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Original Research

EVALUATION OF THE IMPLEMENTATION OF A REFERRAL SYSTEM IN THE COMMUNITY HEALTH CENTER OF ABELI, KENDARI, INDONESIA

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ABSTRACT
Background: The referral rate in Southeast Sulawesi in the first-level health facilities was still high, which reached 17% in 2016. Ideally, the maximum referral rate in the first-level facilities should be no more 5%.
Objective: This study aims to evaluate the implementation of the first-level referral system in terms of availability of health personnel, facilities and medicines, and understanding of health officers on the referral system at the Community Health Center of Abeli.
Methods: In-depth interviews were conducted with a total of 5 health facility managers. All the materials were analyzed using a qualitative thematic analysis approach.
Results: Three themes emerged from data; namely human resources (*Lack of responsibility of midwives, Lack of communication between staffs, Lack of the number of physician, Understanding of health personnel regarding referral system),* availability of facilities, and availability of drugs.
Conclusion: Availability of human resources, facilities and drugs is unreliable. Effort should be made to ensure the quality of service provided. This should imply, amongst other things, that human resources, drugs and facilities are adequately available and accessible.

Key words: Referral system, primary care, evaluation

BACKGROUND

A referral in health care is defined as a process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case.[1] Key reasons for deciding to refer either an emergency or routine case include: to seek expert opinion regarding the client, additional or different services for the client, seek admission and management of the client, and use of diagnostic and therapeutic tools.[2]

However, the majority of people in developing countries often skips the first-level health facilities, and directly goes to advanced-level facilities. As a consequence, the referral rates in advanced-level facilities are higher due to lack of utilization and quality of first-level health facilities.[3]

Based on Social Insurance Administration Agency or called BPJS Health in Indonesia, there were 14,619,528 visits in the first-level facilities in the first quarter of 2016. Of the data, 2,236,379 visits were referred from primary care to secondary service levels, and 214,706 visits of which were non-specialist referrals, indicated that they should not be referred and resolved at a first-rate health facility.[4]

In Southeast Sulawesi, the referral rate in the first-level health facilities was still high, which reached 17% in 2016. Ideally, the maximum referral rate in the first-level facilities should be no more 5%.[5] In Kendari City, the referral rate from primary health care center (PUSKESMAS in Indonesian term) to Abunawas Hospital still remains high in 2015, approximately 9.5%, and increased to 15.3% in 2016. Therefore, it is necessary to evaluate the quality of the referral system whether it is based on the operational standard of the procedure.

However, the increasing number of referrals in first-level health facilities accompanied by low referral quality will result in inefficiency on the Social Insurance Administration Agency (BPJS). In fact, at the beginning of 2015, various sources stated that BPJS lacks about 2-5 trillion.[6] Thus, the purpose of this study is to evaluate the implementation of the first-level referral system in terms of availability of health personnel, facilities and medicines, and understanding of health officers on the referral system at the Community Health Center of Abeli.

METHODS

Design

This study employed a descriptive qualitative design, involving in-depth interview and participative observation to explore the implementation of the first-level referral system in terms of availability of health personnel, facilities and medicines, and understanding of health officers on the referral system at the Community Health Center of Abeli. This study was conducted on February – March 2017 in Community Health Center of Abeli.

Research subject

In this study, five participants were recruited through purposive sampling, which consisted of a physician, a head nurse of IGD, a midwife, a head of CEmONC, and a pharmacist.

Data Analysis

Audio-taped interviews were transcribed by the authors. The transcripts together with the expanded field notes were the main data used for analysis. To ensure familiarization with the data, multiple readings of the transcripts and expanded notes were conducted and data were analyzed using thematic analysis.[7] Thematic questions were preselected and the parts of the text that referred to those questions were marked and coded. Similar codes considered pertinent to the preset research question were grouped to form subthemes and similar themes formed a theme.

To ensure trustworthiness, peer-checking method was used to establish the credibility of the analysis process.[8] The peer review was done by an experienced researcher to compare and contrast on the data quality and interpretations. Dependability was achieved through a researcher audit and notes that documented all methodological issues and decisions.

RESULTS

The findings of this study were categorized into three themes, namely inadequate manpower availability,

Human resources

Lack of responsibility of midwives

From interview, the participant (midwife) stated that the availability of health personnel at the Community Health Center of Abeli is not adequate. Although having enough number of midwives, but there is only one government employee (midwife), and the others were not. The participant argued that this health center should have more civil servants of midwives who act as responsible persons. In other words, those who are not government employee might not be responsible enough with the assigned jobs.

