



ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES SCHOOL OF PUBLIC HEALTH.

IMPROVING REFERRAL FEEDBACK FOR PATIENTS TRANSFER FROM OTHER HEALTH FACILITY AMONG HEALTH CARE PROVIDERS IN SHEBEL BERENTA PRIMARY HOSPITAL, AMHARA REGION NORTH WEST ETHIOPIA, 2019.

A FINAL CAPSTONE REPORT SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE, AND SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR

MASTERS IN HOSPITAL AND HEALTH CARE ADMINISTRATION.

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 Capstone Project Submission form.

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Study Area	Shebel Berenta primary Hospital ,East gojjam zone Amhara region  Ethiopia
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## ACRONYMS

A.A.U Addis Ababa University

G.P General Practitioners

H.C Health center

HMIS Health management information system

IESO Integrated emergency surgery officer

KPI Key performance indicator

MOH Ministry of health

OPD Out Patient department

WHO World health organization

## Summary

**Problem statement:** In shebel berenta primary hospital poor referral feed back to health facility is one of the most problem.

**Objective:** To improve percentage of referral feedback provided by the health care provider in shebel berenta primary Hospital

**Methodology:** A pre-post intervention study to examine percentage of patients referred to shebel berenta primary Hospital was provided with referral feedback when referred back to the referred unit or when to discharge.

## Introduction

Referral from the lower level of care to higher level of care is an important daily activity that safe guards good medical care to patients and it has an objective of improving patient care and also to promote the synergy among the different levels of health care.

Referral is a two-way communication process between primary care physicians and specialists in hospitals; however it is the responsibility of the primary care physician to convey a clear message about the need and reason(s) for referring a patient, while the specialist in a hospital is responsible for conveying a clear feedback on his evaluation of the patient's condition and a plan of management.

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. Essentially, the referral process has two parts. The first part begins by the referring health professional communicating relevant patient information to the receiving health professional. The second part involves the receiving health professional communicates back to the referring health professional with information and plan for continuum of care (referral feedback). 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 shebel berenta primary hospital and uniformly.

The importance of a good referral system increases the efficiency of the health system by maximizing the appropriate use of health care facilities. It strengthens the peripheral health facilities and improves the decision making capacity of professionals at the lower level of the referral network. It also creates opportunities for balanced distribution of funds, services and professionals while at the same time improving the effectiveness of the health system. In addition, a good referral system helps to promote cooperation among primary, secondary and tertiary levels of care.

## **Back ground**

### **Organizational Description**

#### **Shebel Brenta primary Hospital profile**

Shebel Berenta primary hospital is located Amhara region East Gojjam zone At Yeduha town far from 283 km from Addis Ababa and 373 km from Bahir Dar to the regional city.

It was established 2008 e. c as primary hospital .currently it gives many services for respected customers. These are outpatient services, 25 beds for inpatient services, emergency care services, delivery services, minor and major surgery, laboratory services, X-Ray & ultrasound services, and pharmacy services and so on.

It plays a basic role to reduce morbidity, mortality and disability and improve the health status of the people in the catchment area through providing comprehensive package of preventive, advanced, rehabilitative and curative health services via integrated collaboration with all stake holders.

Now the hospital is giving health service for more than 165000 peoples and it has 67 clinical staff from these 2 IESO. 07 GP, 09 midwiferies, 1 psychiatry nurse, 8 laboratory personels,3 X-ray technicians,, 22 nurses, and 55 supportive staff.

Table 1: Number of employs by deferent profession in Shebel berenta primary Hospital Amara region north west Ethiopia 2019

Health professionals other staff	Number
Clinical employ	78
Doctors(GP , S, 0 )	8
BSc nurse	8
Clinical nurse	12
Pharmacist	0
Pharmacy Technical	7
Laboratory technologist	3

Midwives	8
ISO	2
<b>Anesthetic nurse</b>	1
<b>Laboratory technician</b>	3
<b>Other clinicians</b>	29
<b>Non clinicians</b>	62
Administrative	14
Cleaner	8
Medical record	5
Runner	5
Security	4
Laundry	3
Other	23
Total	140

### **3. Problem statement**

Low referral feedback in shebel berenta hospital to other health facility

57 patients refer from other health facility in shebel berenta hospital out of this 3 referral feedback send to the health facility from September 2018-january 13/2019.

The referral system is the cornerstone to support the relation between basic medical care and hospitals. The World Health Organization (WHO) has considered the referral system one of the primary medical system components since 1978 [17]. The referral is classified as “horizontal” when it occurs between units of the same institution and “vertical” when it occurs between units of different institutions.

For streamlining the referral process in order to ensure smooth operation, ease of communication, improved efficiency, and overall process effectiveness, the Ministry of Health (MOH) developed the electronic referral system. Their aim was to automate the referral submission and approval process between government hospitals and related agencies.

In addition, a good referral system helps to promote cooperation among primary, secondary and tertiary levels of care.

