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## Research Article

### LEVEL OF CONSULTANCIES TO THE PATIENTS REFERRED FROM OTHER HEALTH FACILITIES, IN SURGICAL OPD BAHAWAL VICTORIA HOSPITAL BAHAWALPUR

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Referral notes, Time delay, Level of  
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#### ABSTRACT

**Introduction:** Referral is the transfer of care for a patient from one clinician to another. Tertiary care is usually done by referral from primary or secondary medical care personnel. Various researches have been done on quality of referral and various factors influencing it i.e. factors related to physician and patient. But there is no significant work on analyzing the quality of consultation for referred patients. Purpose of our study is to evaluate the quality of consultation for the patients being referred from various other health facilities to Surgical outpatient department (OPD) of Bahawal Victoria Hospital (BVH), Bahawalpur.

##### Objectives:

- To find outcome of level of consultancies to the referred patients from other health facilities.
- To assess the response of healthcare provider to the referred patients from other health facilities.

**Study Design:** It is a "Cross sectional" study.

**Study Setting:** Surgical outpatient department (OPD) of Bahawal Victoria Hospital, Bahawalpur.

**Subjects:** All the referred patients from other health care facilities visiting surgical OPD of BVH from 20 April-20 May 2018

**Methodology:** Subjects were accessed by through non-probability convenient sampling techniques. Subjects were the patients who attended surgical OPD of BVH. Written consent from the patients was obtained after informing them about the purpose of the study survey. Detail structured questionnaire was used to collect data. A face to face interview was conducted. The questionnaire was translated into local language for convenience.

**Results:** A total of 34 referred patients were interviewed, attending surgical OPD of Bahawal Victoria Hospital, Bahawalpur. 70.6% of patients were referred from within the Bahawalpur city and 29.4% were referred from periphery. The percentage of people having referral note with them was 47.1% and those referred without note was 52.9%. 35.3% of patients were referred from Basic Health Units (BHU), 26.5% from District Head Quarter (DHQ) Hospital, 14.7% from Tehsil Head Quarter (THQ) Hospital, 55.9% were using Hired private transport services, 26.5% were using self-transport, 11.8% using Govt. Transport, 5.9 % used Ambulance, 50% patients acknowledged of having advantage of referral note. Most of the patients (38.2%) were attended by Post Graduate Trainees, 23.5% patients were attended by Medical officer on duty. Among all the patients referred, 20.6% of them were admitted while 79.4% of them received ambulatory services. Chi-Square test was applied to check association between referral note and its advantage with  $df=1$  and  $p$  value (0.05) reveals that there is significant association between referral note and its advantage. Out of 16 patients with referral note 12 patients (75%) availed advantage of referral note.

**Conclusions:** The number of referrals to Surgical OPD of BVH is quite low which is attributed to more number of self referrals and unsatisfactory referral system. Even the patients being referred do not have prescribed referral form and most of the referrals were verbal. But level of consultancy is quite satisfactory for referred patients. Patients with referral note, either prescribed or informal experienced advantage over verbally referred patients. Time delay to approach doctor after issuance of slip is not more than one hour for most of patients. Majority of referred patients are being attended by Senior doctors and in case being attended by House officers it is at least done under supervision of Registrar. Most of the patients received OPD services and did not require admission and disposal is being decided by Registrar or above

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#### INTRODUCTION

Pakistan has a relatively large primary health care infrastructure. There are 5000 Basic health units, 600 Rural health centres, 7500 other health care facilities and over 100,000 lady health workers. There are three levels of health

care delivery to patients, Primary, Secondary and Tertiary health care systems. WHO supports Pakistani health authorities and provides technical support in updating the knowledge and skills of supervisors through regular courses<sup>[1]</sup>. In medicine, referral is the transfer of care for a patient from one clinician to

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another. Tertiary care is usually done by referral from primary or secondary medical care personnel<sup>[2]</sup>.

Referral is defined as a process in which the treating physician at a lower level of the health service, who has inadequate skills by virtue of his qualification and/or fewer facilities to manage a clinical condition, seeks assistance of a better equipped and/or specially trained person, with better resources at a higher level, to guide him in managing or to take over the management of a particular episode of a clinical condition in a beneficiary<sup>[3,12]</sup>. Medical referral letter is sent from one doctor to another when referring a patient for care<sup>[4]</sup>. Referral letter should provide sufficient information to facilitate management of a patient in hospital. Patient's identity, information related to illness, social and psychological factors as well as primary care doctor's details should be included<sup>[5,6]</sup>. When assessing referrals the consultants prioritize patients for further examination or treatment in specialist health services or reject the referral. The referral process has different stages based on sequence and purpose of the task.

