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REPORT ON THE TECHNICAL DISCUSSIONS ON HOSPITAL REFERRAL SERVICES

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1. Introduction

1.1 Preparation for the Technical Discussions

The Regional Director had appointed Dr A. Prims, Professor of Medical Care Organization and Hospital Administration from the School of Public Health of the University of Leuven (Belgium), as a consultant in order to prepare a paper on "Hospital Referral Services" as a basis for the discussions. For this purpose Dr Prims made a study tour from 14 June to 31 July 1970 to Burma, Ceylon, India, Indonesia and Thailand. In each country he held discussions on the subject with staff of the Ministries of Health, Directorates of Health and regional and local health services; he also visited a number of medical institutions.

He then prepared a paper (document SEA/RC23/13), and to Annex 1 to this paper, which gives a description of the actual or prospective medical care systems in the countries visited, the Regional Office added a supplement (SEA/RC23/13 Add.1) giving similar information in respect of Mongolia and Nepal. Both were sent to all Member Governments of the Region on 17 August 1970.

1.2 Programme of Work

On 22 September, the Regional Committee had elected Dr D.A. Jayasinghe as Chairman of the technical discussions and approved the agenda (SEA/RC23/12). At the first session, the Chairman proposed a timetable (SEA/RC23/TD/1) for the discussions, which was based on the agenda. The timetable outlined the main points for discussion and assisted in ensuring that the deliberations would be directed towards the major issues and problems. Two sessions were held on 24 and one on 25 September, and the report was formulated later on the latter day, to be presented to the Regional Committee on 26 September. Dr Dradjat Prawiranegara acted as rapporteur.

2. Content of the Technical Discussions

Along the lines of the basic paper four topics were discussed:

(1) Some present trends in the organization of medical care services.

(2) The meaning of a hospital referral system.

(3) The problems involved in operating the existing system.

(4) The requirements for organizing effective referral services.

2.1 Some Present Trends in the Organization of Medical Care Services

Four major trends in the organization of medical care services in the Member States of the Region were mentioned: the trend to bring the medical care services within the easiest possible reach of the people; the trend to integrate all medical and health services into one comprehensive health system; the trend towards regionalization, i.e., establishing a medical and administrative hierarchy of health institutions, and the trend to operate a medical care referral system within the technical and organizational framework of such a system.

Given the wide scope of these developments and the limited time available, the discussions were limited to four major issues, viz.,

(a) the need for more efficient utilization of existing hospital beds;

(b) the opportunity to train and use medical assistants;

(c) the better preparation of doctors for their work in community health services, and

(d) the need for functional design of buildings and the provision of suitable equipment for medical institutions.

2.1.1 The need for more efficient utilization of existing hospital beds

There was general agreement that, on the one hand, the number of hospital beds was insufficient in each country, whilst,on the other, the existing hospital beds were not always being utilized in the most efficient way. Given these facts, the first thing to do was to try to utilize better the existing hospital beds before building new ones. In this respect different measures which could be taken were discussed:

(a) There is a need for beds at health centres, particularly for deliveries and emergency cases. More difficult and complicated cases should be referred to a higher-level hospital. The provision of beds at health centres is valuable in correcting the urban/rural imbalance of medical facilities and personnel. However, health centre beds are under-utilized and studies are necessary to discover the reasons for this. Research on the economics of providing medical care services for in-patients at health centres is also necessary.

(b) The intermediate hospitals should be strengthened through better staffing and the provision of suitable equipment to improve patient care. This will permit these hospitals to become true referral centres and will lead to a reduction of over-crowding of hospitals in large cities.

(c) The observation/emergency wards and the out-patient departments should provide effective screening so as to filter through only the really sick patients who cannot be treated on an ambulatory or domiciliary basis.

(d) The length of stay has to be as short as possible. This can be realized by better co-ordination between the diagnostic services and the in-patient departments, by providing special accommodation for the chronically ill patients, by promoting domiciliary care, etc.

There was a general feeling that further studies on the utilization of health facilities were necessary. Innovative patterns such as the use of mobile facilities for providing medical care should be introduced on a trial basis.