#### **Essential elements of referral systems**

A group of organizations that in aggregate provide comprehensive health care services in a defined geographic area

A unit that coordinates and oversees referral activities

Designated referral focal persons at each health facility

Directory of services and organizations within a defined territory

Standardized referral format

Feedback loop to track referral

Fig 1 .standard referral format of shebel berenta primary hospital

REF/NO 2109105 CC44/0116  
DATE 01/11/16

PATIENTS REFERRAL FORM

MINISTUTION GERAYASU HAK

REFERRED TO Yedulu Hospital

Patient's Identification

NAME Yigzaw Yigzaw

AGE 30

SEX Male

PROBLEM Epigastric pain

HISTORY She was healthy before 1 month  
But at that time she found epigastric  
pain associated with fullness of stomach  
mainly in the morning but has no loss of  
weight or loss of appetite

PHYSICAL EXAMINATION

CA - normal

HEENT - Pink conjunctivae

CHEST - Clear and Resonant

CVS - Normal heart sound

ABD - Movement Respiration and active bowel sound

RECT - 3 MAB

GEN - No lymphadenopathy and tenderness

ASSESSMENT/DX ~~Acid~~ Dyspepsia

INVESTIGATION


ACTION TAKEN

Reason for Referral for better management

Referred By Yigzaw Yigzaw Position/Title MC Signature

FEED BACK

FROM TO DX



## **4. Objective**

### **4.1 General Objective**

To improve percentage of referral feedback provided by the health care provider in Shebel berenta primary Hospital.

### **4.2 Specific objective**

To identify factors influencing the provision of referral feedback

To improve the percentage of referral feedback from 3.5% to 75% by June 2019

## 5. 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.

Methods used to identify the root cause of low rate of referral feedback

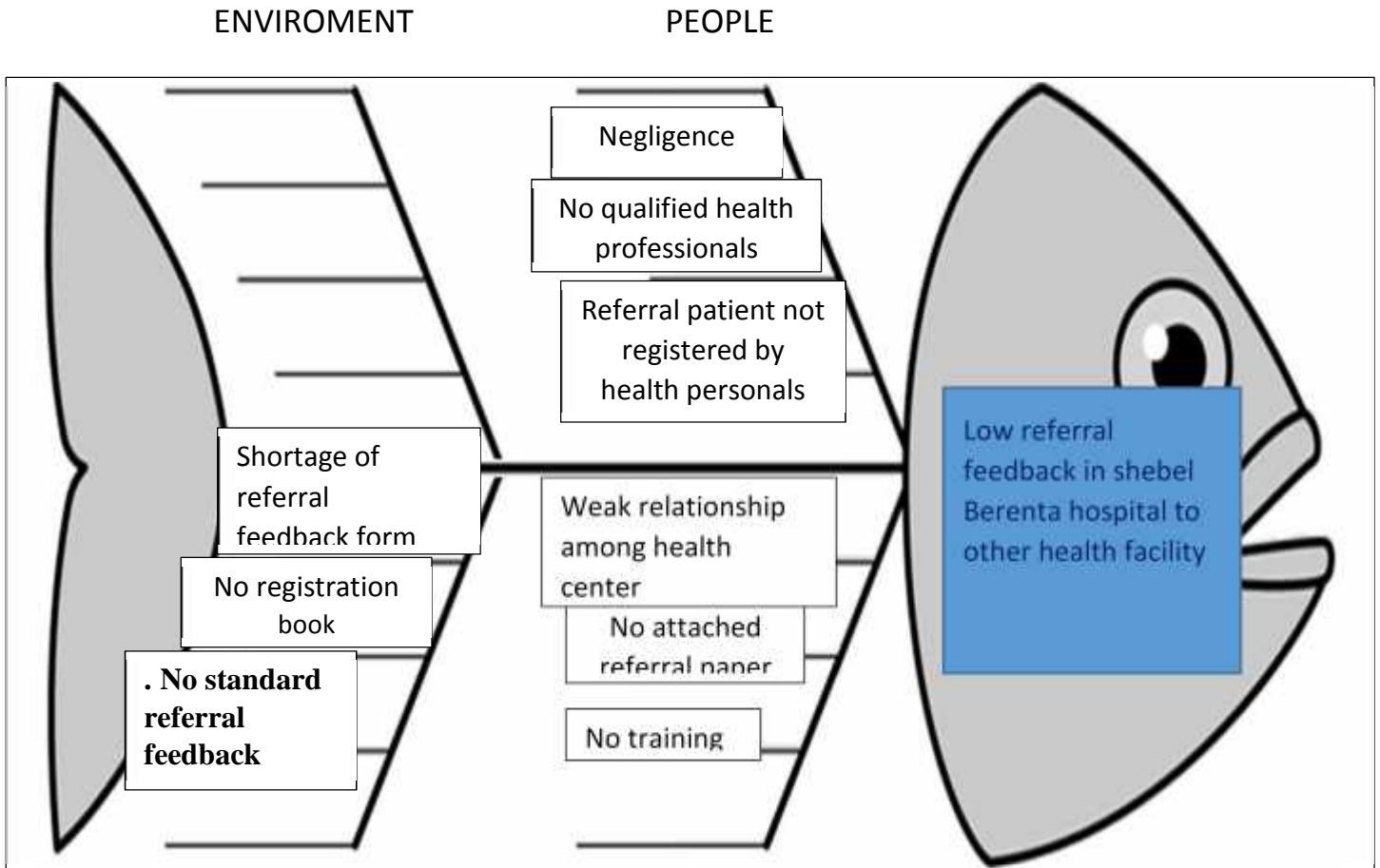
Discuss with health facility responsible bodies