1. Consideration and decision to refer a patient to specialist health services.
2. Submission of referral request and referral review by the consultant.
3. The patient transition to specialty care

Patients are referred when facilities to provide health are exhausted in primary care. If the referrals accepted as scheduled appointment is given to the patient, if rejected may be referred for further discussion with another consultant<sup>[7]</sup>. In the USA from 1999 to 2009, the probability of referral that an ambulatory visit to physician increased from 4.8%-9.3% ( $p < .001$ ) that is 94%. The absolute number of visits resulting in physician referral increased 159% nationally during this time from 41 million to 105 million<sup>[8]</sup>. The government of Pakistan spends 3.1 per cent of its GDP on economic, social and community services and 43 per cent is spent on debt servicing. About 0.8 per cent is spent on health care, which is even lower than Bangladesh (1.2 per cent) and Sri Lanka (1.4 per cent). However, the health status of the population has improved over the past three decades<sup>[9]</sup>.

Hierarchy of staff in surgical OPD is Senior registrar, Registrar, Medical officer, House officer and Nurses Admissions from OPD should be done by Registrar or above. Admission through causality should be done by on call member of team (SHO/TMO) after proper referral from CMO. Referral from other hospitals should be admitted via causality. If SHO/TMO believes there is sufficient reason, he can admit the patient. If SHO/TMO cannot make the decision, he can put the patient under observation and call the registrar and seniors while starting requisite treatment of the patient. On admission a detailed history should be taken by the house officer on arrival, followed by summary of the patient by the TMO on duty<sup>[10]</sup>. Frequently physicians determine that patients should directly proceed medical OPD for treatment<sup>[11]</sup>. Efforts are being done to improve the consultation to the referred patients from other hospitals.

The rationale of our study is to improve the outcome and see the response of healthcare provider to the patients referred from other health facilities.

## MATERIALS & METHODOLOGY

It is a "Cross-sectional" study conducted at OPD of Bahawal Victoria Hospital, Bahawalpur, a tertiary Level Hospital Located on Circular road, Bahawalpur, Pakistan. The hospital contains 1610 beds and more than 20 departments with 27 major and 8 minor operation theaters and an outpatient attendance of 900 patients per day. Research was completed in almost one month from 20 April-20 May 2018. All the referred patients from other health care facilities visiting surgical OPD BVH from 20 April-20 May 2018. Non-Probability, convenience sampling technique was applied. All the patients referred to the Surgical OPD of Bahawal Victoria Hospital, Bahawalpur from other Health facilities. A detailed questionnaire (close ended) was used to collect the information from the subjects. A detail questionnaire was used to collect the data. Written informed consent was obtained from all the respondents and face to face interview was conducted and close ended questions asked. Questionnaire was translated into the local language. Accuracy of the questionnaire was checked on the daily basis by the researcher.

Data was analyzed by Statistical package for social sciences (SPSS version 20). Appropriate statistics were applied. For qualitative variables, frequency and percentage distribution tables were generated. The data presentation diagrams (bars, pie charts etc.) were made. Formal approval was taken from ethical committee of Hospital. Written informed consent was taken from all the respondents. Confidentiality of the patients was maintained.

## RESULTS

A total of 34 referred patients were interviewed for the research according to availability of referred patients. Results are below.

It showed that most of the patients about 70.6% were from within Bahawalpur compared to 29.4% from periphery (Fig 1)

In our study, out of 34 people which were under the study 79.4% were being referred from government facilities out of which 35.3% were referred from BHU, 26.5% from DHQ, 14.7% from THQ, 17.6% privately and 5.9% from RHC. (Table 6). Percentage of patients having referral note was 47.1% out of which 18.75% (3 patients) have prescribed referral note 81.2% (13 patients) were having informal note and 52.9% were sent verbally (Table 4).

Most common transport service to reach OPD of BVH by referred patients was use of hired private 55.9%, while 26.5% used self transport, 11.8% used government transport and 5.9% used ambulances (Table-7)

Chi-Square test was applied to check association between referral note and its advantage with  $df = 1$  and  $p$  value almost equal to 0.05 reveals that there is significant association between referral note and its advantage. Out of 16 patients with referral note 12 patients (75%) availed advantage of referral note. (Table 15) Patients almost approached doctor satisfactorily with not much time delay after issuance of slip. Majority of patients experienced time delay of 61.8% of the referred patients had the time delay of more than 15 min to approach the doctor while 20.6% had to wait for more than an hour and 17.6% had the time delay of 10 min.

