Concept note on Hospital and University Clinic Services of Kosovo

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Any responsibility for the content of this concept note relies with main author Ilir Hoxha and not contributors whose contribution was limited to giving feedback to the drafts of concept note and at time providing information that was used for compilation of this concept note.

Introduction

The health care reform initiated by Ministry of Health over the course of past three years has set the pace for a serious reform process In Kosovo. It's based on three pillars: health financing reform, establishment of medical chambers and set up of Hospital and University Clinic Services of Kosovo (HUCSK).

Establishment of HUCSK often referred to as a professional services or line services, is one of the pillars of health system reform promoted by the Ministry of Health during the term that ended on June 8, 2014, that has been somewhat controversial and contradictory with other pillars of health care reform.

The aim of this paper is to unveil the concept of HUCSK and discuss possible effects on health system in Kosovo. This concept note is an analysis of a model based on the information and direct engagement in a health reform process.

There is no tendency to criticize such reform effort but rather to show its advantages and opportunities as well as potential risks to consider. The ideas within this paper have been shared in two rounds of discussion and one mini conference with health professionals working in Neonatal, Gynecologic and Obstetric care in Kosovo, as well as representatives of Ministry of Health. Many professionals including previous Minister of Health have endorsed the ideas shared in this concept note.

The idea

HUCSK aims to integrate the health care system in the country along specialist professional lines (for example Gynecology, Neonatology, Surgery etc.).

A similar model has been developed in one of the administrative regions in Sweden. The idea to initiate such a model in Kosovo started during a visit to Sweden, by Minister of Health during his mandate (2010-2014).

This model aims to reorganize University Clinical Centre of Kosovo (UCCK) and 7 regional hospitals into one system. The clinics of UCCK would be at the center of all professional services management. This doesn't mean that UCCK is responsible for a new line services model, but it will for sure have a major role within it.

Contracting for health services with actors outside the health insurance fund was one of the main enthusiasms that were actively promoted Minister and Ministry of Health.

Although in a principle with a very good goal, this idea is developed without a good analysis of the benefits and effects that can have to health system. There was no detailed analysis performed on repercussions of such reform effort in contractual and budget relations (especially on, to be

established, Health Insurance Fund) as well as repercussions on institutional management of hospitals that will involved in such exercise.

The policy process of pursuing this policy direction was not as participatory, as it was the case for example, with the Law on Health Insurance.

The Ministry has made the first steps towards the implementation of HUCSK. The minister first approved the decision to establish such institution, a character of such body was drafted and approved by the Government, General Director of HUCSK was hired, a board of organization has been set up and establishment of the boards for individual services has been initiated.

One of the first line services that will start and that will be used as a pilot for other boards is line service for Genecology, Obstetrics and Neonatology.

Based on prior research on legal framework, we have the following information on HUCSK:

- ✓ Consists of secondary and tertiary health care institutions in public sector;
- ✓ HUCSK has legal autonomy;
- ✓ HUCSK has the rights and takes obligations, is owner of movable and immovable assets that deal with health activities, and is apart to proceedings before courts or other state bodies;
- ✓ HUCSK carries out and fulfils the obligations and duties in accordance with norms, standards, strategies and policies issued by the Ministry;
- ✓ Employees at HUCSK do not belong to the civil service. Hospital and Clinical Service of Kosovo was established by health law N0.04/L-125.

Statute of HUCSK defines integral number of units, authorization, scope of organization, operation, rights, duties, responsibilities and ways of carrying out activities under this law.

HUCSK is directed from the Governing Board, which is the highest decision making body.

Governing Board is consisted of seven members: a representative from University Clinical Center of Kosovo, a representative from University Clinical Dentistry Center of Kosovo, a representative from National Institute of Public Health of Kosovo, a member from Regional Hospitals, a member from Primary Health Care services, a representative from the Ministry of Health and a health management expert.

The Governing Board is appointed by the government upon the proposal of the Ministry of Health and is headed by a chairperson with a mandate for one year. The Governing Board may appoint a national and international expert as observers to support its work.

The General Director who is named by Governing Board deals with operational affairs. General Director is responsible for professional performance and financial affairs of HUCSK.

Professional Services (i.e. line services) are administrative and functional units of HUCSK within a specific area of health care (i.e. Gynecology, Obstetrics and Neonatology).

Professional Services have decision making power for clinical professional standards and academic and scientific standards, and advisory power to the Governing Board of HUCSK.

Professional Services is headed by the Council of Professional Service and is consisted of: Director of the relevant clinic, or tertiary health care institution, or Chief of their constituent unit; Representative of constituent academic department; Head of constituent department inside the hospital; Representative from primary health care; Representative from patients association; and Financial director with expertise in health management.

Council of Professional Services has its Chief of Council and Financial Director. Members of Council are delegated by respective institutions and are appointed from the General Director of HUCSK. HUCSK is financed from Budget of Kosovo and from other sources.

Duties and responsibilities of Council are as follows: Council is responsible for advising Governing Board of HUCSK and other health institutions; Council should compile strategy for ensuring the quality of basic and additional health care inside Professional services, including provision of mechanisms for information of constituent units of Professional services including relevant quality indicators (analysis of complaints, relationship between doctors, nurses and patients, level of intra-hospital infection, analysis of serious incidents etc.); Identifies needs for development of human resources; Identifies needs for necessary infrastructure and technology; Provides effective monitoring of Professional service performance; Identifies problems that are as an obstacle for quality of health care; and coordinates and supervises specialist education in accordance with Chamber of Health Professionals.

Opportunities

The proposed service is a good opportunity to address some key issues in health care system in the country. The proposed system could be a mechanism for better coordination of health care, continuous assessment of the performance of health institutions, empowerment of standards of care, organizational and service provision capacity building and human resources planning. This all could lead to better health care services for citizens of Kosovo.

Many things are still undefined and this represents an opportunity for interested parties to use this mechanism (HUCSK) as a vehicle for solution of problems that have been persisting in Kosovo health care system, in particular in Obstetric, Gynecologic and Neonatal care. Potential opportunities are outlined below.

a. Coordination of health care between different levels of health system - may be one of the most concrete opportunities to get best use of HUCSK. Since 1999, when Kosovo health care system was re-established, there were many deficiencies in the referral of patients, delays in the timely transport of the patients from secondary to tertiary health care center, inadequate transportation, lack of information on referred patients (that were received at higher levels of care from lower levels of care), deficiencies in the admission of the patient to the tertiary level, and wrong triage of patients. So far there have been no substantial initiatives to address these problems. HUCSK by providing opportunities for discussion, exchange of information, determination of criteria for provision of health services, and other activity could minimize the problems associated with coordination of care.

b. Continuous assessment of the performance of health institutions - One proposals that was suggested by external advisers to Ministry of Health is that HUCSK should be the body to evaluate performance of health care institutions (based on pre-determined indicators for quality of care). This information can be useful for institutions to know where they stand (in terms of quality) in provision of care.

In addition, performance evaluation can be connected to the system of bonuses and sanctions on payment of health institutions. So information related with individual performance of health care institutions can be used by Health insurance Fund as an input based on which individual institutions are rewarded or punished financially.

c. Capacity building – An important problem of Kosovo health care system has been the level of professional capacity. Lower level facilities in particular, as they have not been performing at desired

level. Hospital services can address this by engaging qualified staff at all levels in capacity building efforts that would diminish the capacity gap for many health care workers working currently in different health care institutions. This all means that HUCSK can play an important role in continual medical education.

d. Mechanism for empowering implementation of clinical protocols – the topic of medical protocols has been an evolving story since end of the war in Kosovo in 1999. Large amount of external assistance has focused on such issue and there are many outputs that demonstrate isolated successes of such assistance. Ministry has been part of it in many instances and its recent engagement with support of LuxDev has formalized somewhat a more pro-active role of this institution in design and implementation of clinical protocols. HUCSK could serve as a vehicle for standardization of such protocols and support of implementation at institutional level. Part of the work of HUCSK could be related to creation of incentives and sanctions for implementation of such protocols.

e. Mechanism for planning and re-distribution of work force – Workforce distribution has been an anecdotal problem that hasn't really been properly investigated. But it is surely present. There are over staffed units and there are understaffed units among care providers. In particular in neonatal care and some units of Obstetric care. This in turn affects the level of burden (professionals have at work) as well as level of individual performance. This then finally affects the quality of work conditions and quality of care health professionals provide. HUCSK could address such problems by introducing better planning as well as support redistribution of workforce to match the needs of system.

f. Empowerment and integration of maternities – Maternities have been characterized with low level of performance and some have even been closed. Empowerment and integration of these facilities will have many benefits including reducing the number of referral, better utilization of resources, better system of care. Although HUCSK will deal primarily with tertiary and secondary level of care, pathways for integration of primary level care is essential for performance of health care system as a whole.

Risks

Risks of the concept of line services, in Kosovo case, relate mainly to the tendency for horizontal management focused on relevant specializations.

a. Complicating the implementation of the health insurance scheme - is one of the key side effects. If we insert a horizontal system of management of health institutions then contracting for health services in the framework of the basic package would require a complicated system of reimbursement for health services from the health insurance fund.

For example a patient with diabetes will be a client of internal, surgical and ophthalmic professional (line) services. Patient in obstetrics and neonatology can be a client of several (line) professional services too. Newborn often will need surgical care, neonatal care, at the same time. Future Health Insurance Fund may have to discover a very complicated way how to pay institutions (line services) for their services that they offered to same patient for one disease episode.