Discusses with hospital management team case team member's liaison personals and a card room workers.

Observe referral papers which includes referral date and who is referred by.

Collect information from patients and health facility staffs.

Fig 2. Fish bone diagram low rate of referral feedback to other health facility in shebel Berenta primary hospital



## Verification

### **1. No qualified health professionals**

The practice in the triage room was all received referral patient seen as new and they send to any health professionals on duty at the out Patient department(OPD), that is it my seen by physical, degree nurse . So the nurse and health officer may not give feedback because they have the same level with referred health professional. The reason is the referral we received from health center and the higher health professional in the health center is degree nurse or health officer .

### **2. Referral patient not registered by health personals**

To check the referral in registration practice, this practice also observed in the triage room so had no registration system in triage and outpatient department (OPD), except emergency and maternity that means no lesion officer, even the medical Director and Matron they don't know how many patient referral in. so this is a problem

#### **1. Not attached referral paper in the patient folder:**

Out 57-registered received referral, 15% attached the referral paper in the patient medical record.

#### **2. 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.

#### **3. Week relationship With Health center(H/C):**

To check the relationship With Health center (H/C) I discuss 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. Referred health institutions were not using standard referral format:**

Upon chart auditing, out of the 57 patients who were referred in and registered, 20 (35.09%) of them were referred to our facility for treatment without a proper referral from the referring health facility.

