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Audit of Patients Referred from General Outpatient Department (Gopd) to the Otorhinolaryngology Clinic (Orl)

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ABSTRACT:
To study the pattern of referral from General Outpatient Department (GOPD) to Otorhinolaryngology (ORL) clinic in a tertiary health institution in Enugu State, South East Nigeria.

METHOD: Patients who were referred from GOPD to ORL clinic between February 2020 and January 2021 in Enugu state University Teaching Hospital were reviewed retrospectively. Age, gender and Diagnosis made at the time were analyzed with the aid of SSPS computer software version 11.0.

RESULT: A total of 274 patients were seen in GOPD with ORL complaints and referred to ORL clinic, of which 97 (35.4%) were male and 177 (64.6%) were female. The ratio of male to female was 1:1.8. The age range was between 2 to 82years with the majority of patients above 50years (75%). The result showed that the most common diagnosis was in the ear (73.4%), followed by nose (17.5%), throat (88%) and neck (0.4%).

CONCLUSION: The audit of referrals to ORL clinic from GOPD are enormous. There is need to train and retrain family physician and the resident doctors that are in charge of GOPD in tertiary health institution on basic ORL diseases and early referral to ORL clinic to avoid complications.

I. INTRODUCTION

Referral is a process by which a health worker transfers the responsibility of care temporarily or permanently to another health professional or social worker or the community [1]. Primary care practitioners act as the gate-keepers of expensive high technology specialist care using their professional skill in referring patient to the most appropriate specialist at the most appropriate time [2].

GOPD and Accident and Emergency (A/E) departments across the world are the most crowded places in the hospital. However GOPD is the first contact any patient makes with a health care practitioner in a tertiary health institution where the patient will be seen by a family physician. In most cases about 80% of the patients needs will be achieved [3.] If the initial problem cannot be managed, decision to refer the patient to a specialist will be reached. It is the duty of the primary health physician to decide whether a referral is necessary or not. Access to hospital care in a tertiary institution should be through GOPD except for emergency situations, in which case the patient may access the hospital directly via the A/E department [4]. At GOPD, most cases can be managed adequately, hence no referral.

Therearethree tiers of health care management as provided by national health system. They are primary, secondary and tertiary care. The three should enjoy patronage from patients and a good referral system is the main link between them[5.] However, the patients load in primary health center are very low and simple aliments ought to be managed at the center, migrate to secondary and tertiary center for treatment.

In Nigeria, Otorhinolaryngologist are few, majority of them are found in tertiary health institutions located in big cities, hence it is very difficult for most of the patients with ear, nose and throat diseases to enjoy the services of an otorhinolaryngologist[6.]

In our study, we present a detailed analysis of patients' demographics and common ear, nose and throat disease as seen in a tertiary health institution in Enugu, South East Nigeria.

II. MATERIALS AND METHODS

The study was a retrospective hospital-based study of audit of patients referred from GOPD of Enugu State University of Science and Technology teaching Hospital, Parklane to Otorhinolaryngology clinic of the same hospital for a period of one year (February 2020 to January 2021). Data was obtained from medical record department and ORL clinic register. Data collected include demographic and diagnosis made upon referral. All data obtained were collated, documented and statistically analyzed using SPSS version 20.0 software, subsequently expressed in percentage, frequency table and charts.

III. RESULTS

A total of 274 patients were referred from GOPD to ORL clinic during the period of study. In our study 97(35.4%) of the patients were male and 177 (64.6%) female with an average of 41years (range 2-82 years).

GENDER DISTRIBUTION

Table 1

S/N	Gender	Frequency	Percentage
1	Male	97	35.4
2	Female	177	64.6
Total		**274**	**100**

