



CASE STUDY

Two-Way Referral System between Public and Private Health Facilities Saves Lives

Lagos • September 2012

Chinenye Duruh, 27, was admitted to the Oworo Primary Health Centre (PHC) in Lagos, early in the morning on 4 June 2012. She was in labour and it was going on well, when she suddenly fainted.

“I have never seen such a case,” an attendant midwife said. “We checked her blood pressure, temperature, pulse—all normal!”

The Chief Nursing Officer (CNO), Mrs. Arojo, immediately set up an intravenous infusion of 5% glucose, prepared a referral slip and rushed the patient in the ambulance to Gbagada General Hospital, which is the Comprehensive Emergency Obstetrics Centre in the area. But the doctors at the hospital were on strike.

Mrs. Arojo immediately remembered that her PHC was eligible to refer cases to private hospitals because of a public-to-private referral initiative sponsored by PATHS2. “At one of the monthly cluster stakeholders’ meetings PATHS2 had told us that St. Daniel’s Hospital is within our cluster and we could refer emergency cases there, and so I rushed the patient straight to St. Daniel’s and when we got there I went in shouting “PATHS2, PATHS2!” she reports. On hearing the PATHS2 programme’s name, Dr. Joseph Ojonimi Tijani admitted Mrs. Duruh, though she was an “unbooked case,” without asking for any money.



Mr and Mrs Duruh at home with their baby

“At 9:30 a.m. when she was rushed in, her cervix was fully dilated and the membranes had ruptured,” he recalls. “I got the CNO to wear the theatre gown while I resuscitated the patient, who had collapsed. I gave her a pint of intravenous infusion with oxytocin to aid delivery. She was delivered of a baby boy by Sister-in-Charge Owolabi through normal delivery at 9:50 a.m. She and the baby were kept under observation till 5 June when they were discharged in good health.” Mrs. Duruh was told to return to Oworo PHC for care.

One purpose of the PATHS2 referral intervention is to ensure that poor patients get the care they need even when they cannot afford it. Dr. Tijani said he would not have taken an unbooked patient in an emergency without an initial deposit meant to cover the cost of a possible caesarian section. A patient would normally have paid close to N45,000 naira instead of the N15,000 naira that Mrs. Duruh's husband was asked to pay.

Mr. and Mrs. Duruh were full of gratitude for the care provided at both the Oworo PHC and St. Daniel's Hospital.

"On that day I had energy and I was talking normally," Mrs. Duruh remembers. "I was communicating with them freely, bearing the pain. So all of a sudden, I didn't know what happened. It was as if I couldn't talk again. I don't even know if people were around me. I will call it a coma. I didn't know when I got to the hospital. They saved our lives without worrying about protocol—St. Daniels hospital made this happen! I'm happy to be alive and in sound health with my baby".

Her husband said that the medical team at the private hospital worked in unison with each other and CNO

Arojo, and with empathy for him and the patient, at a time when the whole traumatic experience was unfolding before him "like a movie, they had about four doctors around her, with Mrs. Arojo and other nurses. They gave her attention immediately and in less than an hour, they came out and told me 'Congratulations!' So I said what of my wife, is she alive? They said yes! That both my wife and my baby are alive—that was when I got myself back and I thanked God. I am so happy."

All the medical staff who contributed to the safe delivery were unanimous in praising the PATHS2 public-to-private two-way referral system for obstetric emergency cases.

"It's a good thing for people who have had hard luck, or for one reason or another simply cannot afford to pay their medical bills," said Dr. Tijani. "We decided to partner with PATHS2 because we could foresee that something good would come of it—in fact, once we heard about the scheme we started implementing it, even before signing the memorandum of understanding with PATHS2, even before it all became official; we had already started acting the way PATHS2 wanted us to act."

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.



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