provided by the health care provider in Daye primary Hospital. I would like to talk to you about your views and experiences in communication and feedback systems during the process of receiving and managing referrals. The interview will take about 30 minutes. I will tape the session because I don't want to miss any of your responses and I will also be taking some notes during the session. Your views are highly respected and all responses will be kept confidential (interview responses will only be shared with the capstone team).

Are there any questions about what I have just explained?

Are you willing to participate in this interview? Yes..... No.....

Interview code .....Date of interview.....

**PART A: PARTICIPANTS DEMOGRAPHIC DATA**

1. Age (years).....
2. Sex of participant...
3. Occupation.....
4. Years of work experiences.....
5. Educational level.....

## PART B: INTERVIEW QUESTIONS

6. Do your Organizational learning continuous improvement referral feedback? Yes.....  
No.....

7. Do you have teamwork within units' about referral feedback? Yes....No.....

8. Do you have communication openness about referral feedback? Yes...No...

9. Is there referral feedback & communication about referral error? Yes....No...

10. Do you think low referral feedback possible root cause of problem? According people?  
Environment? Policy/procedures? Equipment?

## PART I QUALITY OF REFERRAL FORMAT AND COMPLETENESS IN REFERRAL SYSTEM

Name of the institution.....

Name of the reviewer..... Date.....

Table 1: Table showing the scoring system for the assessment of the quality referral format.

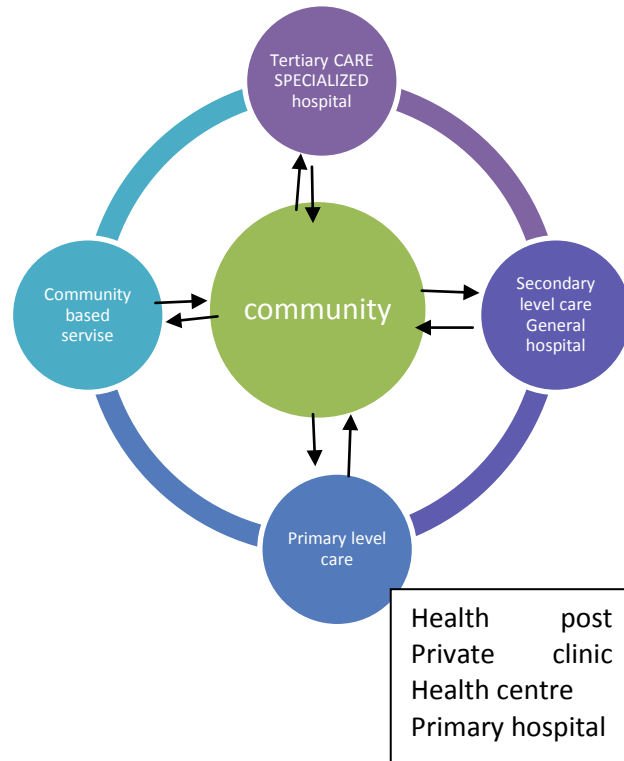
Characteristics	Score	
11.Patient's Name	Not documented=0	Documented=1
12.Patient's Age	Not documented=0	Documented=1
13.Patient's Sex	Not documented=0	Documented=1
14.Patient Address	Not documented=0	Documented=1
15.Medical Record Number(MRN)	Not documented=0	Documented=1
16.Name of Referring Unit	Not documented=0	Documented=1
17.Name of Receiving Unit	Not documented=0	Documented=1
18.Name of the referring physician	Not mentioned=0 or mentioned but not clear=0	Mentioned=1 or clear=1
19.Profession/Qualification of referring physician	Not documented=0	Documented=1
20.Signature of Referring physician	Not documented=0	Documented=1
21.Date of referral	Not documented=0	Documented=1
22.Time of referral	Not documented=0	Documented=1
23.Chief complaint and duration	Not documented=0	Documented=1
24.History of present illness	Not documented=0	Documented=1
25.Physical examination findings	Not documented=0	Documented=1
26.Vital signs	Not documented=0	Present and complete=2
27.Diagnosis	No mentioned=0 or mentioned	Mentioned=1

	but not clear=0	Documented=1
28.Results of investigation	Not documented=0	Documented=1
29.Treatment given	Not documented=0	Documented=1
30.Known Allergies	Not documented=0	Documented=1
31.Reason for referral	Not documented=0	Documented=1
32.Referral feedback attached	Not attached =0	Attached=1
33.Referral feedback attached	It has not=0	It has=1
34.Legibility of writing	Not legible=0	Legible=1

Annexies2 Assessment checklist

<b>s/no</b>	<b>Criteria</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	A Liaison and Referral Officer has been assigned		
<b>2</b>	The hospital provides 24/7 liaison service		
<b>3</b>	A hospital social worker is in post		
<b>4</b>	There is hospital liaison and referral service		
<b>5</b>	There is a hospital based social service		
<b>6</b>	There are personnel trained in liaison, referral and hospital based social care work services.		
<b>7</b>	Emergency & central triages are equipped with necessary supplies and equipment		
<b>8</b>	Outpatient appointment system is in place		
<b>9</b>	There is an appointment system for elective inpatient admission		
<b>10</b>	There is a written protocol for admission & discharge of patients		
<b>11</b>	There is a written protocol for the referral of patients (receiving into the hospital and referring outside of the hospital		
<b>12</b>	There is a referral directory listing which facilities that hospitals can receive patients from or refer patients to.		
<b>13</b>	Bed occupancy information is gathered and reported		

Annexes: 3Referral System Flow



**ANNEXE: 4 BEFORE INTERVENTION DAYE PRIMARY HOSPITAL PATIENT REFERRAL FORM**

Date.....

