



National Capital District Provincial Health Authority

Gerehu Hospital

"A prospective observational study of Paediatric referrals and outcomes – Gerehu Hospital"

Presenter: Dr Geraldine Lagani (DCH Candidate) 2021

Introduction – Referral System

- Patient referral is the transfer of care for a patient from one clinician, clinic or hospital to another by request.
- Patients are usually referred from primary or secondary health care facility to a tertiary health care setting for further management.
- The design and functioning of a referral system are influenced by:
- 1. Health System Determinants
- 2. General Determinants

Introduction – Gerehu Hospital

2018 – Gerehu Hospital gazetted to level 4/5 Health Facility

2020 – Official launch of NCDPHA (2007 ACT PHAs)

LIMITATIONS IN MEDICAL SERVICES (CORE AND SUPPORTIVE) AT GEREHU HOSPITAL

No Birthing Facilities/Labour Ward

No Special Care Nursery/ICU

No Operating Theatre

No Radiology/Imaging/Pathology Services

Introduction

Paediatric Department at Gerehu Hospital:

	DESCRIPTION
PAEDIATRIC IN-PATIENT DEPARTMENT	General Paediatric Ward
	• 24/7
	Total of 8 beds
	• O2 Beds - 4
CHILDREN'S OUT-PATIENT DEPARTMENT	Open 7 Days a week (8am – 4pm)
CONSULTATION CLINIC	Monday – Friday (9am – 12MD) HIV, Nutrition, Neuro/Cardiac, General, TB
PAEDIATRIC WELL BABY CLINIC/IMMUNIZATION/OUTREACH	Monday – Friday (8am – 12MD)

Introduction – Paediatric Department Gerehu Hospital

	2018	2019	2020
Total COPD Attendance	33, 717	31, 091	23, 106
Total Admissions	990	1141	962
Total Ward Referrals	143	120	169
Ward Referral Rate	14%	10.5%	17%

Table 1. Comparison of COPD Attendance, Referrals and Admissions by year

Aim & Objectives

□ To Identify major reasons why patients are referred to Port Moresby General Hospital

□To observe patient clinical characteristics at the time of referral and follow up on patient outcomes at PMGH

To recognize key strategic areas for improvement in Paediatric Services at Gerehu Hospital and remodelling the referral process to produce better patient outcomes

Methodology

- **Site:** Gerehu Hospital (NCDPHA) (Initiating facility) Port Moresby General Hospital (Receiving facility)
- Time frame: January July (7 months) : 2021
- Study Design: Prospective Observational Study
- Data Collection: Data collection form/ Referral letter/ Patient Registry/Records/Admission charts/Electronic database/PAC System

Participant Criteria:

- 1. All Paediatric referrals from Gerehu Hospital Paediatric Department. (Jan July) 2021
- 2. Referrals where the <u>outcome</u> was identifiable.

Methodology

Exclusion

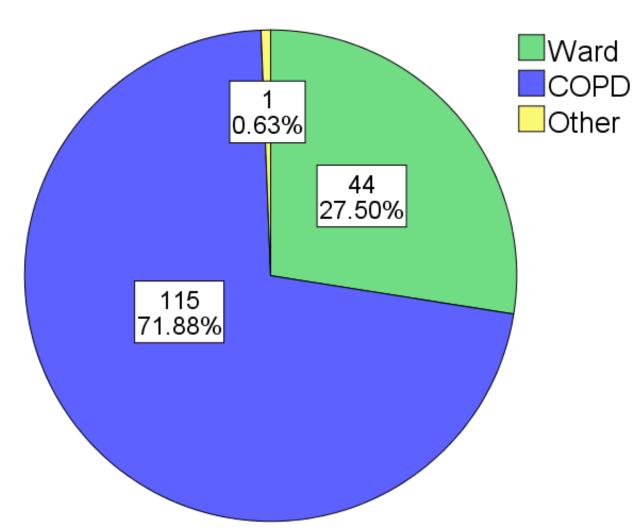
Referral cases with no outcomes found/missing information/no records Paediatric referrals from other departments.