The above results are not quite relatable to previous studies on referral system which were more oriented towards the quality of referral system. But this study was specifically focused towards the level of consultancy of referred patients.

**Age**

**Table 1** Showing frequency distribution of patients referred from different facilities who attended OPD in different age groups. 41.2% of the patients were in age group 0-30. 52.9% in age group 31-50 and 5.9% in age group above 70

Age Groups	Frequency	Percent
Less than 30 and 30	14	41.2
31-50	18	52.9
51-70	0	0
>70	2	5.9
Total	34	100.0

**Gender**

**Table 2** Showing frequency distribution of patient's gender who attended OPD at BVH. 58.8% were male and 14% were female.

Gender	Frequency	Percent
Male	20	58.8
Female	14	41.2
Total	34	100

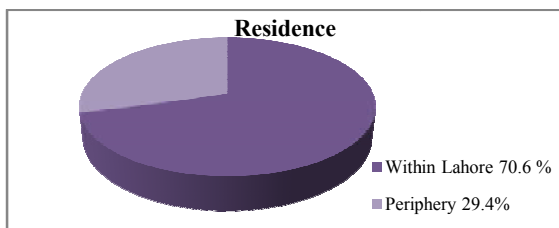
**Marital status**

**Table 3** Showing frequency distribution of patient's marital status. 76.5% are married and 23.5% are unmarried.

Job Nature	Frequency	Percent
Married	26	76.5
Unmarried	8	23.5
Total	100	100.0

**Residence of patients**

34 of total patients were under the study. 70.6% of patients were referred from within the Bahawalpur city and 29.4% were referred from periphery. Patients were referred from different government facilities (Table) and private facilities.



**Figure 1** Shows frequency distribution of patients coming from within Bahawalpur and periphery. 70.6% patients were from within Lahore.

**Referral Note**

**Table 4** Showing frequency of patients having referral notes. 47.1% have referral notes.

Referral Note	Frequency	Percent
Yes	16	47.1
Prescribed referral notes	3	18.75
Informal Note	13	81.2
No	18	52.9
Total	34	100

**Referred From**

**Table 5** Showing frequency distribution of patients being referred from Government or private facility. 79.4% were referred from Government facility.

Referred From	Frequency	Percent
Government facility	27	79.4
Private	7	20.6
Total	34	100

**Type of government facility from which referred**

**Table 6** Showing frequency distribution of patients being referred from different government health facilities. 35.3% of patients were referred from BHU. 26.5% from DHQ. 14.7% from THQ.

Government facility	Frequency	Percent
BHU	12	35.3
RHC	2	5.9
THQ	5	14.7
DHQ	9	26.5
Private	6	17.6
Total	34	100

**Mode of Transportation**

**Table 7** Showing frequency distribution of patients using different mode of transportation to reach BVH OPD. 55.9% were using Hired private services. 26.5% were using self-transport. 11.8% using Govt. Transport. 5.9% used Ambulance.

Mode of Transportation	Frequency	Percent
Ambulance	2	5.9
Hired private	19	55.9
Govt. transport	4	11.8
Self	9	26.5
Total	34	100

**Advantage of having referral note**

**Table 9** Showing frequency distribution of patients experiencing advantage of having referral note. 50% patients acknowledged of having advantage of referral note

Referral note advantage	Frequency	Percent
Yes	17	50
No	17	50
Total	34	100

**Separate Queue**

**Table 10** Showing frequency distribution of patients aware of separate queue for referred patients. 61.8% were aware of separate queue for referred patients.

Separate Queue	Frequency	Percent
Yes	21	61.8
No	13	38.2
Total	34	100

**Guidance given**

34 referred patients attended OPD out of which 64.7% patients were given guidance at reception

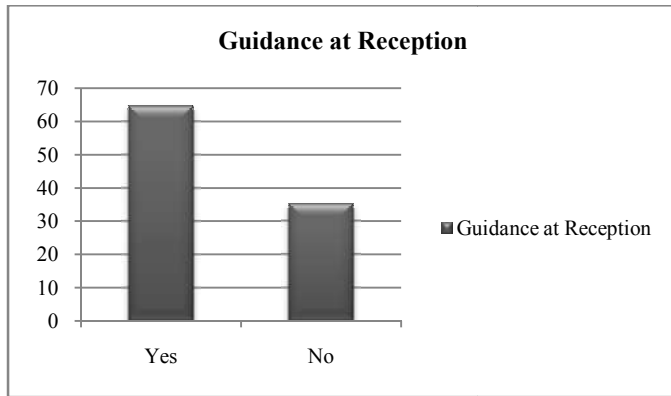


Fig 2 Showing patients given guidance at reception. 64.7% patients were given guidance at reception. 35.3 % did not receive any guidance