Name .....Age.....sex.....Address.....MRN.....

Chief complaint.....

HPI.....

P/E.....

Labfindings/Ifany/.....

Tentativedx.....

Action.....

Reasonforreferral.....

Referred by.....sign.....Date.....

**ANNEXES 5: AFTER INTERVENTION DAYE PRIMARY HOSPITAL PATIENT REFERRAL FORM**

**REFERRAL SHEET**

Referral no..... Date.....

Name PPS.....Age.....sex.....Address.....MRN.....

Chief complaint.....

HPI.....

.....

P/E.....

.....

.....

Labfindings/Ifany/.....

.....

.....

Tentativedx.....

.....

.....

Action.....

.....

Reasonforreferral.....

.....

.....

Referred by.....sign.....Date.....

**ANNEXES 6 DAYE PRIMARY HOSPITAL REFERRAL FEEDBACK FORM**

Date .....

From (name) .....

To referring person .....

Address of health facility.....

Patient's Name .....

Medical record No..... Address ..... Age .... Sex M /F

This patient was seen by

Patents History -----

Physical Findings -----

Investigations-----

Diagnosis-----

Treatment/Operation-----

Medicines prescribed-----

-----

Please continue with (meds, Rx, F/u, care): -----

Refer back to: Recommendation: -----

Name of doctor, ----- signature-----

## Study Information Sheet

My name is ----- Currently I am a graduate student at Addis Ababa University, College of Health Sciences, School of Public Health, Department of Health Care and Hospital Administration. And now I am conducting a capstone project to improving referral feedback provided by the health care provider among two health organization.

Back ground; A referral system is the interrelationships and coordination of patient care services from one health care facility to another and then back to the referring facility/Discharge. The health service organization that initiates the referral process is the referring unit. The health service organization that receives patients from referring units is the receiving unit. The receiving unit ensures required care is provided to the patients. And once the care is completed, the receiving unit shall return the patient back to referring unit with referral Feedback.

Significance of the project; the aim of this project is to identify the possible root causes, strategically solve referral feedback problems to referring health facility at a primary hospital. (DPH)

The data obtain in this project, may be used by hospitals and health bureau for planning and evaluating appropriateness and clarity of patient information and to guarantee improvement in the quality of patient care.

Title of the project: Improving referral feedback for patients transfer from other health facility among health workers in Daye primary hospital, Ethiopia.

Objective: To improve referral feedback provided by the health care provider in Daye primary Hospital

Duration: The duration of this study will be from April to octomber30, 2020.

Participants: randomly selected physician/liaison officers designed title-related questionnaires for them working on Daye primary Hospital who meets the eligibility criteria.

Potential Risks: There is no foreseen risk by being in this project.

Benefits: No financial benefits are related with this study of capstone project. But by involving in this capstone, you will give an input for the referral feedback provided by the health care provider

Confidentiality: Your entire biographic data take the purpose of the present study will be confidential.

Compensation: No compensation be gave by participating in this project. I would like to ask you few questions. It may require 25-30 minutes to interview. Your honest response to the questions can make the study to achieve its objective. All you give the information that be kept confidential and private. Only the principal investigator, interviewer will have access to the information. You are kindly requested to respond voluntarily. You can also choose not to involve in this study totally or if you become uncomfortable during the study, you will be allowed to leave the study at any time. If you have any question, you can contact me at any time by using the following

Addresses; Name: - Eshetu Tuke

Mobile: - 251-916373509 and Email: - eshetutuke@gmail.com

**Informed Consent**

I am here with declaring that: The objectives of this project are explained to me and are clear.

The contents of the informed consent are verified to me to involve in the capstone project.

I understand that an involvement in this capstone project is fully voluntary and that I may stop at any time without supplying reasons. I agree to participate in capstone project to be interviewed, provided my privacy is guaranteed. When signing this consent form to participate in the study, I Promise to answer honestly to all reasonable question and not provide false data or in any other way purposely mislead the researcher.