- Main Outcome Referral rates, major reasons for referrals, clinical characteristics and patient outcomes
- Data Analysis/Interpretation Microsoft Excel/IBM SPSS
- Ethical Consideration Approval from management of both NCDPHA and Port Moresby General Hospital

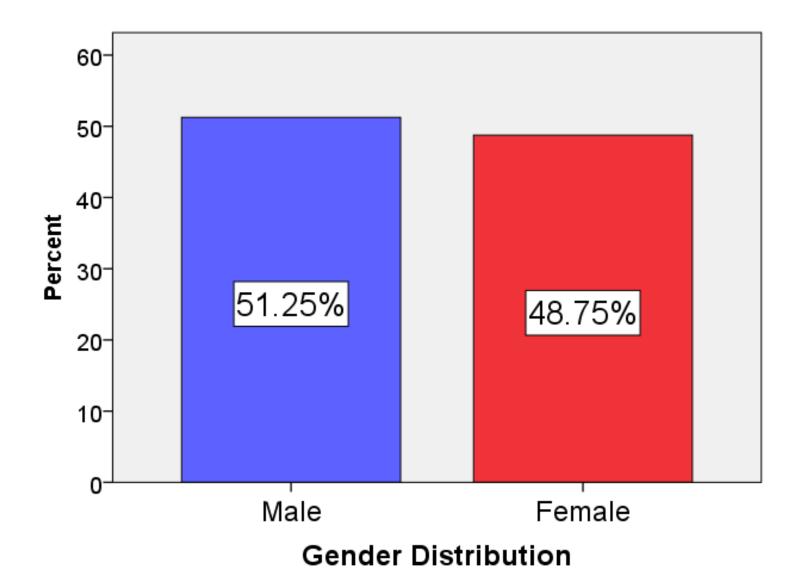
Results – Paediatric Department GEREHU Hospital

January – July 2021		
Total COPD Attendance	12, 817	
Total Ward Admissions	373	
Total Referrals	200	
Overall Referral Rate	1.56%	
Ward Referral Rate	11.79%	
Total Referral Cases Investigated	160 (80%)	
Total Referral Cases Excluded (no outcomes / missing information)	40 (20%)	

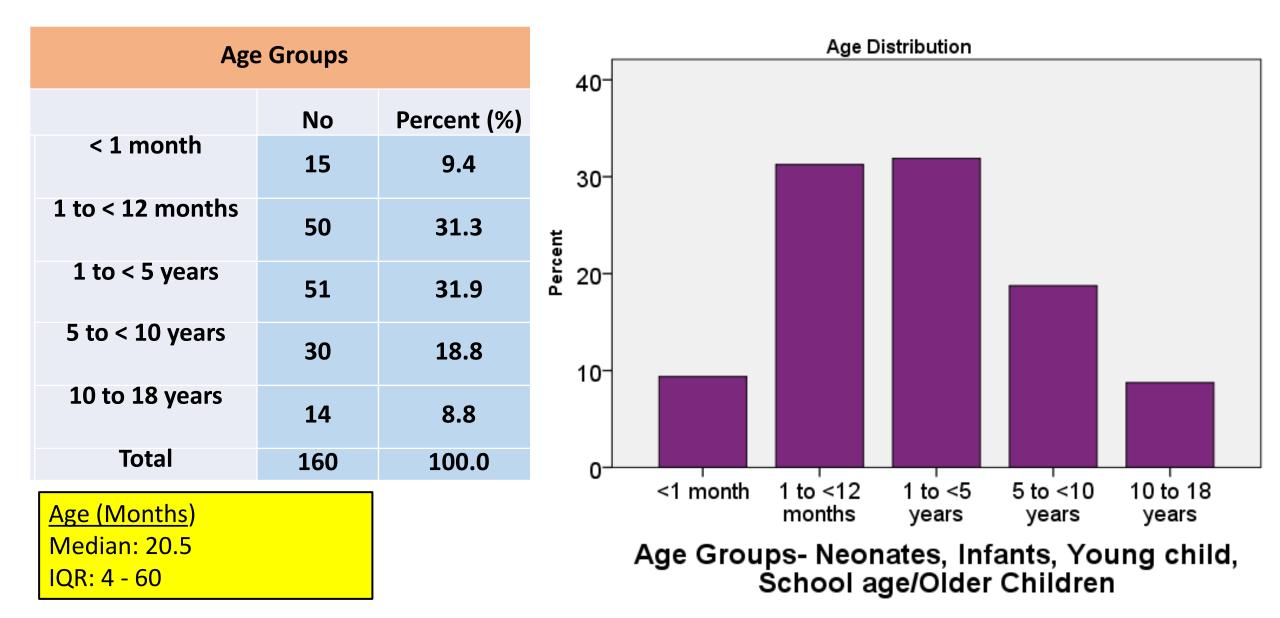
Results Point of Referral from Paediatric Department Gerehu Hospital