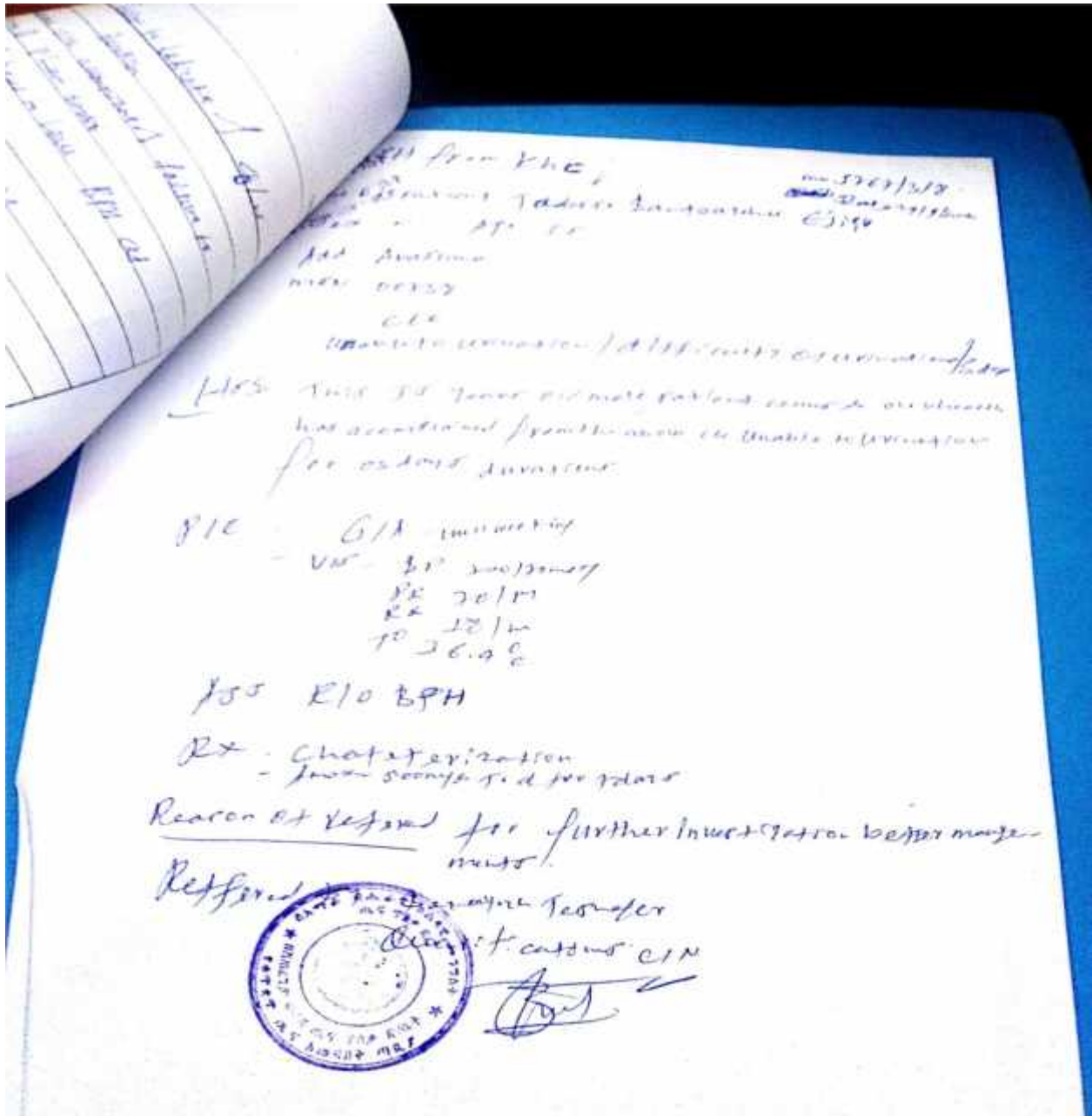


Figure: 3 Sample not standard referral paper received from referring health facility in Shebel berent

### **Not standard Registration:**

Standard referral registration was available but with the exception of emergency and maternity room, there was no registration system in the OPD triage area. There is no documentation to effectively record the number of patients who were referred in

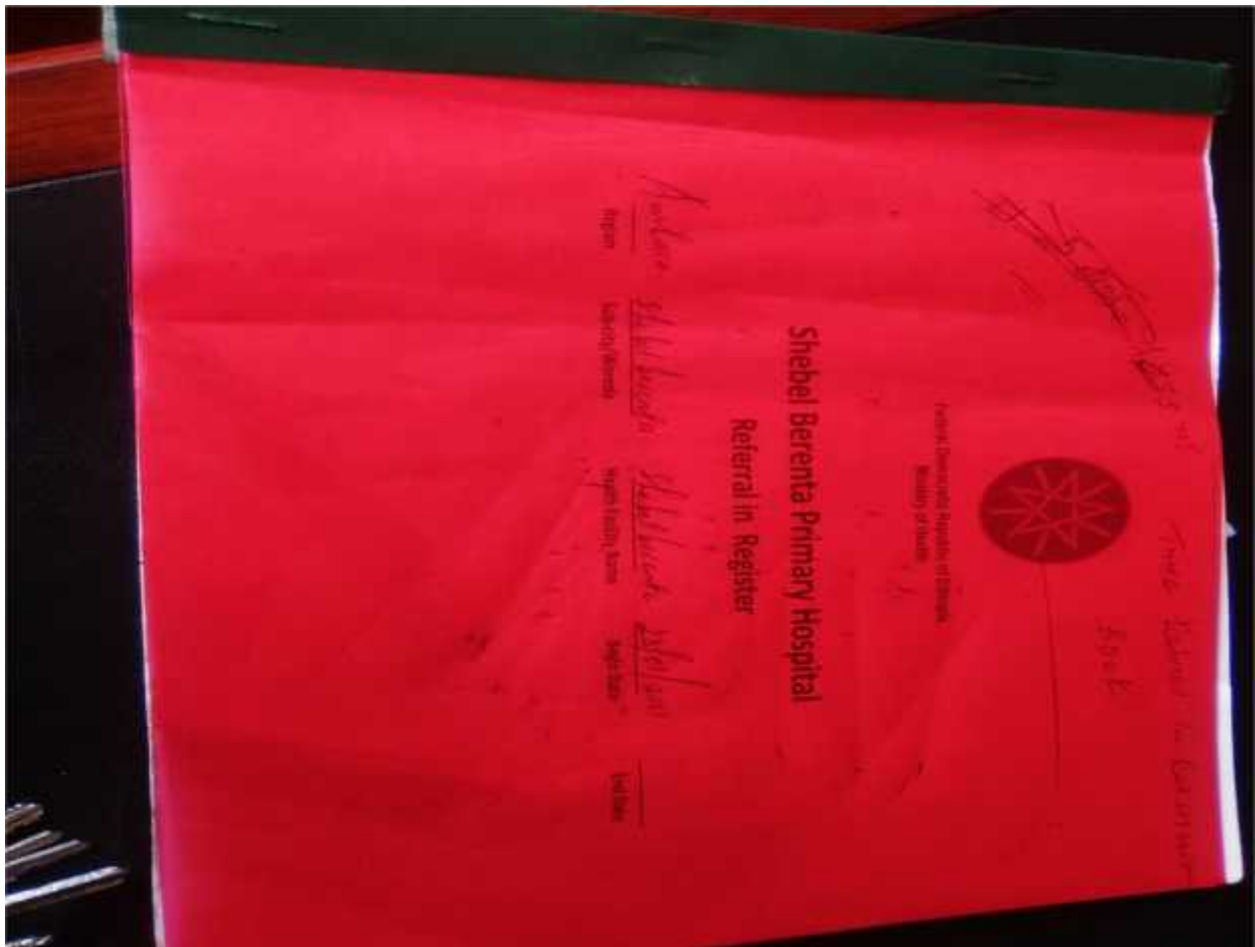


Figure: 4. Sample of standard registration book in Shebel berenta primary Hospital, Amhara region north-west Ethiopia, 2019