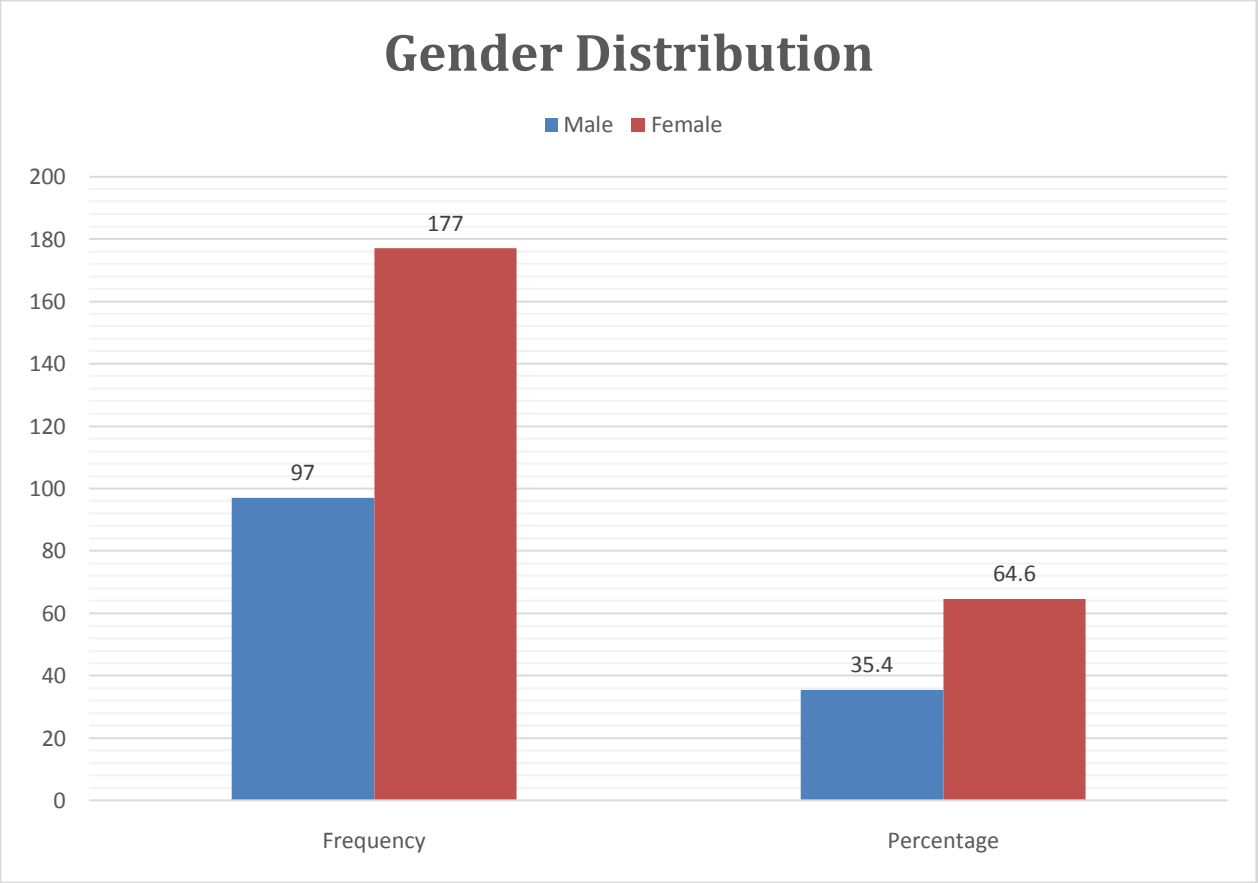
Gender Distribution
Male
Female
200
180
160
140
120
100
80
60
40
20
0
177
97
64.6
35.4
Frequency
Percentage

Table 1a

Table 2

AGE DISTRIBUTION

S / N	Age	Frequency	Percentage
1	2 - 9 years	8	2.93
2	10 - 17 years	4	1.45
3	18 - 25 years	67	24.44
4	26 - 33 years	79	28.81
5	34 - 41 years	29	10.56
6	42 - 49 years	25	9.13
7	50 - 57 years	20	7.28
8	58 - 65 years	22	8.13
9	66 - 73 years	12	4.36
10	74 - 82 years	8	2.91
Total		**274**	**100**

