



Prevalence of Referral Rate from Primary Health Care Centers to King Abdulaziz Medical City in Western Region, Ministry National Guard-Health Affairs, 2020

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Citation:

indicated that the referral letters and the consequent feedbacks received are nearly inadequate [6]. A pilot study was conducted in the Family Medicine Department in Sharurah Armed Forces Hospital (SAFH) showed that the referral rate ranged from 8-18% per month in

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found that as the 'elapsed days' increased the chances of referral being "Accepted" increased with odds ratio of 1.179 (greater than 1) and probability value of 0.001 (lesser than 0.05). The results are tabulated in Table 7 [13].

Conclusions

It was reported by Baghdadi and Baghdadi, that the PHCCs in the holy city of Makkah had a poor referral system wherein the PHCCs lack the facility of a family physician and a proper communication system for effective transmission of patient medical record and statistics to the secondary healthcare center. Their work highlighted that there is a lack in recording essential patient credentials at the PHCCs for effective consequential referral letter to maintain the continuity of better satisfaction of patients. The study concluded that a prevalence of referral rate of 9% existed in the three PHCCs. A bivariate regression and correlations; the title of physician, referred PHCC and duration of elapsed days affected the acceptance of a referral at secondary healthcare hospital. There were significant correlations observed between the acceptance status of a referral with the title of physician, referring facility and elapsed number of days. As the number of elapsed days increased the multinomial logistic regression indicated that the chances of the referral getting "Accepted" becomes greater. The referral initiated by the National Guard Specialized Polyclinic; Jeddah had the highest odds of getting "Accepted" at the secondary healthcare center as well as being "Active". The referral initiated by PHCC at Iskan, Taif had the highest odds of being "Pending" rather than being "Accepted" as compared to the PHCC at Al-sharaie, Makkah. Moreover, the referral to secondary care center had been initiated by a "consultant" proved to be highly "Active" as compared to the other medical practitioners at the PHCCs. Henceforth, there is a need of continuous monitoring and audit of the referral rate since an alarmingly increased number of referrals to a particular clinic can highlight the need for expansion in the said facility. In order to control the referral rate, MRP (most

responsible physician) concept needs to be introduced in PHCCs as well as frequent meetings with hospital departments to manage the referral process. Interns and residents should refer patients if needed under the supervision of senior doctors. The family medicine center needs to be empowered to perform simple office-based procedures to avoid extra burden on hospitals.

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