## 6. Literature review

In health care delivery systems, referral is a *set of activities undertaken by a health care provider or facility in response to its inability to provide the quality or type of intervention suitable to the need of the patient*. On another level, referral includes referral from the community to the highest level and back, that is, a two-way referral system or feedback system. In practice, referrals are not only between lower and higher-level facilities, but also between primary facilities as well as within hospitals. To be effective, referral should be a two-way process that requires coordination and information exchange between the referring facility (usually at the primary care level) and the first referral hospital (1).

Referral is a process by which a health worker 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. Referral is a two way process and ensures that a continuum of care is maintained to patients or clients. 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. A referral may be for temporary, permanent or partial transfer of responsibility for the care of a patient. A referral system entails the interrelationships and coordination of patient care services from one health care facility to another. The referral process begins by the referring health professional communicating to the receiving health professional or specialist relevant patient information. The receiving health professional communicates back to the referring health

professional with information and plan for continuum of care thereby completing the referral process (2)

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 the interest of patients for cost, location and other reasons. Referrals can also be diagonal when a lower level health facility directly refers patients to a specialized facility without necessarily passing through the hierarchical system.

Referrals can be among public, private, community based and other traditional and alternative medicine practitioners and sometimes social services are also included (2).

Referral is a two-way communication process between primary care physicians and specialists in hospitals; however it is the responsibility of the primary care physician to convey a clear message about the need and reason(s) for referring a patient, while the specialist in a hospital is responsible for conveying a clear feedback on his evaluation of the patient's condition and a plan of management (3).

The referral system in health care has been noted as very influential in determining which services are accessed and when. Nonetheless, existing studies have relied on specific measurable factors relating to health personnel, transportation and communication infrastructure, and finance to explain the challenges facing the referral policy in developing countries. While this is understandable, the role of social capital remains mostly uncharted even though it is implicit in the well-known lay referral system (4).

Each hospital should establish a Referral Protocol that outlines the criteria for making a referral to another facility and the process to be followed when making a referral, including use of the Referral and Feedback Form and any necessary clinical documents that should accompany the referred patient. The protocol should be known and adhered to by all relevant staff and should establish a Referrals Service Directory that lists facilities to/from which patients can be referred or received and the services available at each facility (the Referral Network). The contact details of each facility in the Referral Network should be documented. The criteria for receiving/referring patients to each facility should also be documented and agreed between all facilities participating in the Network. Standardized Refer and Feedback formats should be used by all facilities participating in the Network. (5).

## **7. Methodology**

### **7.1 Project setting**

The study will be conducted in Shebel berenta primary Hospital between march 1/2019- June 1/2019

### **7.2 Study design and sample**

A pre-post intervention study to examine the percentage of patients who were referred to Shebel berenta primary Hospital received referral feedback when referred back to the referring unit.

#### **7.2.1 Source of population**

A patient coming to Shebel Berenta primary Hospital for service seeking in the study period

#### **7.2.2 Study population**

The study population were on all received and registered patient with referral paper in Shebel berenta primary Hospital during pre and post intervention.

#### **7.2.3 Study unit**

All referral patients received with referral paper and registered in the referral in log book.

#### **7.2.4 Data collection and measures**

A chart audit to all referred patients when care is completed 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 March 1 2019 and post intervention data were repeated in May 2019, two months after implementation. The numerator is the number of referral feedback forms completed and the denominator is the number of referred patients who were discharged.

#### **7.2.5 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 process (liaison officer, HMIS focal person) and during the actual data collection process check the data collectors by randomly taking medical records with the checklist.

### **7.3 Data analysis**

A Ethiopian hospital key performance indicator/KPI/ formula was used to analyse the difference between the pre-post intervention change in percentage the pre-post intervention

change in percentage of referral feedback given(KPI 41) (excel and manual). The numerator:  
number of referral feedback forms completed

#### **7.4 Ethical consideration**

Approval was obtained from Research and Ethical committee of Addis Ababa University, School of Public Health and Supportive letters from Shebel berenta Hospital senior management team.

#### **7.5 Dissemination of results**

Result will presented to Addis Ababa University (AAU) College of Health Science and will be presented to the Hospital senior management team and Amhara regional Health Bureau

## 8. INTERVENTION

### **Strategic options:**

1. *Liaison officer must be functional*
2. All received referral seen by higher health professional and give feedback
3. .Prepare standard referral feedback form
4. All referral in registered
5. *Strengthen the relationship between the hospital and health centers by improving all means of communication mechanism*

In Ethiopia, the health system is reorganized in three-tier system. The primary Health care In Primary level constitutes health post, health center, and primary Hospital (HSDP IV).