This is not a simple task especially for an institution that will be established from the scratch with no experience beforehand (like in countries in the region). One can even say that while the idea of implementing health insurance can be a "cure" for Kosovo health system, hospital services (in some elements of it) can be the "poison".

b. The transfer of competencies to the most inefficient management unit of health care system: UCCK. Although HUCSK is a separate entity from UCCK, HUCSK will be delegating/using a lot of UCCK infrastructure to perform its functions. While UCCK is is characterized by inefficient management for years. In contrast, some hospitals have had a more efficient management (i.e. regional hospital of Prizren, Gjakova and Mitrovica). In a large measure this is due to the fact that institutional management is left to the people who are mainly with academic and clinical competencies/credentials and with no modern management experience.

If UCCK Clinics will lead/manage.supervise the professional services in regional hospitals, then there is a risk that whole system of hospital management will be in hands of the centre in Prishtina. From current prospects it is difficult to see how there will be an improvement in the management of regional hospitals though such system.

c. Nobody knows what is happening – Most professionals are not aware of the reform process. This is concluded from several studies, including the one performed with support of UNFPA. There are many unclear issues.

This is a result of lack of communication and the complexity of the proposal for HUCSK. All these can increase the resistance for the implementation of this idea and have very serious repercussions in quality for reform process.

The worst

Things can go to worst. This has started to become clear as the implementation of concept has begun. Bellow are outlined main risks that can make this mechanism a "nightmare" for Kosovo health care system.

a. Full centralization of regional hospital service - Centralization of tertiary and secondary health care guided by the tertiary level, i.e. the most dysfunctional health system, is hard to believe will bring any good. This will destroy the parts that have already been functional within the existing system, in particular hospital in Prizren, Gjakova and Mitrovica.

b. Total control over resources of the hospital health care system - One trend that has been built for years in the Ministry of Health has been full control of anything that can be controlled. In particular, financial resources, appointment of management in regional hospitals and UCCK, selection and hiring of personnel in health care facilities, distribution of residency programs, licensing of doctors, purchase medical products from essential list and so on. There have been continuous cases of corruption and misuse of official position by several officials of the Ministry of Health. HUCSK will not address this problem. It will just place it at HUCSK level.

c. Create even more chaos - Combining the idea of the functioning of the Clinical Hospital Service of Kosovo with some other undefined ideas, for example development of public private partnerships in the health sector, implementation of health insurance scheme, and the chambers of health professionals can lead to a chaos that will be difficult to manage.

d. Deteriorate quality of care even more - Causing problems in the functioning of hospitals and worsening of quality of care is another potential negative effect. Drastic changes from vertical to horizontal management that is foreseen within HUCSK would lead to: confusion at a various levels on who is responsible for what, battle for positioning of various individuals and institutions, the interference of politics and so on.

e. Affect negatively management of hospitals - As a result of all these, the regional hospital management may deteriorate substantially and consequently the quality of services, too. The

management will become complicated and people who know something may not be motivated to participate in such complex system.

f. *Dissatisfaction of medical staff* - as a result of the changes and the lack of the process of dialogue with them, health professionals may start to lose motivation, and continue migration in the private sector (and even abroud).

Way forward/specific actions

There are several specific actions that could support the process of implementation of line services concept toward opportunities that we have outlined above.

a. Ministry should halt immediately the implementation of line services. Such reform process if continued will be doing harm to the fragile health system. Ministry should work on immediate policy measures that would halt this reform going deeper in the wrong direction. This may include: review administrative instruction that regulates Hospital and Clinical Service mechanism, review the statute and other recently established policy instruments.

b. Ministry should explore the details for each opportunity (outlined above) and develop policy direction for each of them.

c. Ministry could benefit from technical advice to address such opportunities through policy process that would lead to revision and development of specific policy instruments. Action for Mother and Children will be at disposal to help in such efforts in strong collaboration with Solidar Suisse.

d. Any process of support of reform process (related to line services) should start with request and interest from Ministry.

e. Meeting between Ministry, Action and UNFPA can help any development of cooperation in lines suggested above. Consultation with major stakeholders (i.e. The World Bank, LuxDex and Swiss Development Cooperation) is essential too, as they hold larger stakes in supporting Ministry of Health in health care reform process.

f. Ministry should make serious efforts to inform and involve people (in all levels of services provision and management of health care institutions) in implementation of line services concept as this will help the process.

Some important principles as we move forward

a. In the workshops with professionals numbers of ideas have been generated. This reminds us that the change should come from them. Not from Ministry only. The Ministry should provide framework and by moving forward with some aspects of health care reform Ministry has done so. Line services should become a mechanism that enables them (health professionals) to find ways to change health care system.

b. Health care reform tends to create entropy like any other change effort. Information of people involved in the system helps. Continuous share of information will help reform process by lowering the resistance, increase of support as well as by gaining new ideas on how to solve concrete problems that will be encountered in the way of implementation of this pillar of health care reform.

c. Better understanding of opportunities may come by exploration and review of existing documents and work done by agencies. Work should not be duplicated it should be complemented.

d. Investigation of health system performance may be a tool that can help in understanding specific problems of healthcare delivery (problems have not been considered and understood by previous research and assessments).

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Title of research **Inventory of Resources and Health Staff of Health Institutions of the Professional Service for Gynecology, Obstetrics and Neonatology in Kosovo**

Location of research **Kosovo**

Background

One of the activities of the Initial support in development of the UNFPA funded project "Integrated Professional Service Line for Gynecology, Obstetrics and Neonatology in Kosovo" implemented by the Action for Mother and Children was collection of data about the number of professionals in clinics of Gynecology and Neonatology in Prishtina and regional hospitals and collection of data for all medical devices available in these health facilities clinics - departments including maternity wards of MFMC.

The aim of this activity is to get an overview of distribution of equipment included in the assessment list and to get information about functionality and maintenance of equipment / devices, supply with spare parts and disposables, in the Gynecology and Neonatology clinics and departments of the UCCK, Regional (General) Hospitals and at the level of PHC facilities, Maternity Wards and Women Wellness Centers (WWC).

This rapid assessment covers a list of equipment based on the questionnaire (See Annex 1) that was designed and agreed by the core team of researchers. The list of assessed equipment includes equipment and devices that are considered essential for provision of quality services and that require maintenance and supply with spare parts and consumable materials such are endoscopic devices, colposcopy & amnioscopy, ultrasound and cardiotocography CTG equipment, incubators, ventilators and CPAPs etc.

Rapid assessment doesn't include equipment of operation wards, sterilization units and outpatient units since this is complex and requires more resources and technical expertise.
Research team was comprised of the lead researcher and two assistants who maintained the database and did the analysis using SPSS software.
Questionnaires were filled in by designated staff of respective health institutions under guidance and instructions of the lead researcher.

Sampling Frame

Gynecology, Obstetrics and Neonatology services in Kosovo is provided through a network of the following health institutions:

Table 1: Healthcare Institutions that Provide GON Services

Level of Care	Institution	Number of institutions
Primary	Maternity ward of the MFMC	15
	Women Wellness Centre of the MFMC	3
Secondary	GON Departments of Regional Hospitals	6
	GON Departments of city Hospitals	4
Tertiary UCCK	Clinic of Obstetrics and Gynecology	1
	Clinic of Neonatology	1
Total		30

Due to political, access and security issues and having in mind that health institutions including maternal and newborn care institutions managed by Kosovo-Serbian authorities and will be not involved in reform processes at this stage those institutions were exempted from the study. Those institutions are: Regional Hospital Mitrovica North, City Hospital Gracanica and Maternity Wards in Leposavic and Sterpce.
Selection of health facilities for this study was done based on two approaches.
All (100%) secondary and tertiary health services providing Gynecology, Obstetrics and Neonatology services were included in the study. See the list below:

Table 2: GON services at the Secondary and Tertiary level

No	Institution	Level of care	Location
1	Clinic of Obstetrics and Gynecology	Tertiary	Prishtina
2	Clinic of Neonatology	Tertiary	Prishtina
3	OGN Department Regional Hospital Prizren	Secondary	Prizren
4	OGN Department Regional Hospital Gjakova	Secondary	Gjakova
5	OGN Department Regional Hospital Peja	Secondary	Peja
6	OGN Department Regional Hospital Mitrovica	Secondary	Mitrovica
7	OGN Department Regional Hospital Gjilan	Secondary	Gjilan
8	OGN Department City Hospital Ferizaj	Secondary	Ferizaj
9	OGN Department City Hospital Vushtri	Secondary	Vushtri

For selection of services providing maternal and newborn care - Maternity wards and Women Wellness Centers at the level of Primary Health Care, random sampling technique will be applied. Currently there are 15 active maternity wards and two Women Wellness Centers at the PHC level. 10 active maternity wards (66%) and 2 Women Wellness Centers (66%) were selected using random sampling methodology with regional representation (See the list below):

Table 3: GON services at the level of Primary Health Care

No	Institution	Health Region	Random sampling
1	Maternity Ward MFMC Podujeva	Prishtina	2
2	Maternity Ward MFMC Lipjan	Prishtina	5
3	Maternity Ward MFMC Gllogovc	Prishtina	1
4	Maternity Ward MFMC Skenderaj	Mitrovica	3
5	Maternity Ward MFMC Istog	Peja	10
6	Maternity Ward MFMC Klina	Peja	4
7	Maternity Ward MFMC Decan	Peja	-
8	Maternity Ward MFMC Malisheva	Prizren	9
9	Maternity Ward MFMC Dragash	Prizren	8

10	Maternity Ward MFMC Suha Reka	Prizren	7
11	Maternity Ward MFMC Rahovec	Prizren	-
12	Maternity Ward MFMC Viti	Gjilan	6
13	Maternity Ward MFMC Kamenica	Gjilan	-
14	Maternity Ward HH Gracanica	Prishtina	Excluded
15	Maternity Ward HH Leposavic	Mitrovica	Excluded

There are three active Women Wellness Centers. Two of those are placed at the PHC level while the one in Gjilan is placed in the Regional Hospital.