2.1.2 The opportunity to train and to use medical assistants

It was generally agreed that there would never be a sufficient number of physicians to meet the demands of the public for curative services in either developed or developing countries. Many arguments were put forward for the training and the use of medical assistants. These included the necessity of creating an enormous number of new health centres and hospitals, all of which cannot be staffed by doctors; the growth of the population in spite of the family planning programme; the increased demand for medical care on the part of the people as they are becoming more educated; the difficulties in persuading doctors to work in rural areas; the difficulty that in very small communities it would be uneconomical to employ qualified physicians, and the fact that many doctors are doing a lot of work which can be done by less qualified personnel. There was a general consensus that auxiliaries should be used for emergencies, first aid, treatment of minor ailments and the care of patients reattending for routine treatment. These duties should be carried out under the supervision of a medical doctor.

It was noted that, in fact, auxiliary nurse midwives and health assistants tried to act as doctors whether or not this was a stated function in their job descriptions. It would be reasonable to rationalize this by clearly defining their functions in medical care. Studies were required to ascertain what type of patients can be dealt with by medical auxiliaries. Subsequently, it should be possible to develop a career structure for these categories, as many of them are at present dissatisfied and feel that their expectations are not being met.

On the other hand, some dangers in using medical assistants were brought forward. For instance, they might perform duties over and above those for which they had been trained, and they might also tend to work in the cities.

2.1.3 The better preparation of doctors for their work in community health services

It seems apparent that medical officers are often not sufficiently trained for their work in community health services and especially in rural health centres. In order to improve this situation a number of different measures were proposed. For instance -

(a) The undergraduate medical curriculum should be completely re-oriented in the light of the needs and the characteristics of the local people. The student, now hospital-based and individual-oriented, has also to become community minded. The teaching of preventive and social medicine must become an integral and essential part of the student's programme. The gap between the university on the one hand, and the national department responsible for the health of the population on the other, has to be bridged.

(b) Pre-service training has to be given for at least some months, and must be compulsory for every medical officer. The individual officer working in the community health services is, like the clinician, a specialist who has to be trained in the techniques of community health.

(c) Refresher courses should be organized regularly and also must be compulsory for every medical officer.

Much emphasis was laid upon the necessity to train the doctors who will enter the government services in management. Indeed, one of their main responsibilities is to manage the health services, i.e., the health centres, the district health services, the regional health services, the hospitals, etc. The fact that one is a doctor does not mean that he is able to run a health centre or a hospital or that he has the necessary competence or qualifications to be the leader of the team.

2.1.4 The need for functional design of buildings and the provision of suitable equipment for medical institutions

The buildings of medical institutions have to be functional and efficient. The most important cost element in the running of a hospital is the salaries of the personnel, and this element will keep increasing in future because of the personal service character of the hospital. The hospital has to be built to facilitate the activities which are taking place in it and not to reflect the fantasy or the aesthetic sense of the architect. This means that everyone working in the hospital has to be integrated in the "building process".

It would be useful to set up, at least in the central health ministry, a special unit for studying standards of our health centres and hospital building and for periodic review of designs and equipment. Because of the complexity of these establishments, such a unit should be staffed in a

multi-disciplinary way, i.e. by architects, engineers, doctors, nurses, etc. Standardized plans are recommended but should be flexible and open to adaptation to meet local conditions.

Some studies should be undertaken in order to determine the amount and type of essential equipment, drugs and supplies for sub-centres, health centres and the different kinds of hospitals. This will depend on decisions as to exactly which diagnostic investigations and forms of treatment have to be carried out in the health centre and which in the first referral hospital. The answer to such questions should not depend on the personal feelings of the doctors involved but must be the result of applied research.

2.2 The Meaning of a Hospital Referral System

The aim of making all medical services available to the entire population without any discrimination is feasible only if there is an efficiently organized medical care referral system going from the home of the patient to the highest specialized hospital.

The referral system is also necessary from the economic point of view. The tremendous evolution of medicine and of medical techniques demands highly qualified personnel and very specialized equipment. This is the reason why medical services all over the world are becoming increasingly expensive. Therefore, medical services should be organized and used in the most efficient way, and this can be done only through an organized referral system, which can be enhanced by progressive patient care.

The pre-requisites of hospital referral services are regionalization, integration of health programmes and decentralization of all services.

The referral system presents the following five aspects:

(1) It has to be built into the organizational structure of the medical services of a country. The rule should be that only when one unit cannot provide what a patient needs should the patient be referred to the next higher unit in the chain.

(2) The referral system has to be organized both internally and externally. "Internally" means that patients in the hospital have to be referred from the in-patient to the out-patient department just as soon as their health situation permits. The "external" referral system exists between the several institutions on different levels of the hierarchy.

(3) The referral system must be established for the purpose of diagnosis and treatment and used for both in-patients and out-patients.

