

## Short Report

# Study on transfers from paediatric unit, District Hospital, Kekirawa

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### Abstract

**Background:** District Hospital, Kekirawa (DHK) has a district medical officer, 2 medical officers (MOs), 1 MO-mental Health, 3 registered medical officers and a paediatrician. Transfers are sent to Base Hospital, Dambulla and Teaching Hospital, Anuradhapura. The hospital has one medical laboratory technician and is able to do full blood count, urine full report, bleeding time/clotting time and erythrocyte sedimentation rate.

**Objectives:** To see whether appointment of a paediatrician had a significant effect on the transfer rate and to identify the reasons for the transfers

**Method:** This is a prospective analysis of all transfers from the paediatric unit, DHK from 1<sup>st</sup> July to 31<sup>st</sup> December, 2007. Information was obtained from bedhead tickets. Details regarding transfers from 1<sup>st</sup> July to 31<sup>st</sup> December, 2006 were gathered from records and both were compared to see whether there is a statistically significant difference. Detailed analysis of the transfers in 2007 was done.

**Results:** From 1<sup>st</sup> July to 31<sup>st</sup> December 2006, 67(14.5%) of a total of 459 admissions were transferred while from 1<sup>st</sup> July to 31<sup>st</sup> December 2007, when there was a paediatrician, 69 (8.4%) of a total of 820 admissions were transferred. This is statistically significant ( $p < 0.001$ ). Out of 69 transfers 26% were due to lack of microbiological investigations, 23% for surgical opinion and 23% for x-rays.

**Conclusions:** Percentage of transfers was significantly reduced after appointment of a paediatrician ( $p < 0.001$ ). Main reasons for transfers were lack of facilities for microbiological investigation, lack of surgeon and lack of x-ray machine.

(Key words: Transfer; investigation; District Hospital Kekirawa)

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### Background

District Hospital, Kekirawa (DHK) is situated in the North Central Province (NCP), 43 km from Teaching Hospital, Anuradhapura (THA). The hospital is headed by a district medical officer (DMO) and has 2 medical officers (MOs), one MO-mental health, 3 registered medical officers (RMOs) and a paediatrician, working there since 15<sup>th</sup> June 2007. The hospital has an outpatient department run by RMOs, 4 wards (1 paediatric, 1 maternity, 2 adult). It conducts 1 paediatric, 1 well baby, 3 medical and 2 mental health clinics weekly and 1 obstetric clinic every other week. The clinics are conducted by MOs but wards are run by both MOs & RMOs according to the rota. The transfers are sent to Base Hospital, Dambulla and THA. The hospital provided curative services for a population of 76,273 in 2007. It has 1 medical officer of health (MOH) area and 24 family health midwife (FHM) areas. The hospital has one medical laboratory technician (MLT) and is able to do full blood count, urine full report, bleeding time / clotting time and erythrocyte sedimentation rate.

### Objectives

- To see whether there is a significant effect on the transfer rate by the appointment of a paediatrician
- To identify the reasons for transfers

### Design, setting and method

This is a prospective analysis of all transfers from the paediatric unit, DHK over a period of 6 months from 1<sup>st</sup> July to 31<sup>st</sup> December, 2007. Information was obtained from bedhead tickets. Details regarding transfers from 1<sup>st</sup> July to 31<sup>st</sup> December, 2006 were gathered from records and both were compared to see whether there is a statistically significant difference. Detailed analysis of the transfers in 2007 was done to find out the reasons for the transfers.

### Results

From 1<sup>st</sup> July to 31<sup>st</sup> December 2006, 67(14.5%) of a total of 459 admissions were transferred while from 1<sup>st</sup> July to 31<sup>st</sup> December 2007, when there was a paediatrician, 69 (8.4%) of a total of 820 admissions were transferred. This is statistically significant ( $p < 0.001$ ). Results are shown in table 1.

**Table 1: Admissions & Transfers in 2006 & 2007**

Month	2006		2007	
	Admissions	Transfers	Admissions	Transfers
July	114	20	106	16
August	67	03	111	09
September	73	14	125	08
October	43	11	159	13
November	107	10	185	08
December	55	09	134	15
<b>Total (%)</b>	<b>459 (100)</b>	<b>67 (14.5)</b>	<b>820 (100)</b>	<b>69 (8.4)</b>

In 2007, out of 69 transfers 26% were due to lack of microbiological investigation, 23% for surgical opinion and 23% for x-rays. Results are shown in table 2.

**Table 2: Reasons for Transfers in 2007**

Reasons for Transfer	Number (%)
Microbiological investigations	18 (26)
Surgical opinion	16 (23)
X-ray	16 (23)
Poisoning management	05 (7.2)
Anti-venom treatment	05 (7.2)
Others	09 (13)

Out of the 69 transfers in 2007 fifty eight (84%) were transferred without investigations being done. Fifty seven (82.6%) transfers were done within 24 hours of admission. Fifty two (75.3%) of the transfers were done during weekdays when the paediatrician was on duty. Seventeen (24.6%) were done during weekends and public holidays. Forty six (66.6%) of the transfers were authorized by the paediatrician whilst 23 (33.3%) were authorized by the medical officer.

### Discussion

According to the health care system of Sri Lanka, patients are generally transferred from peripheral hospitals (rural hospitals and district hospitals) to a base hospital, a general hospital or a teaching hospital for various reasons; for specialised care, for investigations and further managements or for specialist's opinion. The Ministry of Health has started appointing specialist doctors to district hospitals due to the increase in the number of doctors specialising in various fields in medicine and the growing need of decentralization of health

care facilities. I was the first specialist appointed to District Hospital, Kekirawa.

There are only 2 studies done in Sri Lanka on transfers of children from peripheral hospitals to general or teaching hospitals<sup>1,2</sup>. The first is a survey of transfer forms at the Lady Ridgeway Hospital for Children<sup>1</sup>. The second is an audit on transfers from peripheral hospitals to a paediatric unit, Teaching Hospital, Kandy<sup>2</sup>. Both were studies done in Teaching Hospitals. The present study is the first prospective study done in a District Hospital.

### Conclusions

- The percentage of transfers was significantly reduced ( $p < 0.001$ ) after the appointment of a paediatrician.
- Major reasons for the transfers were lack of facilities for microbiological investigation, lack of surgeon, and lack of x-ray machine.

### References

1. Sudewa LL, Nelumdeniya NPUBP, Perera BJC, Weerasinghe I. A survey of transfer forms at the Lady Ridgeway Hospital for Children. *Sri Lanka Journal of Child Health* 2003; **32**(2):44-7.
2. Rifaya MI, Rajapaksa SK, Prematilaka GLDC, Manawasinghe UGDS, Balasooriya NS. An audit on transfers from peripheral hospitals to a paediatric unit, Teaching Hospital, Kandy. *Sri Lanka Journal of Child Health* 2011; **40**(4): 169-71.  
<http://dx.doi.org/10.4038/sljch.v40i4.3843>