#### Time delay to approach doctor after issuance of slip

Out of 34 referred patients attending OPD BVH. Following is the time delay to approach doctor after issuance of slip  
 17.6% up to 10 min  
 61.8% more than 15 min  
 20.6% more than hour

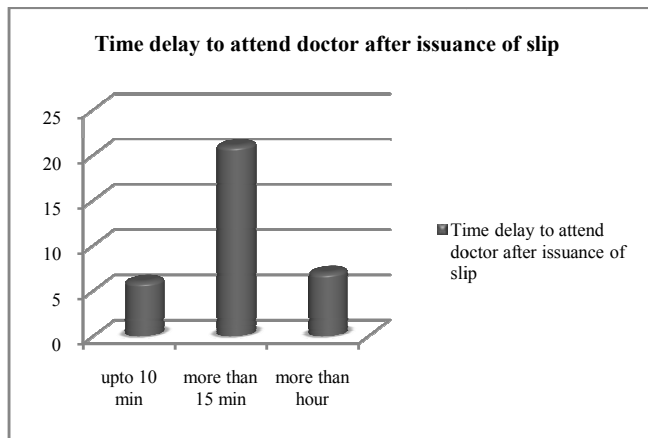


Fig 3 Showing time delay to attend doctor after issuance of slip.

#### Patients attended by designated doctors at OPD

Most of the patients (38.2%) were attended by Post Graduate Trainees. 23.5% patients were attended by Medical officer on duty. Results are shown in figure given below.

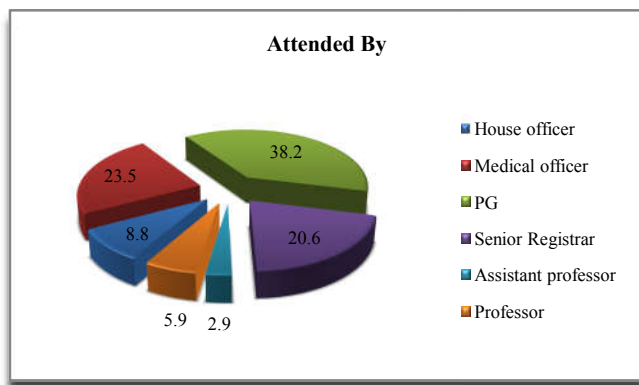


Fig 4 Showing Frequency Distribution of Patients being attended by doctors at different designation.

#### Type of service being received at OPD

Table 11 Showing frequency distribution of service type being provided at OPD. 79.4% percent received ambulatory services.

Type of Service	Frequency	Percent
Admitted	7	20.6
Ambulatory Services	27	79.4
Total	34	100

#### Various disposals of patients at OPD

Table 12 Showing frequency distribution of patients having various disposals at OPD.

Disposal of Patient	Frequency	Percent
Admitted	6	17.6
OPD services	23	67.6
Under investigation	4	11.8
No clear Direction	1	2.9
Total	34	100

67.6% received OPD services immediately

#### Association between referral note and guidance given at reception

Referral note	Count	Guidance given at reception		Total
		Yes	No	
Referral note	Yes	13	3	16
	No	9	9	18
Total		22	12	34

#### Disposed By

Table 13 Showing frequency distribution of patients being disposed by respectively designated doctor. 38.2 % were attended by assistant professor. 23.5 % received by senior registrar.

Disposal By	Frequency	Percent
House officer	2	5.9
Medical officer	7	20.6
Senior Registrar	8	23.5
Assistant professor	13	38.2
Associate professor	2	5.9
Professor	2	5.9
Total	34	100.0

Table 14

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.622 <sup>a</sup>	1	.057
Likelihood Ratio	3.753	1	.053
N of valid cases	34		

#### Inference

Chi-Square with  $df = 1$  and p-value slightly greater than 0.05 reveals that there is not relatively significant association between referral note and guidance given at reception. Out of 16 patients with referral note 13 patients (81.25%) were given guidance at reception while out of 18 patients with no referral notes 50% were given guidance.