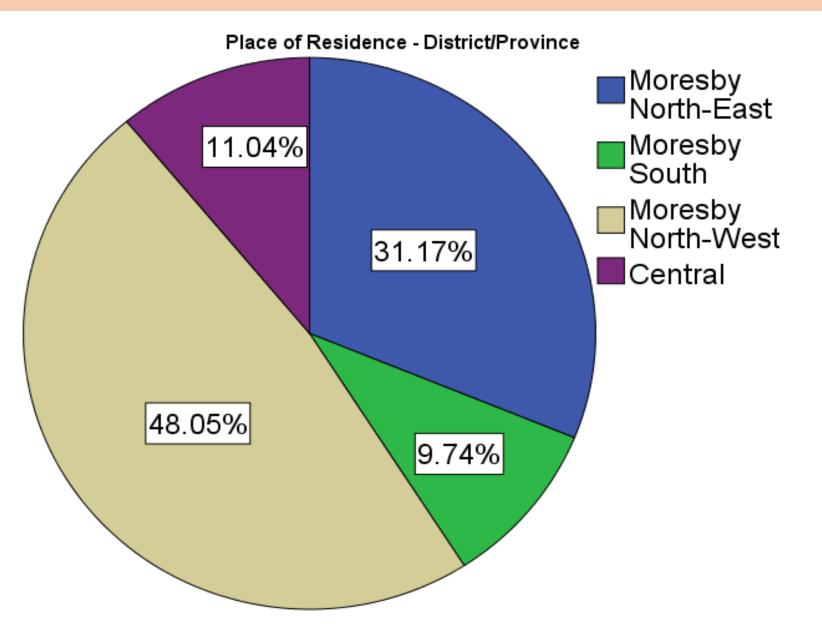
Results – Gender Distribution



Results - Age

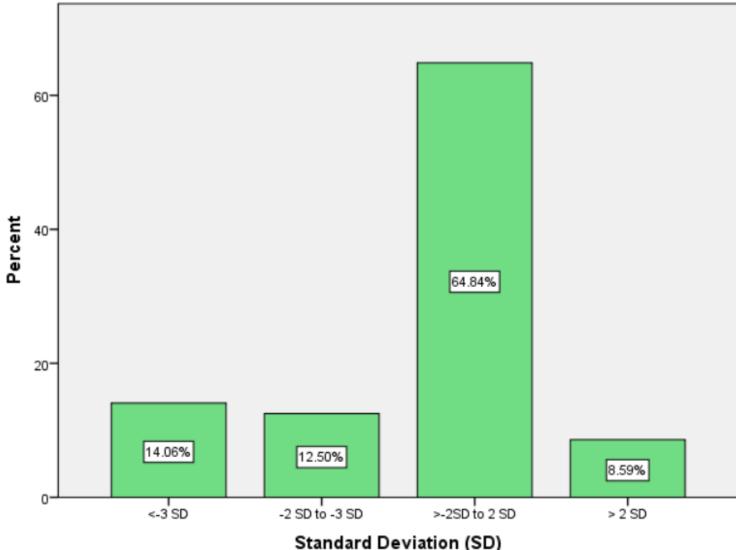


Results – Place of Residence



Results – Weight (kg)