(4) It is a two-way system. Patients should be referred to higher-level institutions for diagnosis and treatment when necessary, but they should also be referred back to the referring institution as soon as possible.

(5) The referral system concerns not only patients and diagnostic facilities but also the personnel of the medical service. This also is a two-way system so that human knowledge and skills are utilized fully and are continually developed through consultations and the interchange of ideas and experiences.

The specialists from the regional hospital must come to the district hospital (and the specialists from the district hospital to the health centres) on a regular basis as consultants, in order to hold specialist clinics and give guidance; the medical and paramedical personnel should go to the higher-level institution regularly for in-service training.

2.3 Problems Involved in Operating the Existing Hospital Referral Systems

2.3.1 Reasons for ineffectiveness

The referral system is not working effectively or efficiently although the different levels for the delivery of medical care exist and, where the structure of the medical services is based on the concept of regionalization, the lines of the medical care referral system are clear. The reasons for this situation are multiple, the most important being the following:

(1) Lack of information and involvement on the part of the population

Many people in rural areas still consider the health centre as an institution for preventive medicine and for environmental hygiene. They do not yet realize that in recent years the health centre has also become a place where medical care can be given, and this means that when they are ill, they go directly to the hospital or to the indigenous medical practitioner.

(2) Financial aspects

In some countries, all medical care services are given to patients free of charge. People prefer to go to the larger institutions, where they believe they can get better care than in the smaller ones.

(3) Lack of motivation of hospital doctors

Generally, clinicians attached to hospitals do not understand the importance of the referral system from the medical and financial points of view. Therefore, when a record system (which is essential for an organized referral system) is established, they refuse to use the records because they do not see the need for them and consider the filling of forms a waste of time.

(4) Lack of a dynamic organization

A referral system has to be organized and supervised in order to ensure continuity and team-work. Someone has to take the initiative for this; it will not start spontaneously. In this respect, the district medical officers and regional medical officers could be more active and creative than is often the case at present.

(5) Lack of co-ordination

In many countries there is a lack of co-ordination among institutions on the same level and among those on different levels. This is aggravated by plurality of ownership. In such a situation it is quite difficult to set up and to run a referral system in an efficient way.

(6) Lack of definitions

In some countries there are no clear or concrete definitions of the functions of institutions at different levels, of the staff employed or needed in these institutions, of the necessary equipment or of the area which is served by each of the institutions.

(7) Transport

Transport facilities can have a double effect:

(a) In countries where communications are good and where transport is cheap, people are tempted to bypass the local health services and to go directly to the higher-level institutions;

(b) In countries where communications are difficult, the referral system cannot work efficiently because many patients cannot reach the health services at the next higher level.

The shortage of ambulances is also a fairly general problem in most countries.

2.3.2 Systems of referral services

Two different systems of referral services being implemented on a pilot basis were discussed - one in association with a nursing school in the province of Korat (Thailand), and one under urban conditions in the city of Rangoon (Burma).

2.4 Requirements for a well-organized hospital referral system

The prerequisites of a good hospital referral system are motivation and organization.

2.4.1 Motivation

It is necessary to motivate the population, the providers of health care and the organizers of health services.

(1) The population

The population has to be fully informed about all the services which are available to it at the local, district and regional levels. This can be achieved, for instance, through health education programmes and studies of community attitudes and beliefs.

However, active participation of the people is also essential. In this context health insurance and co-operative schemes not only ensure participation of the consumers but also lead to improvements in the number and standards of health facilities and services. Other means of promoting community interest should be explored.

(2) Providers of health care

It is equally necessary for the providers of health care, and particularly the doctors, to be motivated, if the referral system is to work satisfactorily. On one hand, the doctors must be made to realize that for some cases their competence is limited and that they should refer the patient to a higher-level institution. On the other hand, the clinicians must be conscious of the need to refer patients back with adequate information to enable the referring doctor to follow up the case. This is important for both medical and economic reasons.

(3) The organizers of health services

Health administrators must ensure that standards of care are of a high standard and that good human relations are established. This can be developed by promoting teamwork and utilizing the services of the allied professions. In order to establish high standards, it is often necessary to fix priorities for care, e.g. children may be the first priority.

2.4.2 Organization

To be efficient, a hospital services referral system must be well organized. The following points are important in this respect:

(1) Planning

The different institutions should be set up according to the medical needs of the population and the communication facilities available so that

there will be a whole network of establishments which can be reached by all the people reasonably easily. Different methods of bringing specialist services close to the community were mentioned.