**Table 15**

Association between referral note and its advantage				
Count	Advantage of having referral note		Total	
	yes	No		
Referral Note	yes	12	4	16
	no	5	13	18
Total		17	17	34

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.556 <sup>a</sup>	1	.006
Likelihood Ratio	7.869	1	.005
N of Valid Cases	34		

### Inference

Chi-Square with  $df=1$  and  $p$  value almost equal to 0.05 reveals that there is significant association between referral note and its advantage. Out of 16 patients with referral note 12 patients (75%) availed advantage of referral note.

### DISCUSSION

The referral of a patient from a general practitioner (GP) to a hospital environment represents a transition of care, in which the major information exchange is through the written referral letter<sup>[13]</sup>. This transition of care represents an important step in the quality of the care process, and it has been shown that key clinical information may not be communicated adequately at the transition of care interface<sup>[14]</sup>. There has been considerable research into the quality of a referral and its impact on the process of care. A Norwegian study from 2007 amongst elderly patients demonstrated that both referral and discharge letters were missing vital information. The consequences might represent a health hazard to older patients<sup>[15]</sup>. A Finnish assessment of the quality of referral letters for patients with asthma concludes that 45% of the referrals were of poor or unacceptable quality, based upon quality criteria developed by GPs and hospital respiratory consultants<sup>[16]</sup>.

The referral letter plays a key role both in the communication between primary and secondary care, and in the quality of the health care process. Many studies have attempted to evaluate and improve the quality of these referral letters, but few have assessed the impact of their quality on the health care delivered to each patient. Poor communication between primary and secondary care can lead to inappropriate investigations and erroneous prioritization<sup>[17]</sup>. Despite an elaborate network of over 5000 basic health units and rural health centers, supported by higher-level facilities, primary health care activities have not brought about expected improvements in health status, especially of rural population groups. A poorly functioning referral system may be partly to blame<sup>[18]</sup>. It is clear that the referral system has, and will have, an impact on primary and secondary health care services. In order to optimize positive and minimize negative aspects of this impact, communication between primary health centers and hospitals should be of high standard. Regular reviews and studies of referral systems are recommended<sup>[19]</sup>.

Referral rates around the world vary from 2.3% in Taiwan<sup>[20]</sup> to 40% in the United States<sup>[21]</sup>. The high referral rate seen in our study (55%) is most probably due to the limitations of the LHWs to manage very basic medical conditions. It may also

imply a lack of resources such as drugs, contraceptives and other medical supplies necessary to deal with such issues. The proportion of unsuccessful referrals varies worldwide. Figures range from 10.6% in Taiwan to 12% in the British National Health Service and up to 31% in Uganda<sup>[22]</sup>. Our study shows an unsuccessful referral rate of 23.6%. Perhaps more important is the converse of this statement, 75.5% referrals were successful.

Most of patients directly attend the tertiary care units on their own without any prior visit to primary or secondary units, furthermore the private practitioners also refer patients to the tertiary health care without referral to basic setups, all these breaches in the regular referral system leads to compromise on the effectiveness of the system by creating overload on tertiary units<sup>[16]</sup>. It is also recommended to create disincentives for people bypassing this 3-level system and ensuring authorities to cooperate in formulation and implementation of law to utilize this 3-level system of referral strictly<sup>[23]</sup>.

It is proposed that for the development and improvement in the health care system the basic need is to shift the trend of visiting secondary or higher health center at the very first instance to primary health unit and if required being referred to higher units for expert opinion to develop an efficient and cost effective system to deliver health care facilities to all the population utilizing the minimal resources, as in Britain where a triage system has been adopted to avoid unnecessary hospital admissions and making early discharge of patient more easy. This is being done by decreasing the unnecessary referrals and admissions by providing more physicians and facilities at the basic health units<sup>[24]</sup>.

### CONCLUSION

The number of referrals to Surgical OPD of BVH is quite low which is attributed to more number of self referrals and unsatisfactory referral system. Even the patients being referred do not have prescribed referral form and most of the referrals were verbal. But level of consultancy is quite satisfactory for referred patients. Patients with referral note either prescribed or informal, experienced advantage over patients referred with verbal instructions. Time delay to approach doctor after issuance of slip is not more than one hour for most of patients. Majority of referred patients are being attended by Senior doctors and in case being attended by House officers it is at least done under supervision of registrar. Most of the patients received OPD services and did not require admission and disposal is being decided by registrar or above.

### Recommendations

- Quality of referral system should be improved and maintenance of record must be made necessary under HMIS (Health Management Information System).
- Services for referral of critical patients must be made available at each government facility.
- Prescribed referral note must be provided to the referred patient.
- Quality of reception must be improved for referred patients to encourage referral.
- Decision for disposal must be made by Registrar or above.

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