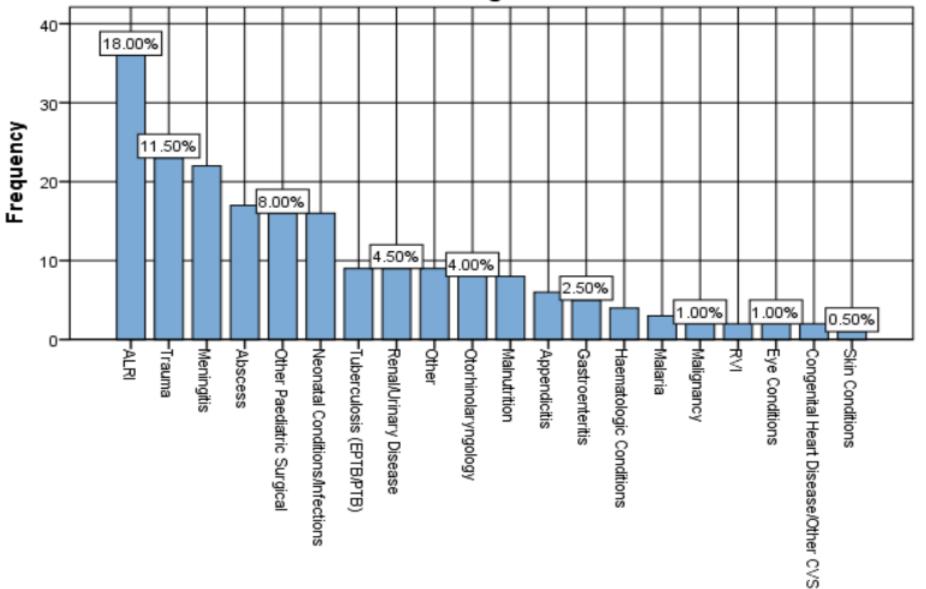
Mean: 11.9 Median: 9.3 IQR : 7.0 – 16.8

Results – Emergency Signs in Referral Cases

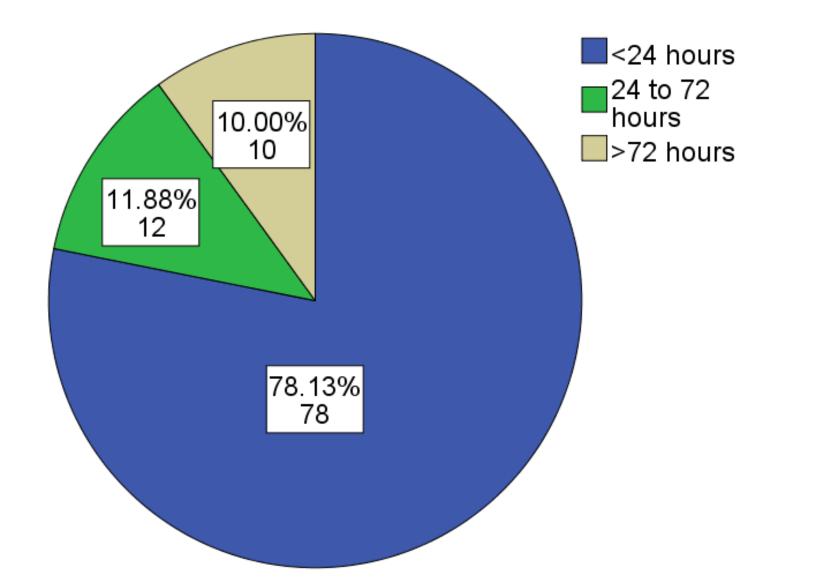
	Frequency	Percent %
Coma/Convulsions	14	8.8
Cyanosis	2	1.3
Rapid/Weak Pulse	1	0.6
Severe Respiratory Distress	32	20.0
> 1 Emergency sign	6	3.8
None	105	65.6
Total	160	100.0