(2) Hierarchies

A hierarchy in the structure of the health services of the country is necessary. It is also essential for the functions of the institutions at the different levels in the hierarchy to be clearly defined. In addition, an efficient communication system between different levels is required.

(3) Lines of referral

The lines of the referral system have to be firmly established according to the functions of the different institutions, the areas they serve and the distance between the establishments on the different levels.

(4) Referral forms

A referral system cannot work without the use of forms. These forms, to be used by all the doctors in the medical institutions at the different levels, must be easy to fill in and relatively complete, but simple. It is desirable that these forms be the same all over a country. They should be so designed as to fit in with the medical reporting system.

(5) Management

Referral systems have to be managed. The best persons for doing this are the local, intermediate and regional health officers at their respective levels. They have to implement, co-ordinate, supervise and evaluate the system. It is essential that these medical officers be responsible for both the health centres and the hospital services. If there is a duality in the responsibility for these two kinds of institutions, it will be difficult to organize the referral system efficiently on a permanent basis.

(6) Ambulance Services

It is necessary to have a good ambulance service for transport between the home of the patient and the health centre, the health centre and the district hospital, the district hospital and the regional hospital.

(7) Incentives

It is useful for the public authorities to provide special allowances for those institutions wishing to implement a well-organized referral system on a regional basis, because special expenditures will have to be made for such systems.

2.4.3 Implementation

At the request of the Chairman, the consultant presented a scheme for the implementation of hospital referral services, which will be annexed to the final version of the report.

3. Conclusions

The main conclusions were as follows:

(1) Better utilization of the available human, material and financial resources in the organization of medical care programme is called for. The limited resources available make it imperative that all medical institutions be used at the highest pitch of efficiency, paying due regard to location, staffing, management, supply procedures, etc. More research has to be undertaken in the field of utilization of the existing medical facilities.

(2) Taking into account the growth of the population, the increase in the demand for medical care and the necessity to expand the health services progressively, particularly in the rural areas, it is worth while to train and to use medical assistants.

(3) The curriculum for training medical doctors has to be completely reorientated to meet the needs of the population. There will still be a need for further training of doctors to work at all levels. For this purpose, there should be an appropriate training programme.

(4) New buildings for medical institutions which are planned should be functional and standardized. In the Ministry of Health there should be a special department or bureau for the study and review of the construction of medical institutions, their equipment, stock of drugs and supplies, etc.

(5) A well organized medical care referral system is essential not only for the efficiency of the overall health structure but also for the economical use of the staff and the facilities available.

A pilot project to study all aspects of the referral system is necessary.

IMPLEMENTATION OF A HOSPITAL REFERRAL SYSTEM

1. It is impossible to implement a hospital referral system on a nation-wide basis. One must select a region in which a hospital referral system can be tried out. The criteria for selecting such a region are as follows:

(a) The region must have a whole range of medical institutions, i.e., health centres, a district hospital and a regional hospital.

(b) There must be good communications between these institutions.

(c) The region should not be too large.

(d) The responsible people and hospital teams must be willing to co-operate fully.

(e) The district medical officers and the regional medical officer must be good managers. Administrative capacity is essential. It has been estimated that over 80% of the failures in socio-economic plans are due to administrative failures. The same applies to the implementation of health services plans.

2. When a region has been selected, the district or the regional medical officer should organize a meeting of the responsible people from all the medical institutions which are located in the area concerned, in order to explain to them the meaning and scope of a referral system and the reasons why it would be useful to introduce it. At this meeting, he has to try to motivate the people involved and to obtain their full co-operation.

3. A working-group should be set up under the chairmanship of the district or regional medical officer and should consist of a representative from every medical institution in the region. The tasks of this working group should be:

(a) To make a survey of all the medical institutions in the region, covering the personnel of these institutions, the beds available, medical equipment, etc.

(b) To examine the activities of each institution and the area served by each.

(c) To study the communications, e.g., public transport, ambulance service, etc.

(d) To set up some rules and to define the methods for the referral system.

(e) To devise referral forms which can be used.

4. When this work is done, the district or the regional medical officer should organize a meeting in every institution for all the members of the hospital team, in order to explain to them the why and how of the referral system.

5. When the system has started working, the working group should hold regular meetings in order to follow up the system and to ascertain the results, the pitfalls, and the changes and adaptations needed.

6. It is also advisable to have a small working group in every medical institution, under the chairmanship of the director of the institution, to study the difficulties and the problems which may arise in the operation of the system. In this way, the director can formulate some proposals and suggestions which can be discussed in the regional working group.