Table 4: Women Wellness Centers

No	Institution	Health Region	Random sampling
1	Women Wellness Centre Prishtina	Prishtina	2
2	Women Wellness Centre Prizren	Prizren	1
3	Women Wellness Centre Gjilan	Gjilan	Ex

Both WWC at the level of PHC were included in the study. The Gjilan WWC which is an integral part of the GON Department of the Gjilan Regional Hospital was evaluated as a part of the GON service of the Gjilan Regional Hospital.

The issue and findings

Rapid Assessment - Inventory of resources of the health institutions of the Professional Service for Gynecology, Obstetrics and Neonatology in Kosovo covered 21 health institutions providing gynecology, obstetrics and neonatology services, out of which two clinics of the University Clinical Centre of Kosovo, the Clinic of Obstetrics and Gynecology and the Clinic of Neonatology , Units of Gynecology, Obstetrics and Neonatology of five Regional Hospitals, Units of Gynecology, Obstetrics of two City Hospitals, ten Maternity Wards of Main Family Medicine Centers and two Women Wellness Centers placed at the Main Family Medicine Centers. The list of assessed institutions is presented bellow.

Number and Sorts of Equipment and Devices

In total the team of researchers received and processed nearly 600 questionnaires, out of which 525 questionnaires were valid and fulfilled the minimal requirement for information in order to be included in the analysis.

Sorts of equipment and devices that were included in the assessment are presented in the table below.

Table 5: Number and Sorts of Equipment and Devices

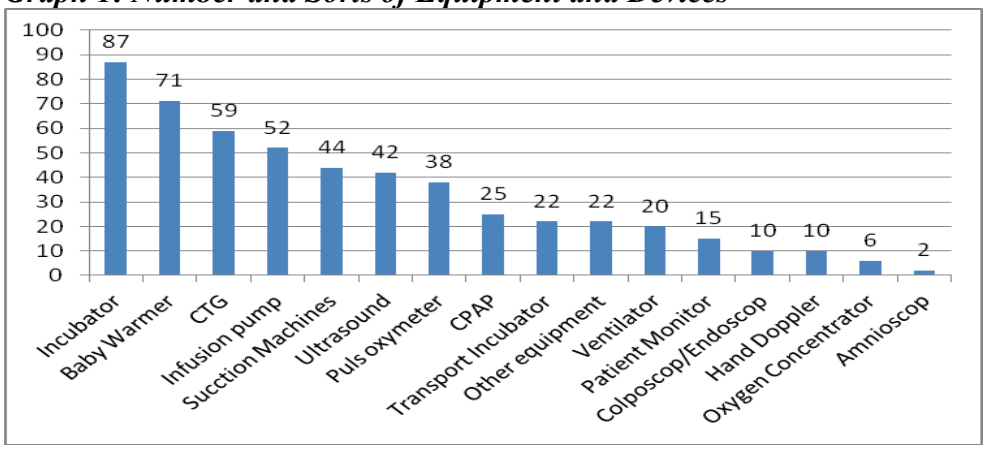
Sort of Equipment	Frequency	Percent
Amnioscopy	2	0.38
Incubator	87	16.57
Transport Incubator	22	4.19
Infusion pump	52	9.90
Patient Monitor	15	2.86
Puls oxymeter	38	7.24
Ventilator	20	3.81
Baby Warmer	71	13.52
Oxygen Concentrator	6	1.14
Suction Machines	44	8.38
CPAP	25	4.76
Colposcopy/Endoscope	10	1.90
CTG	59	11.24
Hand Doppler	10	1.90
Ultrasound	42	8.00
Other equipment	22	4.19
Total	525	100.00

As it can be seen from above highest number of equipment and devices are equipment and devices used for provision of neonatology services, such are incubators (87) and transport

incubators (22), infusion pumps (52), CPAP machines (25) and equipment and devices used in the obstetrics and gynecology such are CTG (59), ultrasound machines (42) etc.

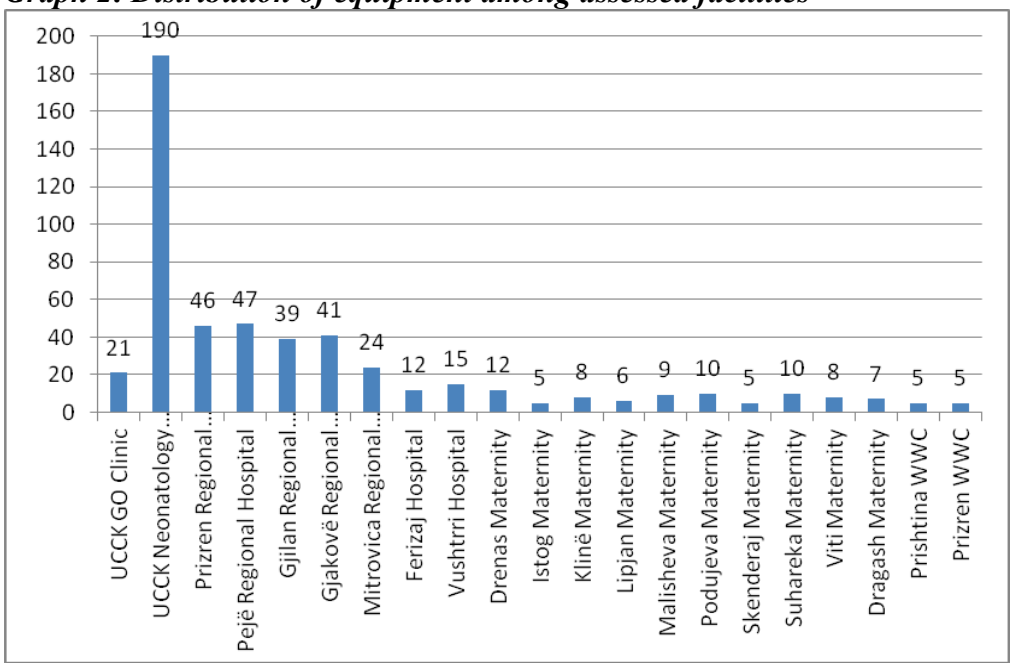
Lowest numbers of equipment are endoscopic equipment - endoscopy and colposcopy (10) and amnioscopy (2). Availability of this equipment was reported only by tertiary and secondary healthcare levels.

Graph 1: Number and Sorts of Equipment and Devices



Distribution of equipment and devices within assessed health facilities is presented in the graph bellow and table presented in the Annex 2, which provides numerical details.

Graph 2: Distribution of equipment among assessed facilities

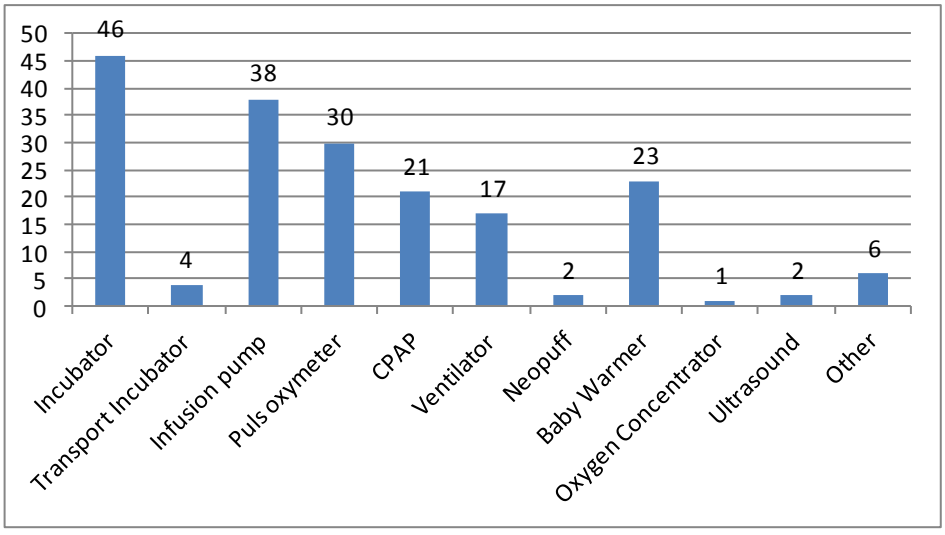


Highest number of equipment and devices is available at the facilities providing tertiary and secondary healthcare services, i.e. at the Clinic of Neonatology (190) and Regional Hospitals Peja (47), Prizren (46), Gjakova (41), Gjilan (39) and Mitrovica (24).

Number of equipment in City Hospitals in Ferizaj and Vushtri is slightly higher that at the level of maternity wards placed in primary healthcare level, and ranges between 5 equipment and devices in Istog, Skenderaj to 10 equipment and devices in Podujeva and Suha Reka maternity wards.

The Clinic of Neonatology has a wide variety of equipment and devices as presented in the graph bellow. Assessment showed that Clinic of Neonatology which services as a referral tertiary level health facility providing newborn care in Kosovo has considerable capacity of life support equipment i.e. equipment for intensive care services such are incubators (46), CPAPs (21), Ventilators 17 and Neopuff (2).

