

Editorial

Referral System; A Need of Today

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The referral is a process by which a health worker or provider transfers the responsibility of patients-care temporality or permanently to another health professional due to its inability to provide diagnostic and therapeutic intervention as it relates to health care needs of patient.¹ An effective patient referral system is integral component of an efficient healthcare delivery setting while promoting a functional relationship between all levels of health system. And ensuring that patients receive the best possible care at appropriate level. And those in need specialist services access them in timely way.²

In an effort to provide available care to the majority of its citizens, the Government of Pakistan constructed primary health facilities in late 1970s and mid-1980s. Pakistan boasts an extensive infrastructure system of over 5000 Basic Health Units and over 650 Rural Health Centers in rural areas. Many of these facilities are currently deserted or have been put to other uses. Many more are in urgent need of repair. These primary healthcare facilities are supported by almost 700 public sector hospitals. Despite such an elaborate network primary health care activity have not brought any improvement. The reason for this failure is diverse and multi-faceted. Important among them is absence of properly functioning referral system.³

There is heavy workload at higher-level facilities, the underlying assumption is better equipment in terms of diagnostic and therapeutic facilities. Such

influx affects patient's management. The referral can be internal-within the same facility, or external –from one facility to another and secondary/specialized investigation, within public and private hospitals. The referral is a two-way process and can be upward, downward, or side wards. A patient can be referred from secondary provider to tertiary provider (vertical referral), and from one specialist to another within same levels (lateral referral).⁴ Unfortunately such referral is also not working. A lot of noise by general public and media was raised on some issues of referral in major cities.

The “Three Delays” model propose that pregnancy-related mortality is overwhelming due to delays in: (1) deciding to seek appropriate medical help for obstetrics emergency (2) reaching an appropriate obstetric facility, and; (3) receiving adequate care when a facility is reached.⁵ This framework have been used in different studies and in Pakistan many Maternal deaths related delays also highlight this model. Studies from United Kingdom and France have demonstrated referral rate varying between 1 and 28 %.⁶ while this information provides some parameters of the level of referral, one might expect, its Setting-France – is not comparable to developing world. A rate of 0.25 as seen in the local study reflect malfunctioning and non-existing of the system rather than absence of need.⁷

Recently, other investigators have confirmed the problem and identified some of its causes, such as inappropriate referral, lack of structure of referral letters, delay in feedback, inefficient hospital administration and inadequate resources and facilities in health centers. In this context, the urgent need for retraining of all levels of health care providers and redefining and formalizing the referral system cannot be overemphasized. Such a

revised would need to incorporate the recognition of referral as a two-way process of communication. Needless to say, Referral system require piloting and close monitoring before its full-scale implementation on criteria and principle.⁷

References

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