Accordingly, Shebel Berenta primary Hospital currently serves as a primary hospital. It is expected to receive referrals from health centers. Therefore, to describe factors influencing to provide referral feedback and how gets service for receiving referral patient. In Shebel berenta primary Hospital we have 09 GPS, we have degree nurse (BSC) in outpatient.. The target what I take an intervention was, in Ethiopian Hospital key prformance indicator(KPI) Amhara regional health bureau, had additional KPI from these KPI: 41 (says )referral feedback given, is the additional KPI, which had zero report in Shebel berenta Hospital Except emergency and maternity the receiving referral patient seen as a new patient almost by the same health profession with the health center not consider the referral paper as consultation and Shebel Bereenta Hospital not known how many referral receive, monthly, quarterly and annually and not registered all except emergency and maternity.

So we assess patient get the service as needed or not because expectation for referred patient to be seen by higher profession to get better management. In addition, it needs assessment the content of the referral paper is it helpful and understandable, full and clear information that means is it important for the care and treatment we given. It must be clear the problem, action taken and reason to refer. For quality of care and for the feedback provided is other mandatory means.

## Comparative analysis of Strategic options

### Tool: Decision matrix

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

Table: 2 Quantitative decision matrix comparative of strategic options, to improve referral in Shebel berenta primary Hospital, amhara region north-west Ethiopia, 2019

Strategic options	Evaluative criteria(5=good,1=bad)				
	Impact	Expense	feasibility	Time	Total
1:All received referral seen by higher health professional and give feedback	5	4	4	3	16
2: All referral in registered	5	4	3	3	15
3.Prepare standard referral feedback format	5	4	3	3	15
4 : Liaison officer must be functional	5	4	4	4	17
5:Strengthen the relationship by communication and given feedback	4	4	3	3	14

### **The best strategy**

From decision matrix comparative selected the best strategy to improve for providing referral feedback, according the score, feasibility, time and impact. **Combination strategy:**

#### **Liaison officer must be functional**

All received referral seen by higher health professional and give feedback

All referral in registered

.Prepare standard referral feedback forma

The intervention begin in May 2019, included ensuring the liaison officer understand the roles and responsibilities. The responsibilities of liaison officer, coordinating over all referral these are facilitate ambulance service for emergency referral, record and report the referral activities to facility management, compile, analyze, and interpret referral data to improve the referral service, ensure feedbacks are sent back to referring health facility lastly, monitor and evaluating the referral service provided.

The hospital also ensured the availability of a standardized referral feedback forms. The liaison officer would register all patients referred to the hospital. In order to facilitate the use of the referral feedback forms, the liaison officer will attach a referral paper and a blank referral feedback form to the patient's medical record. Upon discharge, the liaison officer must follow up with health care providers to ensure the referral feedback forms were completed, collect, document the copy and sent to the referring facility.

## 19. Result

57 patients were registered as referred patients in our baseline data. 18(3.51%) had a referral form attached to medical record. None of the 57 medical records contained completed referral feedback from upon discharge (3.5). Post intervention data were collected in may 2019. A total of 70 referred patients were registered. All patients had referral paper (100). 52 of the 70 discharge patient's medical records contained the completed referral feedback forms (75%) (See table: 2).

Table: 3 Result in pre and post intervention that provision of referral feedback, in shebel berenta primary Hospital, amhara region north-west Ethiopia, 2019.

	Pre-intervention	post -intervention	change
N	57	70	13
Referral feedback given	2(3.5%)	52(75%)	71.5
No referral feedback given	55(96.49%)	18(3.51%)	

## 10. Discussion

We found the intervention accomplished improvement on the provision of referral feedback from 2.3% to 75%. 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 liaison officer registered patients, collects the referral papers, attached the referral feedback forms, and follows up with physician, collect the completed referral feedback and send the original copy to the referring facilities. The entire process was managed. Additional benefit of having the liaison officer following the patient facilitates the communicate with other facilities. According to the study conducted on notional referral system policy, guideline, and protocol of Belize, June 2006, (5) the referring physician will communicate by telephone with the receiving physician /health facility/ to ensure advance notice of the referral is given and that the patient is expected. If possible, the referral form will be faxed to; the receiving unit prior to information must be complete and accurate: and the following information must be complete and accurate:

- a. Full name
- b. Unique identifier number (MRN)
- c. Address and phone number of patient
- d. Next of kin or Person Responsible in cases involving minors – (name, Address and Telephone Number)
- e. Date and hour of referral
- f. Date of birth, age and sex of patient
- g. Reason for Referral
- h. Diagnosis if know
- i. I. Treatment Given, Patient's Vital Signs  
Name of Physician or Provider who refers
- j. Signature
- k. Clinic or unit that refers.
- l. Patient Information/health education
- m. All relevant diagnostic results

The study conducted in shebel berenta primary Hospital also similar with Belize. Shebel berenta primary Hospital should establish a referral service coordinator that lists facility to/from which

patients can be referred or received and service available at each facility (the referral network). The contact details of each facility in the referral network should be documented. The referred health facilities communicate with the liaison officer of shebel berenta 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 shebel berenta primary Hospital, Standardized referral and feedback formats should used and by all facility participating in the network /communicating with shebel berenta 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 improve after intervention in shebel berenta primar Hospital.