Graph 3: Equipment and Devices of the Clinic of Neonatology



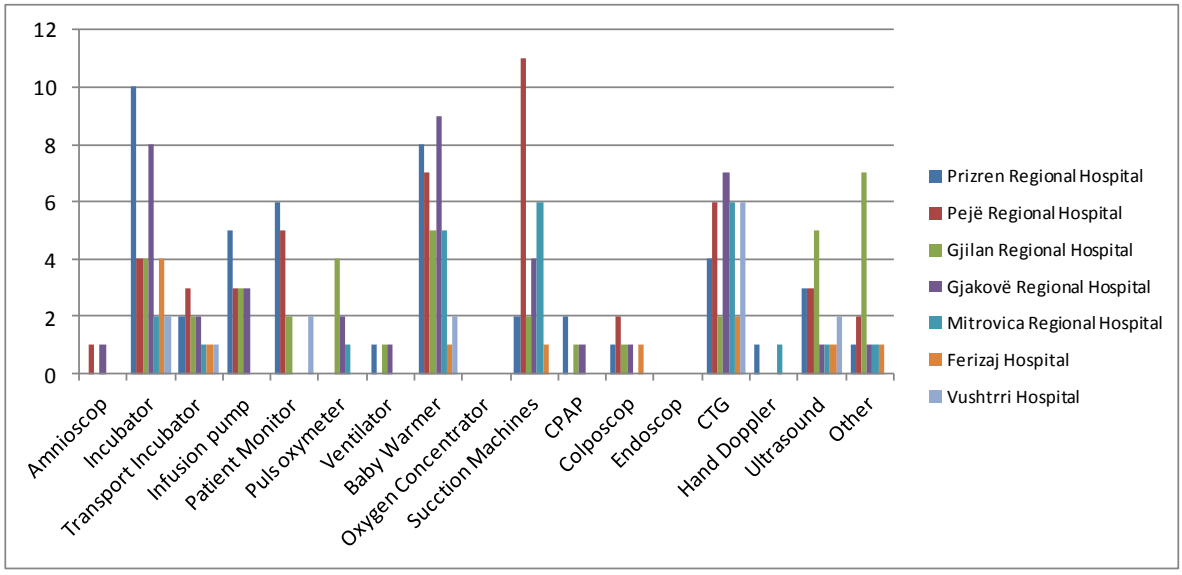
Brands of equipment and devices and their age is various. Among incubators there are 11 Drager incubators seven of which were put in use 2 years ago and 10 Llullaby incubators that were put in use 2 -3 years ago. Other incubators are aged between 12 and 14 year and are mostly donated during the post war period.

Clinic of Neonatology has reported 21 CPAPs, 17 ventilators and 2 Neopuff machines for air support. 16 CPAPs are of the brand Infant Flow SIPAP Viasys Carefusion, aged between 2 years (10 pieces) and 8 to 10 years (11 pieces of equipment), indicating periods of government and donor investments in nowborn care.

In regard to resucitation ventilators for newborns, Clinic of Neonatology has 17 ventilators. Three (3) ventilators are reported to be old and out of order. Out of 14 functioning ventilators nine (9) are Newport e 360 ventilators from USA, aged 5 – 6 years, four (4) are Heinen Lowenstein Leoni 2 Resuscitation Ventilators donated two years ago by Japan Government, and two (2) Siemens ventilators . Clinic of Neonatology also has two Neopuff infant resuscitators from Fisher and Paykel.

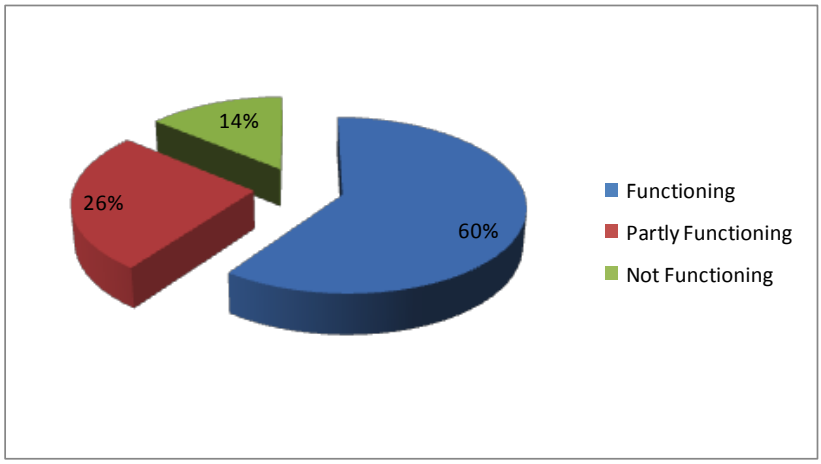
Regional Hospitals also have a wide variety of equipment and devices with Prizren Hospital having highest number of incubators (10), Peja having highest number of sucction machines and Gjilan having 5 ultrasound machines with two being out of order. Ventilators are available at Prizren, Gjilan and Gjakova, while Continuous Positive Airway Pressure (CPAP) machines are available in Prizren (2), Gjakova (1) and Gjilan (1) indicating poor capacities for newborn air support / intensive care services for newborns, while Regional Hospitals in Peja and Mitrovica and Ferizaj and Vushtri City Hospitals do not have any air support equipment, which limits their ability for provission of intensive or semi-intensive care for newborns.

Graph 4: Distribution of equipment within hospital level healthcare institutions



In terms of functionality 60% of equipment and devices available in assessed health facilities were functional and in use. 26% were reported to be partly functioning which means that those were out of order for specific periods of time and 14% were out of order and out of function.

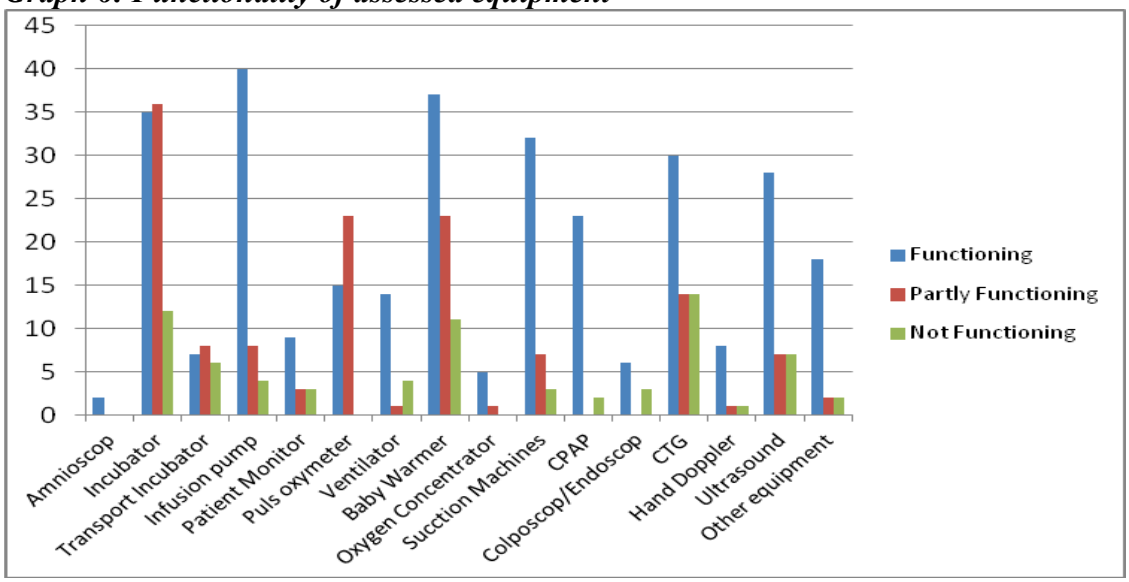
Graph 5: Functionality of assessed equipment



What captures attention while analysing functionality of assessed equipment is high number of partly functioning (36) and not functioning incubators (12), and not poorly functioning (6) or not functioning transport incubators (6) mainly in maternity wards. There is also a high number of

partly functioning or not functioning baby warmers (23 and 11 respectively) and CTGs (14 and 14 respectivelly).

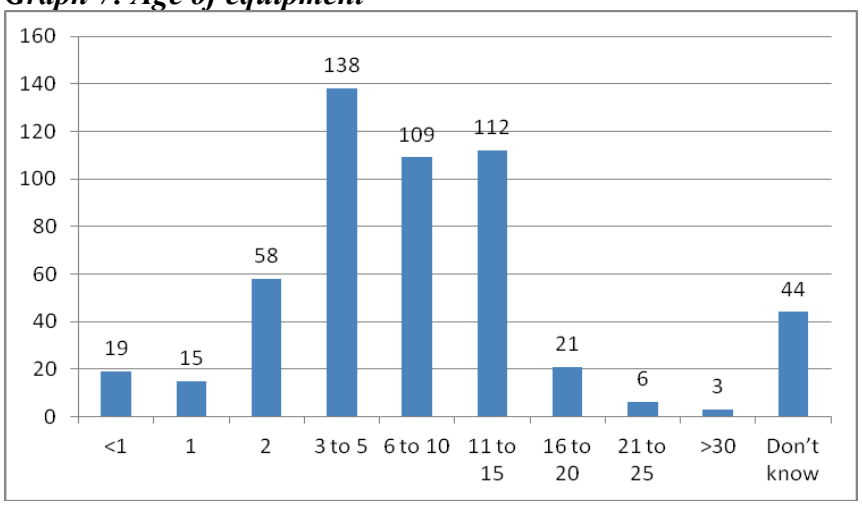
Graph 6: Functionality of assessed equipment



Age of equipment

Assessment showed that equipment used in gynecology, obstetrics and neonatology services is relatively old.

Graph 7: Age of equipment

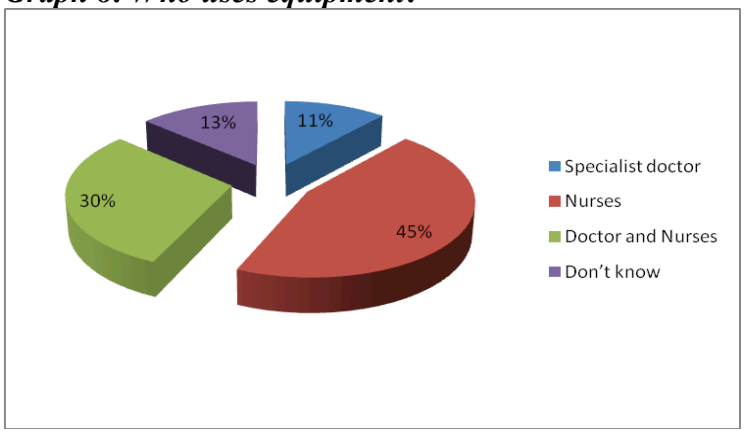


However, almost all equipment aged bellow 10 years are available at institutions providing tertiary and secondary health care level which indicate that equipment at these institutions is relatively new compared to maternity wards of primary healthcare facilities where majority of equipment is aged above 10 years and relates to donations received during the post emergency period. Exeption from this are ultrasound machines at some maternity wards which are aged between 2 and 5 years.