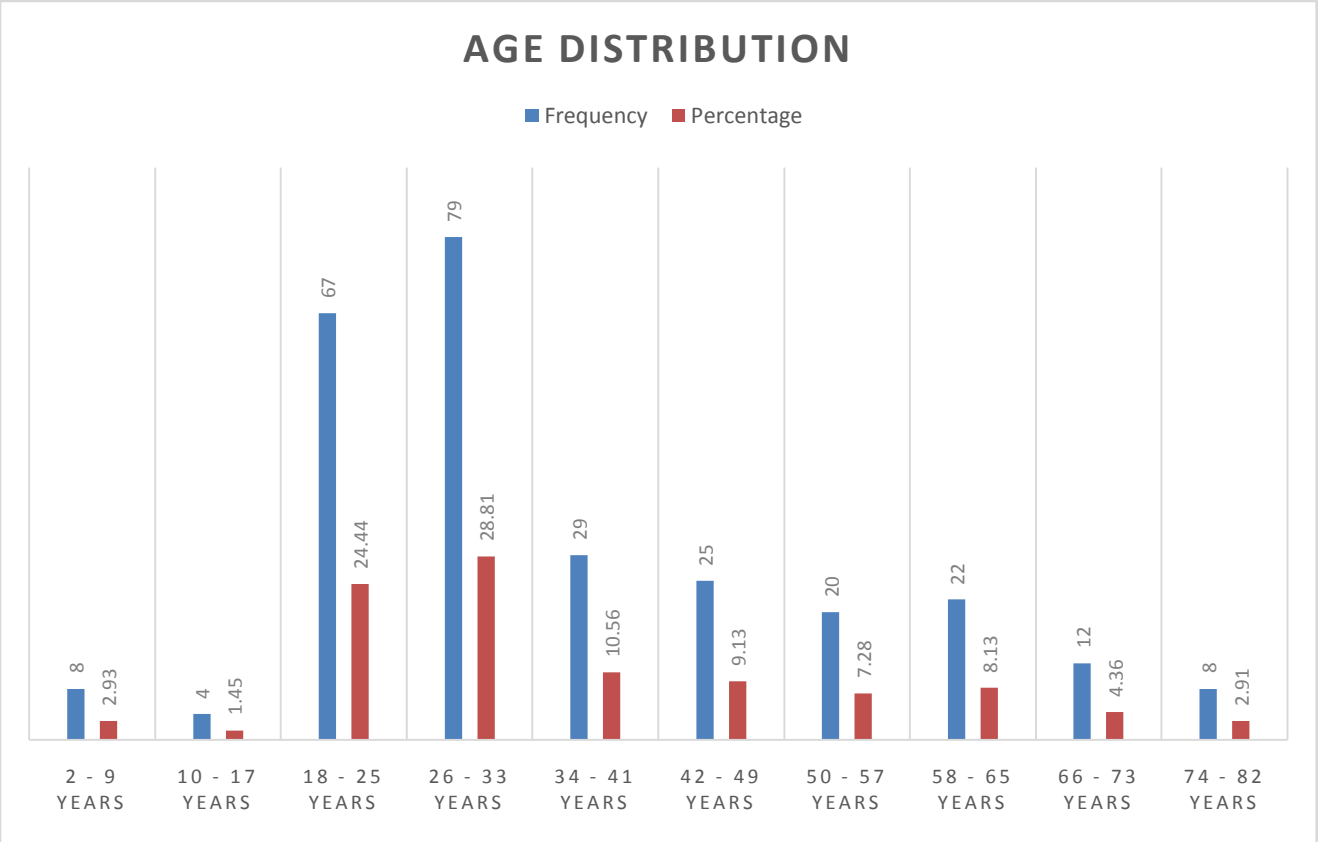

Table 2a

The most common diagnosis made during the study period were in descending order, hearing loss, allergic rhinitis, and cerume auris impaction.

Table 3

See Pathology Distribution:

PATHOLOGY DISTRIBUTION

S/N	Pathology	Frequency	Percentage
1	Otitis Media (B)	1	0.36
2	Otitis Media (L)	6	2.19
3	Otitis Media (R)	7	2.55
4	Cerumenauris (B)	28	10.22
5	Cerumenauris (L)	10	3.65
6	Cerumenauris (R)	10	3.65
7	Allergic rhinitis	30	10.95
8	Hearing loss	50	18.25
9	Chronic tonsillitis	12	4.38
10	Otomycosis (B)	11	4.01
11	Otomycosis (L)	13	4.74
12	Otomycosis (R)	3	1.09
13	Allergic rhinosinusitis	12	4.38
14	Otitis externea (L)	14	5.11
15	Otitis externea (R)	14	5.11
16	CSOM (L)	1	0.36
17	CSOM (R)	5	1.82
18	CSOM (B)	2	0.73
19	CSOM (Lt)	4	1.46
20	Nasal Polyp	5	1.82
21	Aural Polyp	1	0.36
22	Obstructive adenotonosillar disease	2	0.73
23	Traumatic T/M perforation	8	2.92
24	Traumatic T/M rupture	1	0.36
25	Tonsillitis	1	0.36
26	Otitis externae (B)	6	2.19
27	Prebyacusis	1	0.36
28	Oral tumour	1	0.36
29	Epistasis	2	0.73
30	Foreign body (R) Ear	1	0.36
31	Allergic laryngitis	1	0.36
32	Chronic laryngitis	1	0.36
33	Laryngitis	1	0.36
34	Parotid tumour	1	0.36
35	Tinnitus	2	0.73

