

Evaluating Referrals Between Rural District Hospitals and a Regional Hospital in South Africa

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INTRODUCTION

- ❑ Referral connects patients to appropriate care
- ❑ Ensures access, continuity, resource optimisation, and improved patient outcomes
- ❑ SA's public system: Hierarchical PHC model with clinics → DHs → RH → TH and backwards serving over 75% patients
- ❑ Challenges: self-referrals, poor feedback loops, unclear linkages, limited resources leading to an access gap, delayed care and worse outcomes
- ❑ Limited evidence exists on multi-dimensional aspects of patient referrals in resource-constrained settings



AIM AND OBJECTIVES

❑ Aimed to evaluate emergency and non-emergency referral processes between DHs and RH in two rural districts.

❑ Objectives :

- Describe the referral practices for emergency and non-emergency conditions, including referral pathways for subspecialty care.
- Determine the perceived quality of referrals, including different modes of communication
- Determine doctors' satisfaction with the referral processes
- Understand the challenges of the current referral processes.



METHODS (Design, setting, sampling)

- ❑ Convergent mixed methods design using a cross-sectional survey
- ❑ Setting: Ten DHs (Garden Route & Central Karoo) and George RH in WC
- ❑ Online questionnaires drafted, face validity, entered into REDCap, piloted, revised, link generated and distributed
- ❑ All DHs and RH doctors (medical managers, family physicians, registrars, medical officers, community service doctors).
- ❑ Excluded: Locums and RH interns
- ❑ No sampling applied
- ❑ Invited: 220 doctors; 120 respondents (57%)
- ❑ Collection: From 31 March to 02 July 2024
 - Data extracted, cleaned, reviewed, and screened

METHODS (Data collection, analysis, ethics)

Analysis:

- Quantitative data analysed using Stata Statistical Software; simple descriptive statistics
 - Qualitative data using the Braun & Clarke six-phase guide for thematic analysis (researcher and supervisors)
 - Six themes: Standardised & accessible referral guidelines, Active outreach & capacity building, Standardised communication, Systemic barriers to timely access, Mismatched expectations & understanding, Building relationships
- Reflexive positioning of the researcher was done.
- Approval from the SU HREC and the WC province.

RESULTS

	Emergency Referrals	Non-Emergency Referrals
Mode of Communication	<u>98% via phone; immediate response; 69% preferred phone over Vula; Vula inconsistently adopted</u>	<u>72% via email; fragmented use of Vula, WhatsApp, face-to-face; slower response times (1-4 weeks),</u>
Accessibility	62% “ accessible with some difficulties”, 32% “easily accessible”	71% “ accessible with some difficulties”; 24% “difficult to access”
Transport challenges	<u>93% EMS shortages; 56% faced 2-6 hour delays</u> for critically ill patients	<u>68% rated transport (Healthnet) as “poor”;</u> long waiting lists, loss to follow-up and patient tracing issues
Systemic Barriers	Unclear call rosters; negative attitudes; unmatched expectations	Slow internet, slow email responses; inconsistent guidelines, overbooked clinics, tracing delay
Appropriateness of Referrals	<u>Generally appropriate (73%); urgency justified; RH accepted most cases</u>	<u>Appropriate (51%); often inappropriate,</u> limited capacity-building mostly in juniors

RESULTS

	Emergency Referrals	Non-Emergency Referrals
Feedback Practices	35% never received feedback; feedback often rated “fair”; rarely requested	32% never received feedback; feedback rarely requested
Awareness of Guidelines	68% of DH& 61% RH aware; 15% DH& 27% unsure; Concerns about clarity and consistency; desire for unified, accessible guidelines across departments	
Satisfaction & Outcomes	<u>66% satisfied; 73% believed referrals improved outcomes</u>	<u>59% satisfied; 51% believed referrals improved outcomes</u>
Communication Preferences	<u>Phone preferred; desire for real-time contact; bypass in emergencies</u>	<u>Desire for standardised mode (Vula/email); delays and fragmented use</u>
Capacity building & Outreach	Desire for outreach to include teaching activities, protocol updates, and mutual understanding	
Relationship & Expectations	<u>Mismatched expectations between DH and RH; reliance on inter-personal relationships, need respectful collaboration and clearer departmental roles</u>	
Impact	Delays affect critically ill patients; frustration	Domino effect: delayed care, lost-to-follow-up, patient financial strain

DISCUSSION

- ❑ Emergency referral generally satisfactory, timely and well-received
- ❑ Non-emergency referrals plagued by delays, poor communication, and a lack of standardised guidelines.
- ❑ Across both referrals, mismatched expectations and limited mutual understanding between DHs and RH were evident. Strong interpersonal relationships consistently made a positive difference in facilitating smoother referral processes.
- ❑ Strengths: First mixed methods in rural SA referral evaluation, Diverse sample, findings were likely transferable to other resource-limited settings
- ❑ Limitations: Survey response rate, did not focus on department-specific challenges, and excluded transport personnel perspectives



RECOMMENDATION

- Develop and disseminate unified, standardised, regularly updated and clear referral guidelines defining responsibilities
- Use a single e-referral platform with an emergency bypass protocol
- Regular outreach/in reach and training sessions
- Encourage formal feedback on every referral.
- Improve transport logistics, patient tracking, and IT infrastructure upgrade
- Foster respectful, collaborative relationships across levels

- Call for action:** We need innovation and referral processes that respect context, foster collaboration, and improve outcomes
- Why does this matter?** : Rural realities demand tailored solutions, mutual understanding between DHs and RHs. Referrals are more than protocols; they are built on relationships, logistics, and trust.

References & Acknowledgements

☐ References:

- Ngoie KD, Jenkins L, Schoevers J. Evaluating referrals between rural district hospitals and a regional hospital in South Africa. Afr J Prm Health Care Fam Med. 2025;17(1):a4956.

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