Lack of communication between staffs

On the other hand, department of CEmONC also felt overwhelmed with the lack of resources and communication to do referral process. This is expressed by the participant as the following statement: *"We have a driver here to do referral process for patients, but we do not know where he is.. very unclear, what his assignment is. In fact, if IGD department wants to send the patients to hospital, a IGD nurse also drives the car, sometimes a midwife do the same thing, driving the car by herself"*

Lack of the number of physician

In addition, physician also said, *"There is a lack of the number of resources in this health center, especially physician. This health center only has two general practitioners and a dentist. It might be enough at the moment because there are two internship-medical doctors who were assigned in this center. However, the intensive medical doctors only stay for 4 months, then they will be gone"*.

Understanding of health personnel regarding referral system

All participants reported that all health personnel in this health center had good understanding about the referral system. Participant (midwife) stated that they do referral process based on patient condition and partograph. In addition, physician also examined patients prior to referral process to confirm whether they need to be referred or not. This is explained by the participant as the following statement:

"We checked and selected the patients whether they need to be referred or not. If a mother for instance has a high risk in her pregnancy, we directly referred the patient and we planned at the beginning, and there was no need to come to this health center first"

In addition, if the patients were asked to be referred although the condition can still be handled at this center, then the health officers would explain the reasons and conditions of patients for referral process. However, if the patients forced the health staffs to refer, then the staffs explicitly stated that patient social insurance (BPJS) couldn't be used.

Availability of facilities

Participants reported that the facilities in this health center were adequate, but still lack of equipment, especially the tools for midwife and physician examination. This health center was still in the process of accreditation, so every facility was under arrangement. The physician said: *"We are demanded to understand 155 diseases, but without facilities in this health center, we cannot do anything, including examination of patients"*.

Availability of drugs

All participants reported that the availability of drugs in this health center was sufficient. The doctor prescribed

patients medicine, and then patients took the medicine at the pharmacy inside the health center. However, there were certain conditions that medication was not prescribed at the center, as patients themselves were applying for redemption at pharmacies other than at the health center. If the drug was less, then physician prescribed another drug with the same dose. However, it was not practical. Some drugs were not covered by BPJS Health and needed to find somewhere else.

DISCUSSION

This study found a number of issues that affect the referral process at the first-level health service. The study focuses on human resources, the availability of facilities and drugs.

Human resources

There are several human resource issues that need to be addressed to improve the quality of the health center regarding the referral system. These include building human resources planning within a facility, strengthening pre-service and in-service training and supervision, particularly for midwives in this study to increase the commitment, understanding, and responsibilities. This might involve training or hands-on transfer knowledge and skills. In addition, there is a need to train health staff in regard to improving practical skills.[9]

In this study, it is needed to emphasize a good transport and communication with a driver because an effective referral system is very crucial. There are good case examples of where countries have successfully established communication links between facilities through telephone landlines, mobile phones or short-wave radio[10] Great ways to ensure a good transport system between health facilities include means of transport other than the traditional ambulances which may be owned and managed by the community or the health center.[9]

On the other hand, health workers also need to continue explaining to the community with BPJS health in order to follow the referral system, not directly go to secondary or tertiary health levels. Otherwise, the community will not be able to use that insurance and the rates of referral visits will remain high at the advance-level health facilities.

Availability of facilities and drugs

The provision of quality of CEmONC not only depends on quality of personnel, but also on the availability of drugs and facilities. Our study found that some essential drugs were covered by BPJS health, which is a burden for poor community. Medical equipment and supplies in this health center is still a problem, a situation that could interfere with provision of quality of CEmONC at this level of health system.[11] As a result, the quality of care and adequacy of these facilities to provide quality service is questionable. Lack of drugs and medical facilities means delays in early interventions in obstetric emergencies, which contributes to maternal death at health facility level. This implies that mere use of facilities by mothers for deliveries would not reduce maternal mortality automatically; rather, mortality is affected by the quality of service, which are determined by, amongst other things, the adequate availability of medical facilities and drugs.[11]

Based on Ministry of Health Regulation No. 75 Year 2014, health equipment at Community Health Center must meet the following requirements: a) has a good standard of quality and safety, b) has a distribution license in accordance with the provisions of laws and regulations, and c) periodically tested and

calibrated by an authorized testing and calibration institutions.[12]

CONCLUSION

Availability of human resources, facilities and drugs is still unreliable, which compromises the timely provision of quality of referral system. The provision of adequate human resources, facilities and drugs is a critical component in referral system. Effort should be made to ensure the quality of service provided. This should imply, amongst other things, that human resources, drugs and facilities are adequately available and accessible.

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