Respondent's signature \_\_\_\_\_

If no, skip to the next participant

Date of interview: \_\_\_\_\_ Time started: \_\_\_\_\_ Time finished: \_\_\_\_\_

Interviewer Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's name \_\_\_\_\_ signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you

Baseline assessment/pre intervention in Daye primary hospital

S/NO	MRN	Feedback Given	Standardized feedback Form	Attached Refer form
1	007008/12	NO	NO	NO
2	007332/12	NO	NO	NO
3	007215/12	NO	NO	YES
4	007953/12	NO	NO	YES
5	007473/12	NO	NO	NO
6	007504/12	NO	NO	NO
7	012457/12	NO	NO	YES
8	004685/12	NO	NO	YES
9	007615/12	NO	NO	YES
10	005034/12	NO	NO	NO
11	007788/12	NO	NO	NO
12	007790/12	NO	NO	NO
13	000791/2	NO	NO	YES
14	004895/12	NO	NO	NO
15	006808/12	NO	NO	NO
16	000866/12	NO	NO	NO
17	008003/12	NO	NO	NO
18	013066/12	NO	NO	YES
19	008231/12	NO	NO	YES
20	008096/12	NO	NO	NO
21	008296/12	NO	NO	NO
22	005225/12	NO	NO	NO
23	008321/12	NO	NO	NO
24	008326/12	NO	NO	NO
25	008322/12	NO	NO	NO
26	008440/12	NO	NO	NO
S/NO	MRN	feedback given	Standardized feedback	Attached

			Form	
27	008470/12	NO	NO	NO
28	008425/12	NO	NO	NO
29	001180/11	NO	NO	NO
30	008532/12	NO	NO	NO
31	008743/12	NO	NO	YES
32	008775/12	NO	NO	NO
33	008776/12	NO	NO	NO
34	008570/12	NO	NO	NO
35	008942/12	NO	NO	NO
36	007862/12	NO	NO	NO
37	000687/12	NO	NO	YES
38	009030/12	NO	NO	NO
39	009865/12	NO	NO	YES
40	009441/12	NO	NO	NO
41	009206/12	NO	NO	YES
42	009079/12	NO	NO	NO
43	009733/12	NO	NO	NO
44	09283/12	NO	NO	NO
45	009301/12	NO	NO	NO
46	004879/12	NO	NO	NO
47	002505/12	NO	NO	NO
48	009465/12	NO	NO	NO
49	009313/12	NO	NO	NO
50	009550/12	NO	NO	NO
51	009563/12	NO	NO	YES
52	014454/12	NO	NO	NO
53	006854/12	NO	NO	NO
54	006859/12	NO	YES	NO
55	007052/12	NO	NO	YES

56	004895/12	NO	NO	NO
57	007312/12	No	NO	YES
58	006083/12	No	NO	NO
59	007613/12	No	NO	NO
60	008426/12	No	NO	YES
61	008431/12	No	NO	NO
62	008443/12	No	NO	NO

POST INTERVENTION ASSESSMENT IN DAYE PRIMARY HOSPITAL

S/NO	MRN	feedback given	Standardized feedback Form	Attached refer Form
1	008083	Yes	YES	YES
2	0007507	Yes	YES	YES
3	008332	Yes	YES	YES
4	007550	Yes	YES	YES
5	010721	NO	YES	YES
6	010738	Yes	YES	YES
7	10712	Yes	YES	YES
8	018445	Yes	YES	YES
9	010254	Yes	YES	YES
10	002214	NO	YES	YES
11	004825	No	YES	YES
12	010880	YES	YES	YES
13	010818	YES	YES	YES
14	010773	YES	YES	YES
15	010916	YES	YES	YES
16	010998	YES	YES	YES
17	010990	YES	YES	YES
18	011072	YES	YES	YES
19	011298	NO	YES	YES
20	010874	YES	YES	YES
21	011219	YES	YES	YES
22	011250	YES	YES	YES
23	011263	NO	YES	YES
24	008940	YES	YES	YES
25	011385	YES	YES	YES
26	011812	YES	YES	YES

27	011889	YES	YES	YES
28	011876	NO	YES	YES
29	0118674	YES	YES	YES
30	011681	YES	YES	YES
31	011747	YES	YES	YES
32	011855	YES	YES	YES
33	007810	YES	YES	YES
34	011910	NO	YES	YES
35	012172	YES	YES	YES
36	010232	YES	YES	YES
37	012592	YES	YES	YES
38	012477	YES	YES	YES
39	012525	YES	YES	YES
40	011574	NO	YES	YES
41	005831	NO	YES	YES
42	012750	YES	YES	YES
43	009308	YES	YES	YES
44	012801	NO	YES	YES
45	012827	YES	YES	YES
46	011314	YES	YES	YES
47	013882	YES	YES	YES
48	013790	YES	YES	YES
49	013280	YES	YES	YES
50	013932	YES	YES	YES
51	00304	YES	YES	YES
52	007898	YES	YES	YES
53	004281	YES	YES	YES
54	000574	YES	YES	YES
55	000593	NO	YES	YES
56	002614	NO	YES	YES

57	000653	YES	YES	YES
58	000572	YES	YES	YES
59	008795	NO	YES	YES
60	013810	NO	YES	YES
61	000390	NO	YES	YES
62	000425	YES	YES	YES
63	012574	YES	YES	YES
64	000534	NO	YES	YES
65	006631	YES	YES	YES
66	005920	NO	YES	YES
67	013523	YES	YES	YES
68	000179	NO	YES	YES