The intervention did require standard registration and referral feedback forms. Hospitals should budget this expenses accordingly.

The study conducted in Iraqi Kurdistan(1) on effective referral system /communication/ between different levels of health care facility represents a cornerstone in addressing patients' health needs. The study that conducted in shebel berenta primary Hospital also addressed to improve the effectiveness.

The criteria for receiving and referring patients to shebel berenta primary Hospital should also be documented and agreed between all facilities participating in the network. So know good communication between shebel berenta Hospital and the referring health facilities during receiving and when to referring back to the referred facilities.

Upon reception of a patient responsibility for the patient's care is transferred to the receiving unit. The patient will be duly assessed, and the necessary action /interventions will be taken under the responsibility of the receiving unit.

A study also conducted in, Belize June 2006, (5) providing feedback to the referral sources is an important factor in sustaining referrals to the secondary providers. That is providing referral feedback to referring facilities /health professional it helps to write referral with full information which includes in the referral paper as a result it helps also to the receiving providers for proper diagnosis, treatment and lastly to write feedback. So after this study conducted in shebel berenta primary Hospital all the process addressed.

According to the Ethiopian referral system guideline 2010,(2) the receiving facility responsibilities also conducts situation analysis of the current referral process to identify gaps and strengths

- Assigns referral coordinator with clear roles and responsibilities

- Devises follow up plans and ensures the plans are communicated to the referring facility /professional

- Ensures staff at points of entry clearly understand the referral process

- Provides continuing education about the referral process to staff and the community

- Ensures referred patients are seen by appropriate professionals

- All investigations and documents attached with the referral form from the referring facility should be considered to protect patients from unnecessary cost

- Ensures that all prescheduled referrals are attended without delay

On the other hand the referral coordinator should responsibilities for both referrals out and received referrals, facilitates scheduling based on the level of priority for consultation, i.e. emergency, urgent and routine cases, utilizes the following communication methods: letter, telephone, email, photocopied reports sending, personal contacts, etc and ensures the availability of service or professionals at the receiving health facility before referral and facilitates transportation for emergency cases.

After this study conducted in shebel berenta primaryHospital 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 health worker and may outline opinion to the patient (feedback with all required information and recommendation) and communicate with the patient or family.

After this study conducted provision of referral feedback was improved. That is good communication with the referring or catchment area health facilities. Liaison officer coordinated all referral activities, referring health facilities used standard referral format, the problem used un proper referral paper was solved do to daily communication with the liaison officer and by

giving feedback from the Hospital. So there is strong relationship with the catchment area health facilities.

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 non referred patients is impossible, a queuing system needs to be designed to separate the referred from the no referred so that referrals can be fast tracked. And also the beg importance of this study was conducted an agreement with catchment area health facilities had every quarter meeting to strength the referral communication, to fill the gap between referring and receiving facility. This is a continues process to sustain of the project.

#### 11. Strength and Limitation of the study

##### **Strength**

Service providers were included in the discussion; helps to improve the services and to know the job liaison officer

Liaison officer knows the national referral system protocol

Improve quality of data documentation in referral

##### **Limitation**

Communication challenge: telephone, internet

Lack of reference and literature

## 12. Conclusion

A system of ensuring accountability will be in place to ensure the proper functioning of the referral process

Communication on the referral process is vital to the proper functioning of the referral system and utilizing all the available services

To continue the improvement that comes by this project on referral feedback accountability of the both referring and receiving are mandatory

## 13. Recommendation

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

- Record and report the referral activities to facility management

- Compile, analyze, and interpret referral data to improve the referral service

- Ensure feedbacks are sent back to referring health facility

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## 15 Appendices/Annexes

### Annex: 1 check list pre intervention collected data

s. n	Medical record number /MRN/	HC	Attached referral paper Yes/No	Referral feedback complete Yes/No
1	018292	Gedayasu	yes	No
2	018305	Mozhen	yes	No
3	018318	Wobo worie	yes	No
4	018318	mergech	yes	No
5	018329	Mergech	yes	No
6	018331	gedayasu	yes	No
7	018351	woboworie	yes	No
8	018356	Wobo worie	yes	No
9	018359	gedayasu	yes	No
10	018367	yeduha	yes	No
11	018373	woboworie	ye	No
12	018415	woboworie	yes	yes
13	018435	yeduha	yes	No
14	018442	yeduha	yes	No
15	018447	Mozhen	yes	yes
16	018457	Mergech	yes	No
17	018458	woboworie	yes	No
18	018505	Mergech	yes	No
19	018507	Mezhen	yes	No
20	018510	qutiquat	yes	No
21	018536	qutiquat	yes	No
22	018537	mergech	yes	No
23	018597	Gedayasu	yes	No
24	018612	woboworie	yes	No