36	Nasopharyngeal carcinoma	1	0.36
37	TMJ Disorder	1	0.36
38	Globus pharyngeus	1	0.36
39	Pinna abscess	1	0.36
40	FB in the esophagus	1	0.36
41	BPPV	1	0.36

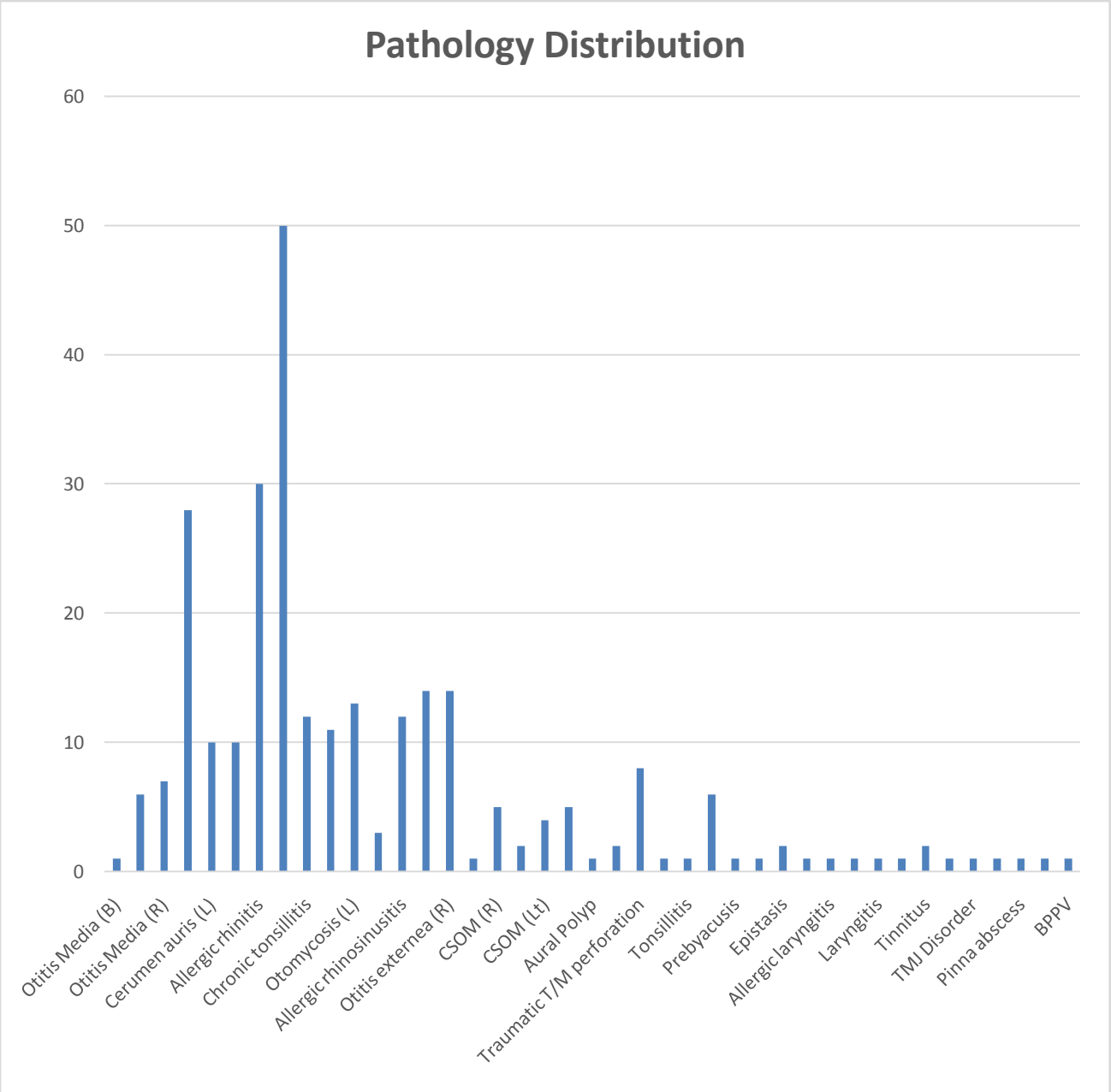

Table 3a

With regards to the pathology seen and referred to the ORL clinic, we discovered that most of the diagnosis occurred in the ear (73.4%), followed by the nose (17.5%), throat (8.8%) and head and neck (0.4%).

