



GHS Referral Pilot Activity: Baseline Assessment Results

Referral Pilot Meeting

QHP Office/Accra

28 November 2005



Outline

- Objectives
- Study Design and Methodology
- Results
 - Facility Audit
 - Provider Interview
 - Client Interview
- Recommendations
- The Way Forward

Referral Baseline Assessment (RBA)

Objectives

- **Objective 1:** To gather data on current practices at facilities relative to making and/or receiving referrals, focusing on RCH services, in a sample of seven districts in two regions; to contribute to design of the interventions for the referral pilot by highlighting and further documenting the main constraints to having an effective referral system.
- **Objective 2:** To collect baseline and subsequently endline data for the agreed indicators for the purposes of measuring program results.

RBA Study Design and Methodology: Regions and Districts

- Central Region
 - Komenda Edina Eguafo Abrem (KEEA)
 - Abura Asebu Kwamankese (AAK)
 - Ajumako Enyam Essiam (AEE)
 - Mfantsiman

- Greater Accra Region
 - Dangbe East
 - Ga West
 - Accra

RBA Study Design and Methodology: Instruments

1. Facility audit (infrastructure, supplies, and equipment, particularly for emergency area; services available and hours, staffing, directional signs, transport and communication arrangements, referral procedures, community relations, gaps for quality referral services, and service statistics).
2. Provider interview (individual provider perceptions and practices relative to referrals, availability of procedures or guidelines, and gaps for quality referral services).
3. Client exit interview (client perspectives and experiences relative to quality referral services, why and how they came to the facility/location).

Study Design and Methodology: Facilities in RBA

| Facility | Central | Greater Accra | Total |
|------------------------------|-----------|---------------|-----------|
| Regional Hospital | 1 | 1 | 2 |
| District Hospital | 4 | 2 | 6 |
| Other Hospital/Polyclinic | 1 | 4 | 5 |
| Health Centre/Clinic | 10 | 5 | 15 |
| Maternity Home | 1 | 1 | 2 |
| Private Clinic | 2 | 0 | 2 |
| Totals | 19 | 13 | 32 |

Facility Audit Summary Results

- 37% of facilities have designated ERs, but only 8% have directional signs
- Could generally have more signs with more information on services and hours
- Nearly half of facilities had no inside directional signs
- 13% of facilities had information desk with staff at post
- Tables on availability of emergency equipment at facilities
- 24% of facilities have 24 hour ambulance service

Facility Audit

Referral documentation

- All hospitals, 47% of health centres have registers that include referral status
- 46% of hospitals had written referral policy; 70% of those had copy available
- Limited meetings to review service quality, including quality of referrals

Provider Interview Summary of Results

- 69 providers interviewed, including 2 CHOs
- 74% use a standard referral form; 15% a note or letter; only 11% use neither
- 84% of providers felt care was being provided at the appropriate levels
- Frustration with heavy referrals to Regional Hospital in Central Region
- 90% of providers felt communities are well-informed about services offered at the facility
- 62% said no change has been made in the last year due to community/client feedback

Provider Interview

- Constraints
 - Lack of ambulance to transfer patients
 - Lack of staff to accompany patients
 - Lack of client compliance with referral
- Recommendations
 - Increase availability of ambulance service
 - Increase availability of staff accommodation

Client Interview

- 196 clients interviewed in 33 locations
- 67% women; 33% men
- Caretakers of children under 5 a large portion of clients interviewed (mean age = 26)
- 39% of clients had no education; 59% told to return to facility; 20% “told nothing”
- 29% given referral form

Recommendations-1

1. Finalize the indicators for evaluation of Referral pilot activity to streamline the data collection process at endline and ensure that data that are needed are collected.
2. Designate and provide basic life saving equipment to all emergency areas at all levels of facilities
3. Encourage facilities to hang signposts at all approved entry points
4. Encourage facilities to indicate services available and working hours on signposts

Recommendations-2

5. Encourage facilities to provide directional signs to all service areas
6. Develop and disseminate a standard referral policy and guidelines, and forms which include CHPS zones.
7. Document, audit and report all referral activities
8. Adopt or adapt an “in-reach” programme for health centres
9. Strengthen supervision at all levels relative to referrals

Recommendations-3

10. Educate clients and or initiate a behavior change campaign focused on the need to accept referrals when advised by a prescriber
11. Make arrangements with other transport services as an alternative to providing ambulances for every facility
12. Improve communication between providers and clients on referrals
13. Improve two-way communication between facilities on referrals
14. Build capacity at identified referral centers

Recommendations-4

15. Orient CHOs, community health volunteers and Village Health Committees about the location of emergency facilities and the emergency services they provide
16. Work with Village Health Committees to organize and manage local transport and communal funds for emergency referrals
17. Invite CHPS-TA to join the Referral System Improvement Working Group

The Way Forward

- ✓ Monitor progress of ongoing referral/emergency interventions in the target regions and districts
- ✓ Coordinate with CHPS-TA and GSCP
- ✓ Identify strategies and roles for implementing baseline report recommendations
- ✓ Agree on specific next steps

THANK YOU !



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