25	018614	gedayasu	yes	No
26	018630	yeduha	yes	No
27	016772	yeduha	yes	No
28	016807	Mozhen	yes	No
29	016817	Gedayasu	yes	No
30	016815	Woboworie	Yes	No
31	016837	Mergech	yes	No
32	016841	Yeduha	yes	No
33	016849	mergech	yes	No
34	016854	Mergech	yes	No
35	016857	Qutiquat	yes	NO
36	016866	gedayasu	yes	NO
s. n	Medical record number /MRN/	HC	Attached referral paper Yes/No	Referral feedback complete Yes/No
38	016875	Mergech	yes	No
39	016890	Mergech	yes	no
40	016968	yeduha	yes	No
41	016974	Qutiquat	Yes	No
42	016989	gedayasu	Yes	No
42	017028	Mozhen	Yes	No
43	017032	Wobo worie	Yes	No
44	017038	Mergech	Yes	No
45	016996	Qutiquat	Yes	No
46	017042	Wobo worie	Yes	No
47	017056	Qutiquat	Yes	No
48	017057	Gedayasu	Yes	No
49	017085	Qutiquat	Yes	No

50	017094	Gedayasu	yes	no
51	017113	Mozhen	yes	No
52	017144	Gedayasu	Yes	No
52	017145	Mergech	Yes	No
53	017168	Mozhen	Yes	No
54	01783	Gedayasu	Yes	No
55	017185	Qutiquat	Yes	No
56	017196	Gedayasu	Yes	No
57	017246	Qutiquat	yes	No

## 11. Appendices/Annexes

Annex: 2 check list post- intervention collected data

s. n	Medical record number /MRN/	HC	Attached referral paper Yes/No	Referral feedback complete Yes/No
1	013520	Mozhen	yes	yes
2	012374	Mozhen	yes	yes
3	000146	Mozhen	yes	yes
4	0018831	Mozhen	yes	yes
5	012347	Mozhen	yes	no
6	000177	Mozhen	yes	yes
7	002599	Mozhen	yes	yes
8	024477	Mozhen	yes	yes
9	034569	Mozhen	yes	yes
10	0207200	Mozhen	yes	yes
11	020315	Mozhen	ye	no
12	019263	Mozhen	yes	yes
13	019516	Mozhen	yes	yes
14	020070	Mozhen	yes	yes
15	019480	Mozhen	yes	yes
16	019428	Mozhen	yes	yes
17	0076011	Mozhen	yes	yes
18	014940	Mozhen	yes	yes
19	013374	Mezhen	yes	no
20	029296	Gedayasu	yes	yes
21	000970	Gedayasu	yes	yes
22	019718	Gedayasu	yes	yes
23	018435	Gedayasu	yes	yes
24	009240	Gedayasu	yes	yes
25	018220	Gedayasu	yes	yes
26	018156	Gedayasu	yes	yes
27	027296	Gedayasu	yes	no

28	000970	Gedayasu	yes	yes
29	019718	Gedayasu	yes	yes
30	018435	Gedayasu	Yes	yes
31	009248	Gedayasu	yes	no
32	018220	Gedayasu	yes	yes
33	018156	Gedayasu	yes	no
34	016295	Gedayasu	yes	yes
35	016218	Gedayasu	yes	no
36	015521	Gedayasu	yes	yes
s. n	Medical record number /MRN/	HC	Attached referral paper Yes/No	Referral feedback complete Yes/No
38	030471	Mergech	yes	yes
39	029749	Mergech	yes	yes
40	030266	Mergech	yes	yes
41	022098	Mergech	Yes	no
42	016610	Mergech	Yes	yes
42	029817	Mergech	Yes	yes
43	9029883	Mergech	Yes	yes
44	025816	Mergech	Yes	no
45	0262670	Mergech	Yes	yes
46	029712	Mergech	Yes	yes
47	009706	Mergech	Yes	yes
48	021477	Mergech	Yes	no
49	034292	Mergech	Yes	yes
50	029081	Mergech	yes	no
51	049370	Mergech	yes	yes
52	025657	Mergech	Yes	yes
52	017962	Mergech	Yes	no
53	029456	Mergech	Yes	yes

54	0294260	Mergech	Yes	no
55	0025698	Mergech	Yes	yes
56	004100	Mergech	Yes	yes
57	017246	Mergech	yes	yes
58	027303	Mergech	yes	no
59	030891	qutiquat	yes	yes
60	008604	qutiquat	yes	yes
61	020158	qutiquat	yes	yes
62	022114	qutiquat	yes	no
63	012043	qutiquat	yes	yes
64	006953	qutiquat	yes	yes
65	007480	qutiquat	yes	no
66	012100	qutiquat	yes	yes
67	029877	woboworie	yes	yes
68	028881	woboworie	yes	yes
69	029760	woboworie	yes	no
70	029877	Woboworie	yes	yes