Who is using / handling assessed equipment?

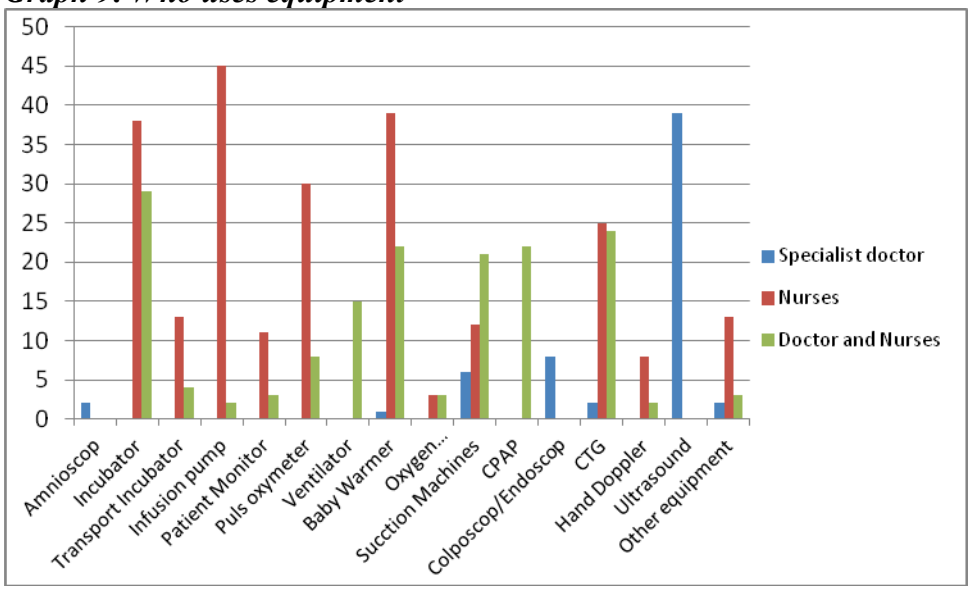
Most of equipment is handeled by nurses (45%) or by doctors and nurses (30%). In 11% of cases equipment is used and handeled only by doctors and this concerns ultrasound machines, amnioscopes, colposcopes and endoscopes, and life support equipment.

Graph 8: Who uses equipment?



Nurses are highest users of equipment. Over 75% of all assessed equipment are used and handelled by nurses, indicating that nursing staff should be targeted with trainings on equipment use. This concerns in particular equipment that requires specific knowledge and skills in order to prduce best results and longievity of equipment such are incubators, infusion/perfusion pumps, baby warmers, CTG. Interviews with nurses showed low technical knowledge on servicing and maintenance of those equipment. In most of cases nurses responded that maintenance and setrvicing and supply with spare parts and disposables is not of their concern.

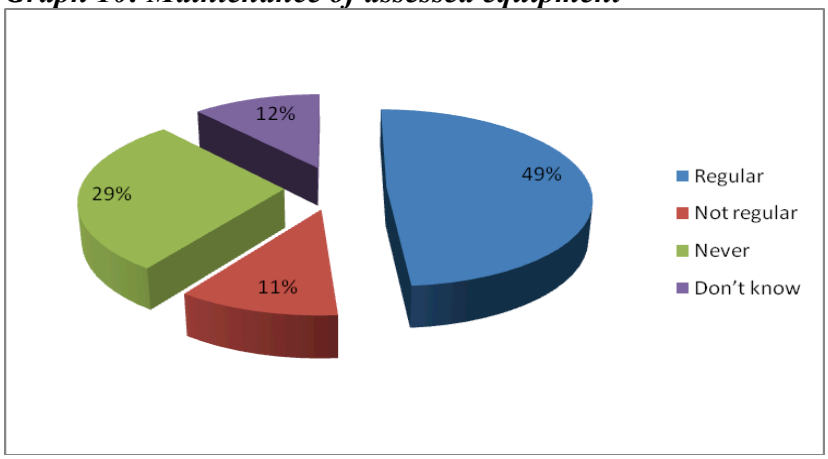
Graph 9: Who uses equipment



Servicing of Equipment and Supply with Spare Parts and Disposables

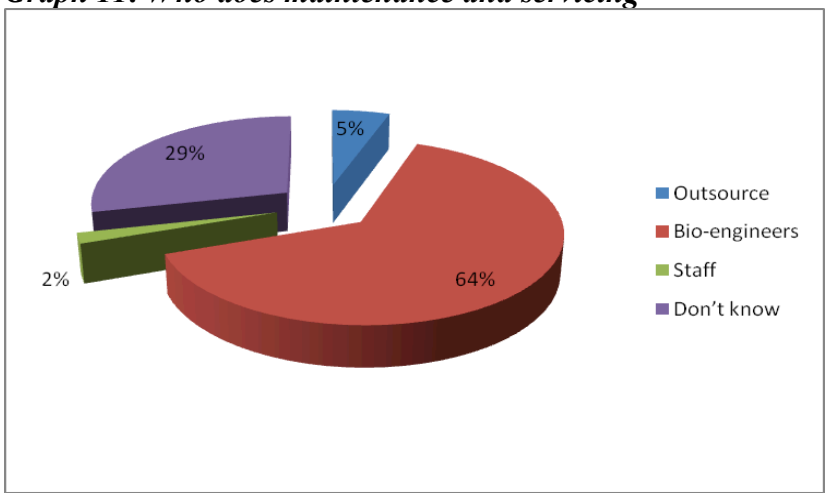
Maintenance of equipment was reported to be one of the critical issues in regard to ensuring functionality and longievity of equipment and devices in the entire public healthcare system. Reasons for this are multiple and relate to lack of professional bioengeniering capacities, variety of brands of available equipment, which range from old equipment over 20 years to new, state of the art technology equipment. Graph bellow shows that 49% of assessed equipment were serviced on a regular basis, 11% servicing was not done on regular basis while 29% of equipment were never serviced. Respondents reported for 12% of equipment that they don't know if servising was done.

Graph 10: Maintenance of assessed equipment



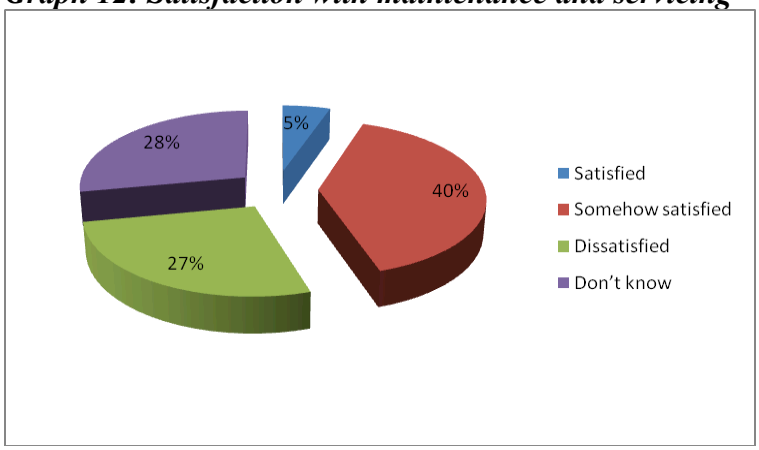
For 64% of serviced equipment, it was done by bio-engineers of the health facility. This concerns mainly UCCK Clinics and hospitals that have internal servicing capacity. In 5% of cases servicing was done by the company that was hired. In 2% of cases staffs of the facility do maintain some equipment themselves.

Graph 11: Who does maintenance and servicing



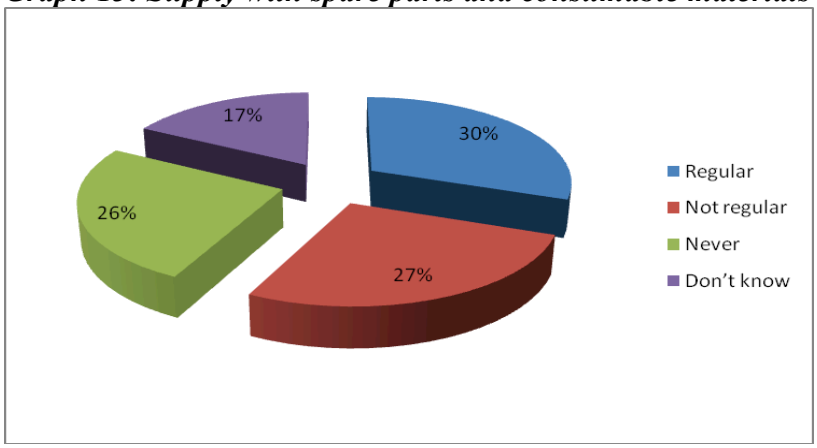
Respondents showed that they in 27% of cases they are not satisfied with the quality of maintenance or servicing. In 40% of cases they are somehow satisfied with servicing. Only in 5% of cases respondents stated that serving was satisfactory, while in 28% of cases they don't know.