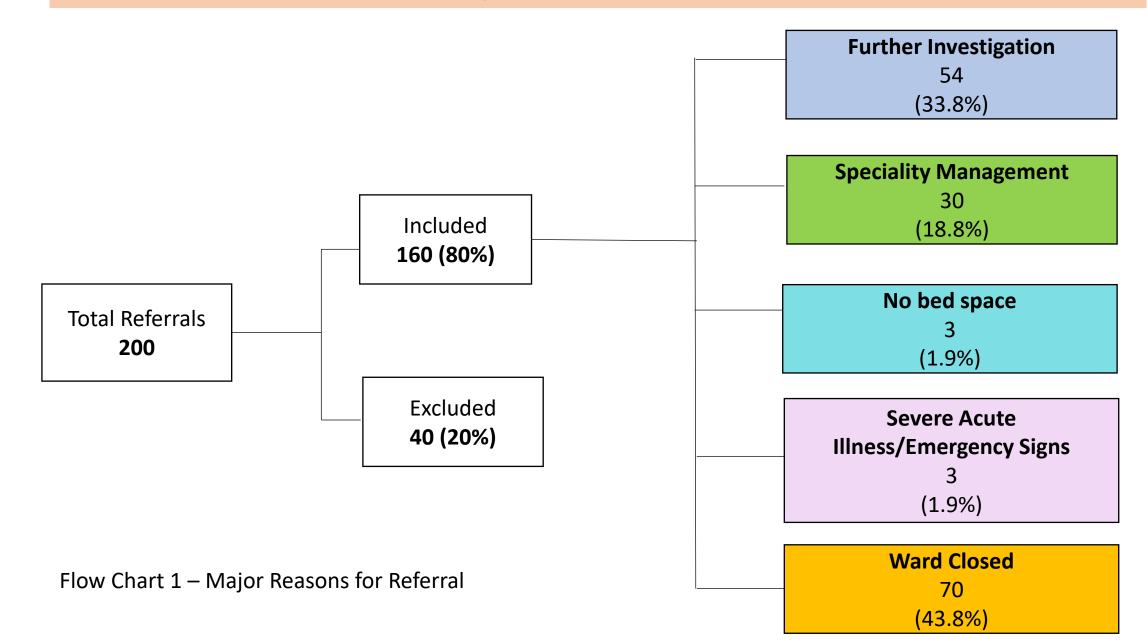
Common Diagnosis



Results – Length of hospital stay of Patients been referred from Gerehu Hospital



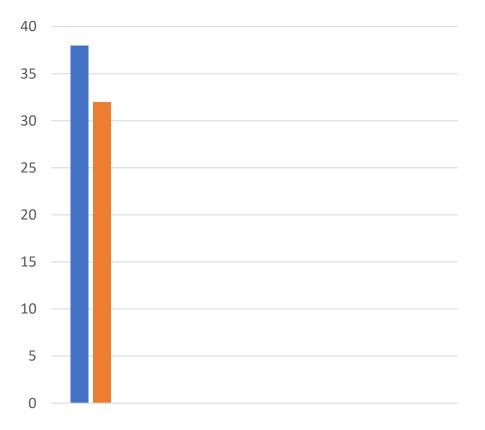
Results – Major Reasons for Referral





Further Investigation (n = 54)	INVESTIGATION REQUESTED	INVESTIGATIONS DONE	%
X-RAY	38 (70.37 %)	32	84.2
CT-SCAN	15 (27.8%)	9	60.0
ULTRASOUND SCAN	15 (27.8%)	11	73.3
ECHOCARDIOGRAM	2 (3.7%)	2	100

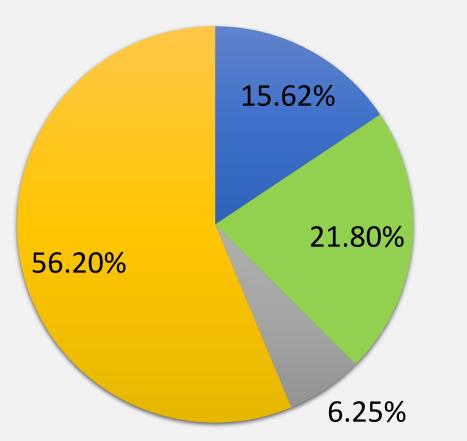
X-Rays Done and Final Diagnosis



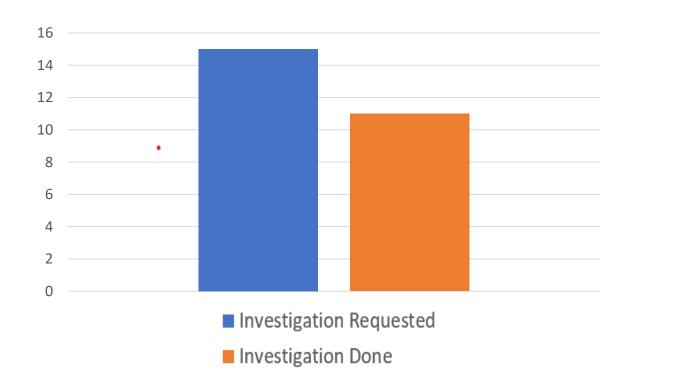
X-Rays

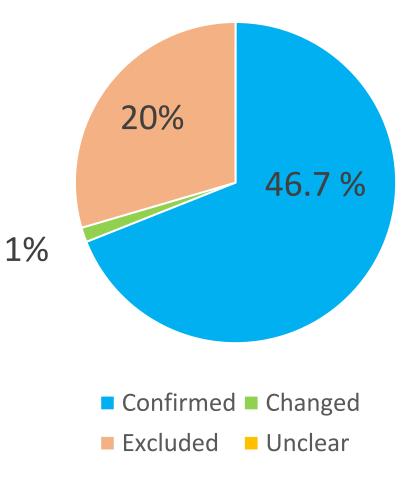
- Investigation Requested
- Investigation Done