Table 4

See site affected:

SITE AFFECTED

Site Affected	Frequency	Percentage
Ear	201	73.4
Nose	48	17.5
Throat	24	8.8
Neck	1	

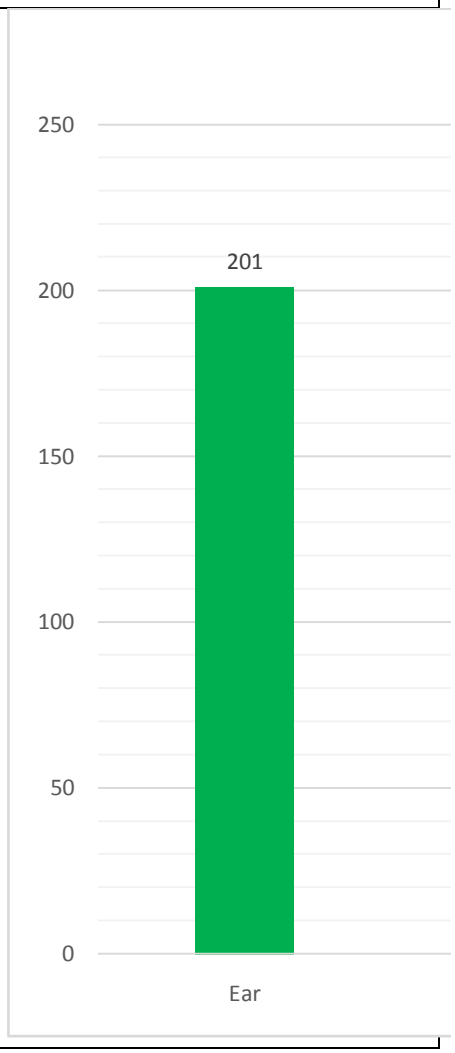

Table 4

IV. DISCUSSION

In most hospitals GOPDS are most visible and easily accessible[7]. It is the patients first visit in any tertiary health institution. In most cases the patients need may be taken care of in the GOPD or the patient may be referred to the specialist clinic for instance ORL clinic. Patients seen in GOPD are not always real emergencies. This puts a burden on doctors consulting in GOPDs[8]. In most GOPDs, there are numerous patients with ENT complaints which do not require evaluation in an emergency care unit by ENT specialist but will require ENT outpatient clinic visit[9].

Previous study done to access the referral system in Nigeria revealed that 7.1% went through the paper referral system[10]. However, study done by AD Dienmade*et al* showed a high proportion (88.3%) of patients referred to ENT made the GOPD of the teaching hospital their first contact with the National Health system[7]. Simple ENT problems such as wax impaction and foreign body in the orifices which should be treated at the primary or secondary health center still come to tertiary health institutions.

The most common diagnosis made in GOPD and referred to ORL clinic in our study were hearing loss, otitis extenae and allergic rhinosinusitis. In another study, it was found that the most common diagnosis was vertigo, otitis externea and nasal fracture hence they concluded that their study was similar to other published hospital audits and epidemiologic studies [11].

We also discovered that the numbers of referrals due to infectious disease such as tonsillitis, chronic suppurative otitis media (CSOM) etc were diagnosed and treated in GOPD. These conditions are referred to ORL clinic when there are indications for surgeries hence low referrals of such conditions.

Late referrals are common among the patients referred from GOPD to ORL clinic. The low incidence of early stage tumors of the head and neck with associated cervical lymphaderiopathy seen in GOPD and being treated with antibiotics for several weeks before referral needs to be corrected. These tumors then progress from early to late stage on first visit to the ORL clinic. It is important to prevent such situations by ensuring that GOPD of any tertiary health institution functions optimally and timely in referring cases to appropriate specialist clinic.

V. CONCLUSION

Overall, the audit indicated that the general outpatient department (GOPD), referral system to ORL clinic was effective. The majority of the referrals had a final diagnosis established and follow up visit were carried out for nearly 40% of the referral. The result of this audit will be used to inform more effective ways to manage referrals in future.

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