Graph 12: Satisfaction with maintenance and servicing



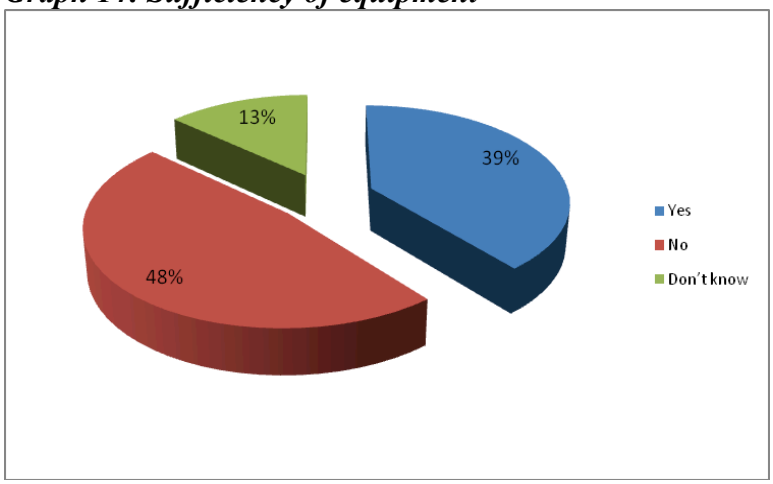
Another concern for efficient utilization and continuous functioning of equipment is supply with spare parts (ultrasound transducers, power circuits, adaptors etc) and consumable / disposable materials (tubes, bulbs, special paper for CTG and ultrasound, gel etc). Regular supply with spare parts and consumable materials is reported in only 30% of cases while irregular supply with frequent and long stock outs in 27% of cases. Respondents reported that in 26% of cases they never received spare parts or consumable materials needed for functioning of equipment. Supply with spare parts and consumable materials were reported to be very poor at the level of maternity wards of MFMC in rural municipalities with poor funding for health. Respondents reported that frequent and long stock outs of spare parts and many times missing spare parts and consumable materials causes frequent and disrupted functioning of equipment and consequently lack of access to those services for patients.

Graph 13: Supply with spare parts and consumable materials



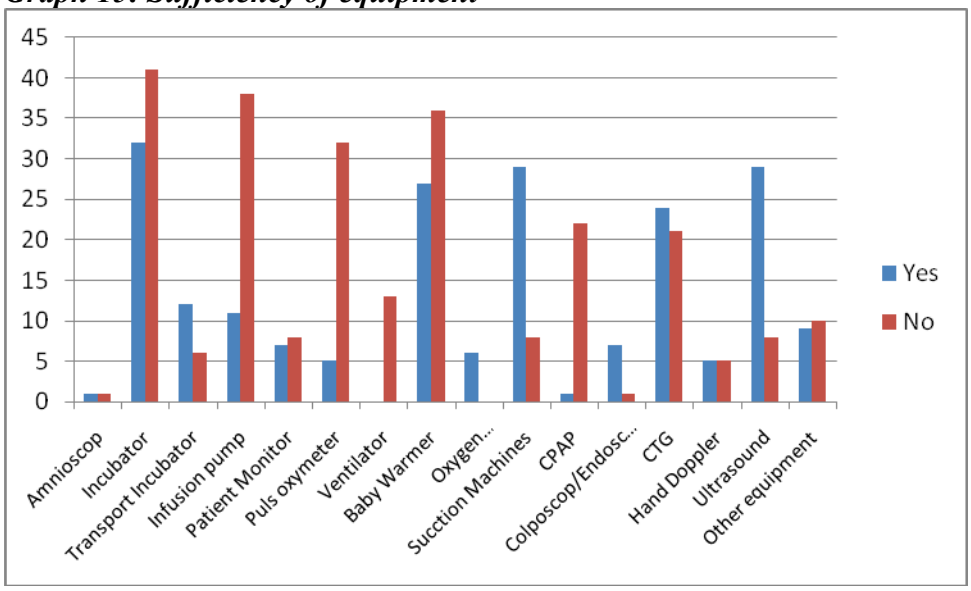
39% of respondents reported that equipment at their disposal is sufficient and that they don't need additional equipment for the time being. Nearly half of them reported that they need additional equipment if possible new, in order to improve quality and quantity of services.

Graph 14: Sufficiency of equipment



Highest demand for additional equipment is for air support machines, ventilators and CPAP machines in neonatology units of regional and city hospitals. It needs to be reminded that at the time of assessment Mitrovica Regional Hospital and Ferizaj and Vushtri City Hospitals didn't have equipment for air support such are ventilators, CPAPs and incubators.

Graph 15: Sufficiency of equipment



At the level of maternity wards highest demand is for other equipment such are baby warmers, new ultrasound machines and CTGs.

Number of medical staff in assessed facilities of Secondary and Tertiary level

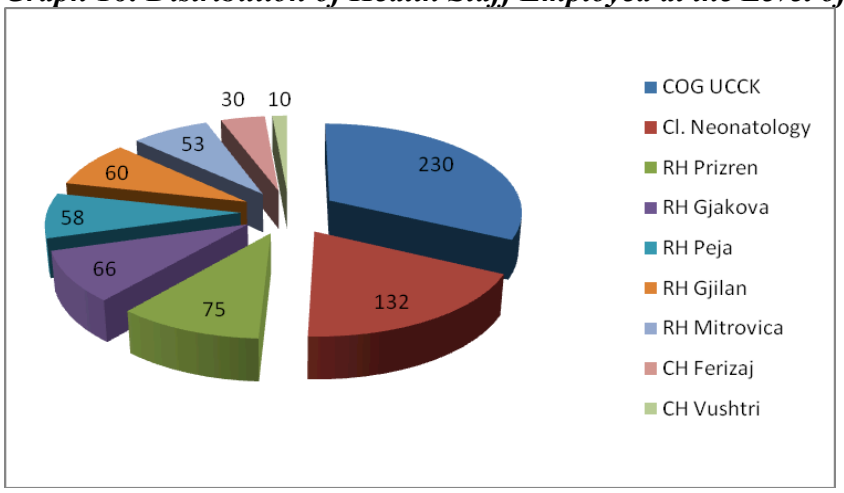
Assessment and analysis of the NIPH human resource data for health facilities showed that 689 health staff is employed in Secondary and Tertiary level facilities providing gynecology, obstetrics and neonatology services.

Table 6: Number of Gynecology, Obstetrics and Neonatology Staff at UCCK and Hospitals

Institution	Gyn Obs Specialist	Neonatology Specialist	Gyn Obs Nursing staff	Neonatology Nursing staff	Gyn Obs Residents	Neonatology Residents	Total
COG UCCK	56	0	158	0	16	0	230
Cl. Neonatology	0	24	0	91	0	17	132
RH Prizren	21	10	27	17	0	0	75
RH Gjakova	10	2	38	16	0	0	66
RH Peja	16	5	25	12	0	0	58
RH Gjilan	13	6	33	8	0	0	60
RH Mitrovica	9	1	33	10	0	0	53
CH Ferizaj	2	1	27	0	0	0	30
CH Vushtri	3	0	7	0	0	0	10
Total	130	49	348	154	16	17	714

Distribution of total health staff employed at the level of COG and Clinic of Neonatology of the UCCK and Regional and City Hospitals is presented in the graph bellow.

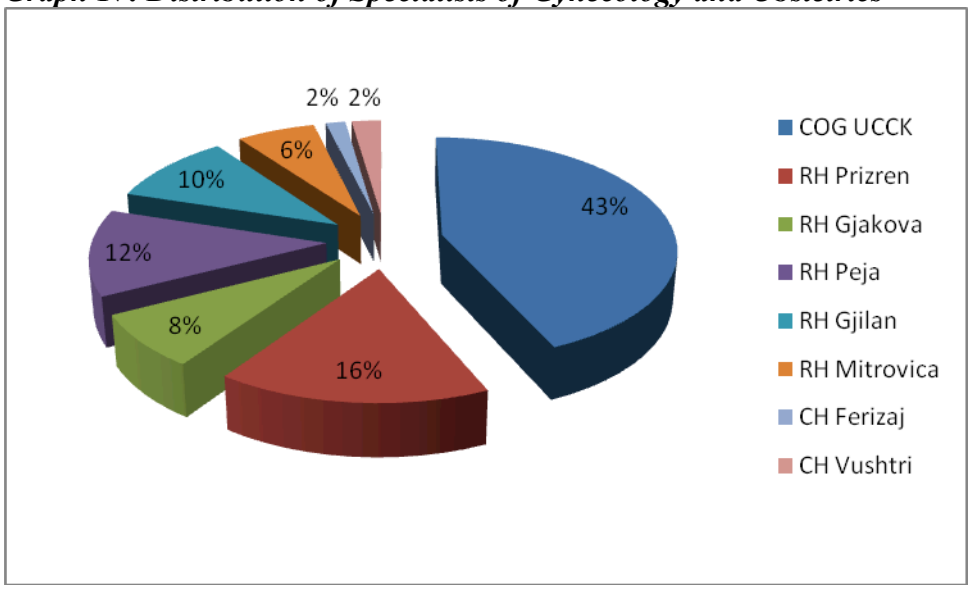
Graph 16: Distribution of Health Staff Employed at the Level of GON Hospital Care



As it can be seen from above 52% of staff providing gynecology, obstetrics and neonatology services are employed by the COG and Clinic of Neonatology of the UCCK.