Diagnosis Changed/Excluded Diagnosis Unchanged
 Diagnosis Unclear Diagnosis Confirmed



Ultrasound Scans Done and Final Diagnosis

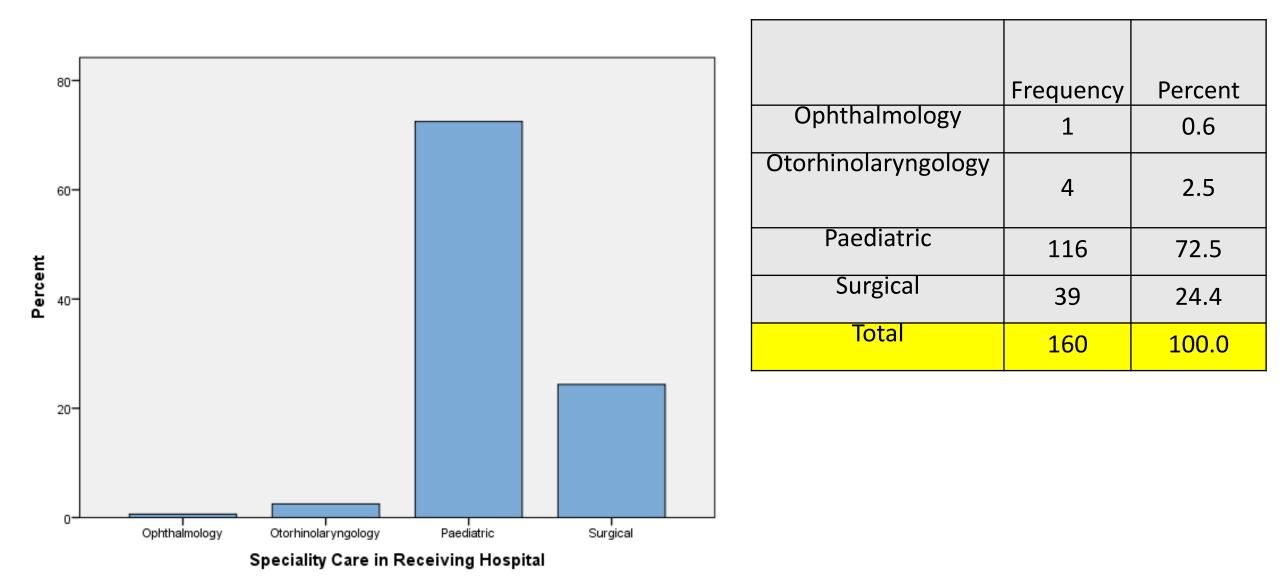




CT Scan & Final Diagnosis



Results – Specialty Care in Receiving Hospital



Results – Paediatric Department at Receiving Hospital

Paediatric (Further investigation/Management/No Bedspace/Severe Acute Illness)

Total Cases: **116** Total Admissions: **97 (83.6%)** Total Deaths: **15 (12.9%)** Absconded: **4 (3.4%)**

LOHS: Median – 120Hrs (5 days) IQR (72 – 264) (3-11 days)

Total Survived to Hospital Discharge: 78 (80.4%)

Results – Surgical Department at Receiving Hospital

Surgery

Total Cases to Surgical Department(n=160): **39 (24.4%)** Total Admissions: **27 (69.2%)** LOHS Average: **48 hours** Total Deaths: **2 (5%)** Total Operation Done: **25 (64.1%)**

- Minor Procedures: 19 (76.0%) (I&D, MUA/POP, Debridement)
- □ Major Procedures: 6 (24.0%)

Total Discharges: **35** Total Reviewed at Surgical Out-Patient Departments: **12**

Results – ENT Department at Receiving Hospital

Otorhinolaryngology

Total Cases: 4 (2.5%)

Out-Patient Consultation Reviews: 4

Admissions: Nil (0%)

Deaths: 0 (0%)

Discharges: 3 (75%)

Follow Up: 1 (25%)

Minor Procedures: **3** (Removal of Foreign Body)

Major Procedures: 0

Results – Eye Clinic at Receiving Hospital

Ophthalmology

```
Total Referred (n=160) – 1 (0.6%)
Outpatient Review -1
Minor Procedure – 1 (Foreign Body Removed)
Major Procedure – 0
Discharges – 1
```

Results – Major Patient Outcomes

Major Outcomes at Port Moresby General Hospital (n=160)			
Total Admissions	124 77.5%		
LOHS	Median – 120Hrs (5 days) IQR = 72 – 264 Hrs (3-11 days)		
Total Survived	103	83.1%	
Total Died	17	10.6%	
Absconded	4	3.2%	
Total Out-Patient Speciality Cases	36	22.5%	
Discharged	16	44.4%	
Ongoing Reviews	7	19.4%	

Results - Deaths

	No. of Deaths	Case Fatality Rate %
Meningitis (n=21)	3	14.2
Severe Pneumonia (n=15)	4	26.7
Tuberculosis (n=10)		50.0
PTB (n=6)	2	33.3
EPTB (n=4)	3	75.5
Severe Malaria (n=3)	1	33.3
Severe Sepsis (n=3)	2	66.7
Paediatric Surgical (n=39)	2	5.1
TOTAL (n=160)	17	10.6

Conclusion

Major Reasons For Referral
 Ward Closed – 43.8%
 Further Investigations – 33.8%

Overall patients sent for Further Investigations (n =54) X-Rays: 70.3%

Others – No Bed Space – 1.9%

Non-Paediatric Speciality Care Received

Surgical Department (24.4%)

Total Operation Done: 25

- □ Minor Procedures: 19 (76.0%) (I&D, MUA/POP, Debridement)
- □ Major Procedures: 6 (24.0%)

Recommendation

Key Strategic Areas to improve Paediatric/Patient Services:

- 1. Radiological Services Operational/Staff
- 2. Minor Operating Theatre Minor/Intermediate Cases/Staff
- 3. Separate Ward/Holding Bay for Respiratory cases to avoid Ward Closure in surge of COVID patients
- 4. Increase Ward Capacity to hold more beds

If all above achieved we can see a decrease in the number of overall paediatric patient referrals.

Limitations

- Paediatric Ward closed (April-May) for 2 months
- No Patient records
- Ambiguous/In-adequate patient data/records
- Paediatric Referrals from the Gerehu Paediatric Department only

Acknowledgement

- God, source of Wisdom, Knowledge & Understanding
- Prof Trevor Duke
- Dr Fiona Kupe
- Dr Kunera Kiromat
- Paediatric Department & Management Gerehu Hospital/NCDPHA
- Paediatric Department & Management Port Moresby General Hospital
- Diploma in Public Health Candidates Peggy Kala, Andreya Dalaka

References

- 1. Summers J. What is a referral? J Med Pract Manage. 2005 May-Jun;20(6):290-4. PMID: 16095071.
- 2. Kupe F. Gerehu General Hospital Child Health Division Annual Report 2017. 2018 Jan 10;2-6
- 3. Kupe F, Kiromat K. Gerehu General Hospital Child Health Division Annual Report 2019. 2020 Feb 5;3-5
- 4. Donohoe MT, Kravitz RL, Wheeler DB, Chandra R, Chen A, Humphries N. Reasons for outpatient referrals from generalists to specialists. J Gen Intern Med. 1999 May;14(5):281-6. doi: 10.1046/j.1525-1497.1999.00324.x. PMID: 10337037; PMCID: PMC1496579.
- 5. Lachman PI, Stander IA. Patterns of referral to Red Cross War Memorial Children's Hospital, Cape Town. S Afr Med J. 1990 Oct 6;78(7):404-8. PMID: 2218764.
- 6. Hensher M, et al. Disease Control Priorities in Developing Countries; Referral Hospitals: 1233-43 Accessed from web site: <u>https://www.who.int/management/facility/ReferralWiderRole.pdf</u> (31/01/2021)
- Give, C., Ndima, S., Steege, R. *et al.* Strengthening referral systems in community health programs: a qualitative study in two rural districts of Maputo Province, Mozambique. *BMC Health Serv Res* 19, 263 (2019). <u>https://doi.org/10.1186/s12913-019-4076-3</u>
- 8. Kiromat K. National Capital District Provincial Hospital Child Health Annual Report 2020; 2-3

THANK YOU



Questions? Comments?