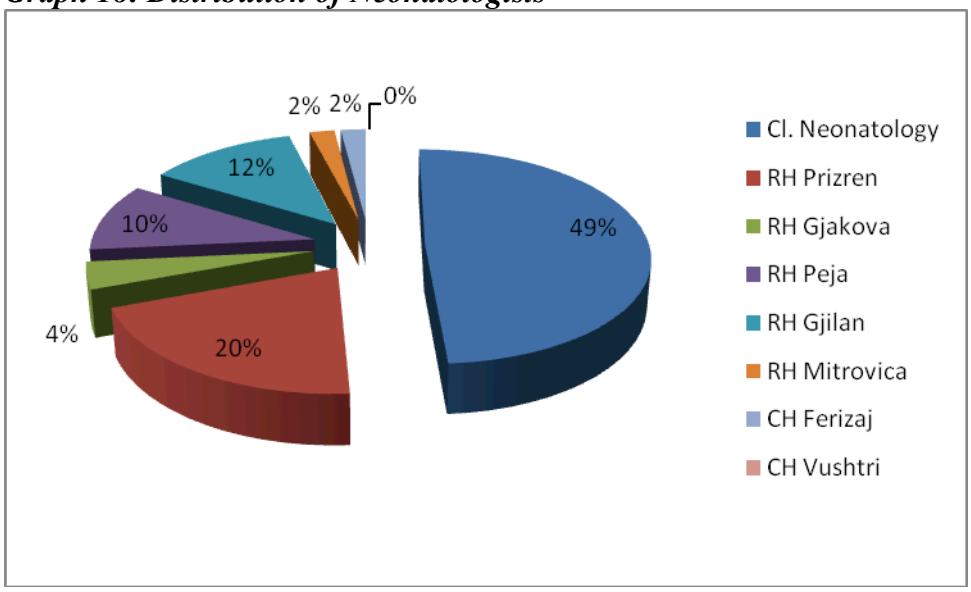
Analysis of distribution of Gyn Obs Specialist doctors shows that 43% of specialist staff is employed at the Clinic of Gynecology and Obstetrics making asymmetry of distribution of health staff more striking.

Graph 17: Distribution of Specialists of Gynecology and Obstetrics



Distribution of specialists of neonatology is even more asymmetric. Nearly half of specialists of neonatology (24) are employed at the Clinic of Neonatology and 20% (10) in the Neonatology Unit of the Prizren Regional Hospital. The Regional Hospital in Mitrovica has only one neonatologist, City Hospital in Ferizaj only one resident doctor in neonatology, while City Hospital in Vushtri does not have any neonatologists. In emergency cases this institution uses support from the pediatric department.

Graph 18: Distribution of Neonatologists



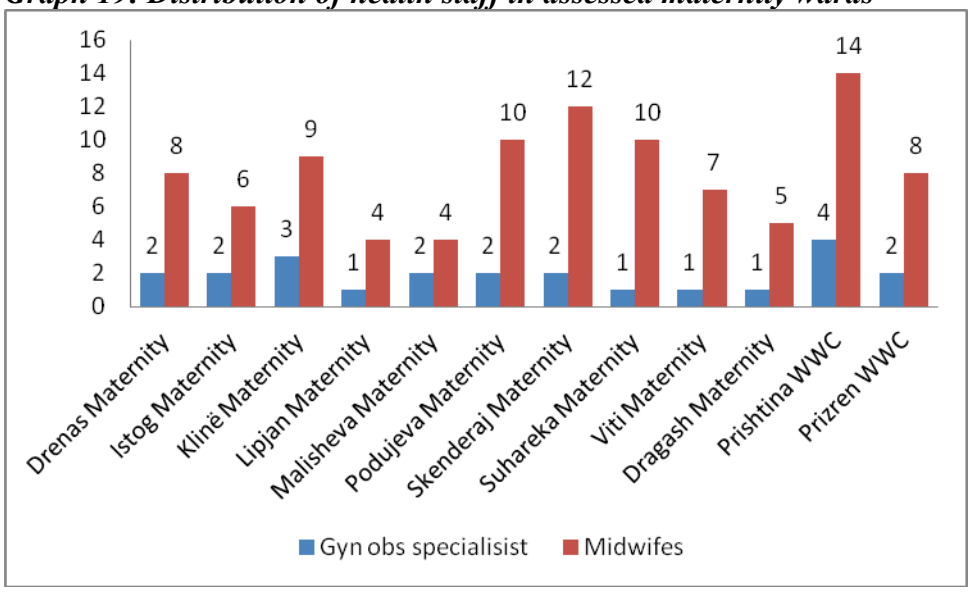
Number of medical staff in assessed maternity wards of primary healthcare level

Number of health staff in assessed maternity wards of the primary healthcare level i.e. at the level of Main Family Medicine Centers is presented in the table and graph below.

Table 7: Number of health staff in assessed maternity wards

Institution	Gyn obs specialists	Midwifes
Drenas Maternity	1	8
Istog Maternity	2	4
Klinë Maternity	2	8
Lipjan Maternity	1	4
Malisheva Maternity	2	4
Podujeva Maternity	2	8
Skenderaj Maternity	1	6
Suhareka Maternity	2	8
Viti Maternity	1	4
Dragash Maternity	1	3
Total	15	57

Graph 19: Distribution of health staff in assessed maternity wards



Number of nursing staff in maternity wards of MFMC ranges between 4 and 14 and was reported to be sufficient for the needs of maternity wards.

Number of specialist of gynecology at the level of assessed maternity wards ranges between 1 - 2 specialists in most of assessed maternity wards. Prishtina WWC has 4 specialists while Klina maternity ward has 3 specialists of gynecology and obstetrics.

Assessment found that there are no neonatologists neither pediatric nurses engaged at the level of maternity wards of MFMC.

Respondents declared that in order to provide 24 hours / 7 days (24/7) service for maternity wards optimal number of health staff is 3 – 4 specialists of gynecology and obstetrics and 8 – 12 midwifes.

Conclusions and Recommendations

Assessment found that Professional services providing gynecology, obstetrics and neonatology services are in general well supplied with medical equipment.

However, assessment found asymmetry of availability of those equipment and quality and age of assessed equipment.

Asymmetric availability of equipment corresponds with the demand and number of services provided by these institutions and number of staff of those institutions. E.g. Clinic of Obstetrics and Gynecology and Clinic of Neonatology of the UCCK which serve as a tertiary – referral level health facility for entire Kosovo and at the same time as a secondary level facility for the region of Prishtina provides over 1/3 of all deliveries and services for newborns followed by Prizren regional Hospital and other Regional Hospitals.

At the level of assessed institutions, assessment showed highest number of equipment available at the level of the Clinic of Neonatology of the UCCK (190) and regional hospitals, excluding City Hospitals in Ferizaj and Vushtri.

Number of equipment at the level of maternity wards placed in Main Family Medicine Centers is low and in most of cases equipment is old, poorly maintained and with disrupted supply of spare parts and consumables.

Almost all equipment which is newer than 10 years is available at institutions providing tertiary and secondary health care level which indicates that equipment at these institutions is relatively new compared to maternity wards of primary healthcare facilities where majority of equipment is aged above 10 years and relates to donations received during the post emergency period. Old and poorly functioning equipment available at the level of maternity wards of MFMC directly affects quality of healthcare services and consequently those institutions are not “competitive” with the hospital level pulic healthcare institutions and private health care institutions. This is one of the contributing factors for decreasing utilization of services at this level.

Therefore, the MOH and MFMC supported by donors should invest in renewal of basic equipment of maternity wards in order to bring them to the optimal level of functioning as one of preconditions for improvement of quality of care and improved utilization of those services.

In terms of functionality 60% of equipment and devices available in assessed health facilities were functional and in use. 26% were reported to be partly functioning which means that those were ferquently out of order for specific periods of time and 14% were out of order and out of function.

Servising and maintenance continues to be one of the main problems. Only 49% of equipment undergo regular servising and maintenance, in most of cases manged by bio-engineers which are available only at UCCK clinics and hospitals.

Health institutions should improve servicing and maintenance of equipment of public health institutions. This can be done either through strengthening bioengineering capacities either through outsourcing regular equipment servicing and maintenance.

Supply with spare parts and consumables also remains as one of the big concerns. Respondents reported in many occasions that due to lack of elementary spare parts such are electrodes, heating tubes or consumables such is tubes, paper for CTG, equipment is not in use for long periods of time. Striking example are bateries of transport incubators. In most of maternity wards transport incubators are out of order since their bateries were not replaced since their installment.

MOH and managements of health facilities should increase their investment to ensure regular supply with spare parts and consumables in order to maintain functionality of equipment.

Assessment of human resource capacities found out that institutions providing tertiary and secondary gynecology, obstetrics and neonatology health care services are in general well staffed with specialist staff and nursing staff, except in the case of Mitrovica Regional Hospital and City Hospitals in Ferizaj and Vushtri. Number of specialists at the level of maternity wards of MFMC is low and not sufficient to cover continuous 24/7 work of those institutions. This indicates asymmetry of distribution of specialist staff with majority of Gyn/Obs Specialist doctors (43%) employed at the Clinic of Gynecology and Obstetrics. During the assessment management of the

Clinic of Gynecology and Obstetrics reported that number of Gyn/Obs specialists is beyond their actual needs.

Asymmetry of distribution of specialists of genecology, obstetrics and specialists of Neonatology at the level of UCCK and their small numbers at the level regional hospitals and city hospitals may be one of the main reasons of the asymmetry of demand and asymmetry of provision of health care between the tertiary healthcare level vs. secondary healthcare level and maternities at the primary healthcare level.

This asymmetry is even more striking when we compare distribution of specialists of gynecology and obstetrics between tertiary and secondary hospitals and maternity wards at the level of primary health care. E.g. Regional Hospital in Peja which is ranked as third with 16 specialists of gynecology and obstetrics has more specialists than all maternity wards together.

The MOH and public health institutions of all levels should revisit their human resource strategies and initiate action to correct and redistribute human resource capacities in order to ensure optimal distribution of specialists and nursing staff for all health facilities providing gynecology, obstetrics and neonatology services.

It is recommended that Regional Hospital in Mitrovica engages at least 3 -4 neonatologists in order to provide essential newborn care and prevent referring all newborn in need to UCCK.

It is also recommended that City Hospitals in Ferizaj and Vushtri also engage teams of neonatologists and pediatric nurses in order to start providing newborn care and prevent referring all newborn in need to UCCK.

The MOH should establish policies that will finally define status of maternity wards. Are maternity wards remaining organizational structures of MFMCs or are they becoming integral parts of Professional Service for Gynecology, Obstetrics and Neonatology. Whichever it is the case, maternity wards should increase number of employed specialists of gynecology and obstetrics in order to provide 24/7 access to specialist care for all women in need. In order to achieve this optimal number of specialists of gynecology and obstetrics per maternity ward recommended by management and health staff of those institutions is 3 to 4.

Parallel to this the MOH and municipal authorities should bring decisions to close down some maternity wards which are not sustainable in terms of regular functions and provision of delivery care, while maintaining provision of outpatient for women.

Annex 1: PS GON Equipment Questionnaire

General Information	Questionnaire No: _____	Date:
Respondent (Initials)	Position _____	Equipment No: _____
Institution _____	Department _____	Unit _____
General characteristics of equipment		Comments
Sort (e.g. Ultrasound)	Producer (Brand name e.g. Siemens)	Donated 1 Yes 2 N O
Condition	1. Functional 2. Partly functional 3. Not-functional	
How long is this equipment being used in your facility	Years ___ Months ___	
From this period what is the proportion (%) that this apparatus was fully functional:	1. Functional ____% of time 2. Out of function ____% of time	
Servicing	1. Regular 2. Not regular 3. Never done	
Who does servicing?	1. Outsourcing company 2. Bio-engineers of the institution 3. Staff themselves 4. someone else / Other	
How was supply with changing parts for this apparatus	1. Regular 2. Not regular 3. Never done	
How was supply with disposable materials for this apparatus	1. Regular 2. Not regular 3. Never done	
Utilization of equipment		
Who is using this equipment/apparatus	1. Specialist 2. Doctor 3. Nurse/ Midwife 4. Other (name in the comments)	
How many persons are using this apparatus	1 2 3 4 5 >5	
How many patients are served by this apparatus	1. Per working _____ 2. Per month _____	
Is quantity of this equipment sufficient for your institution	1. Yes 2. No	If Yes go to Q C6
If No how many of apparatus of this kind you need for optimal functioning	Write No. of equipment needed _____	
What is the level of satisfaction with this equipment / apparatus	1. Very satisfied 2. Satisfied 3. Dissatisfied 4. Very dissatisfied	

POLICY BRIEF January 2015

Name: Ilir Hoxha, Diana Haxhiu, Diana Mejzinolli
Other contributors: Mrika Aliu

Title of research: C-section increase in Kosovo

Location of research: Kosovo

Background

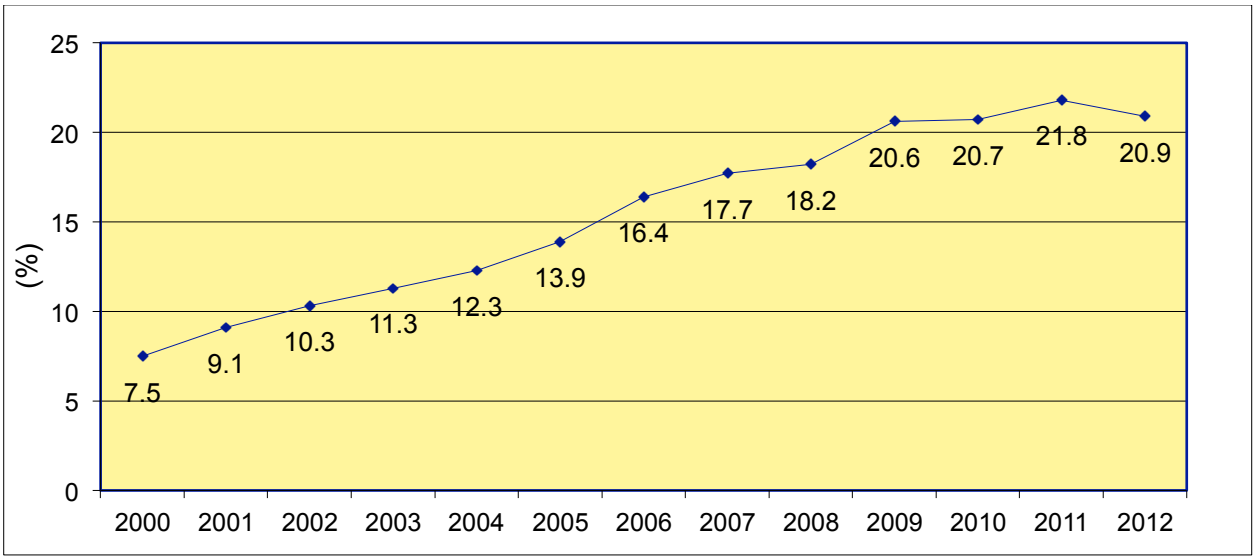
There are two common ways of childbirth – vaginal delivery and caesarian delivery. The pre-natal and post-natal costs of childbirth are largely affected by the mode of childbirth and the healthiness of a newborn. The mode of delivery affects the costs of maternity care and the range between these two costs reflects the length and intensity of care required In recent years Cesarean section (CS) has become an increasingly important method of delivery in obstetric practice. The mode of childbirth varies from country to country. There are several reasons a woman delivers a child through caesarean mode. In cases when not mandatory, it is important to assess the influence of medical opinion versus patient preference.

For the last years there has been a public health concern about increasing Cesarean section rates. The increase has been a global phenomenon. Wide variations exist between different regions and maternity centers, suggesting clinical uncertainty. There is no consensus what ideal CS rate should be, however WHO states that the tolerated rate is 10-15%.

From 2000 to 2009 the rate of caesarean sections (CS) in Kosovo increased from 7.5% to 20.06%, with a further increase to 50.60% in the private sector, exceeding the WHO standards of 10-15%. Understanding the reasons behind this increase is critical in determining if CS are being used appropriately, due to both the long term consequences for the mother and child and the limited resources channeled to the operation and away from other procedures.

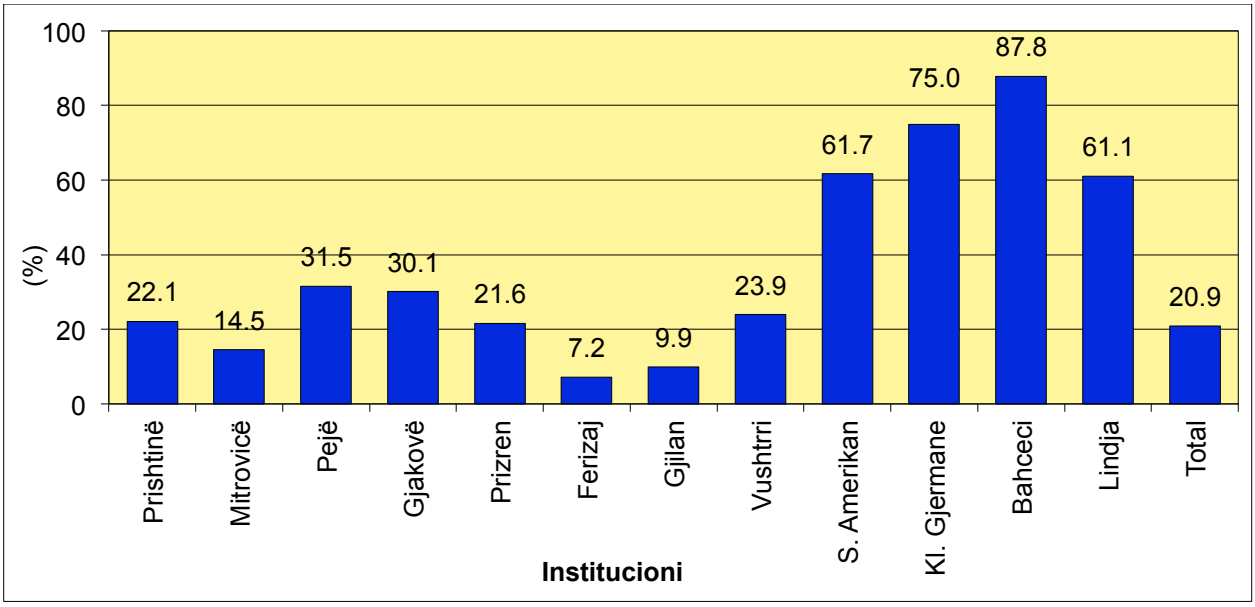
The perinatal report of 2012 from the Ministry of Health reports an increasing trend of CS deliveries for the period of 2000-2012, with 20.9% of CS deliveries in the last year. Table 1 below shows this positive trend.

Table 1



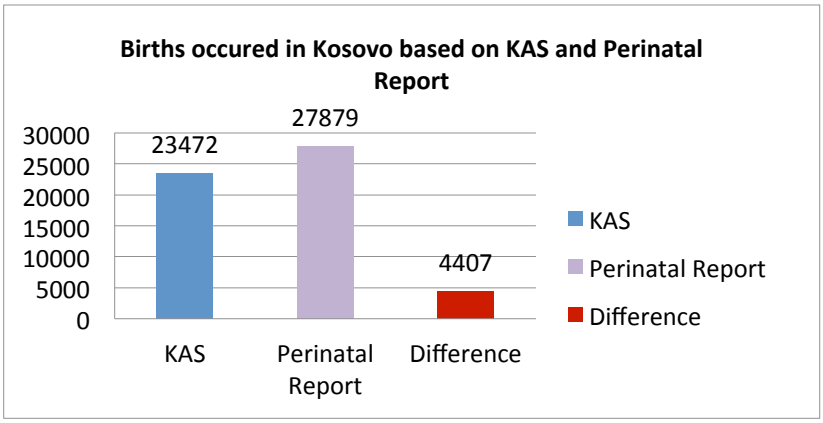
The table below shows the scale of C-section childbirth modes in different institutions throughout Kosovo (Ministry of Health, 2012) – Table 2.

Table 2

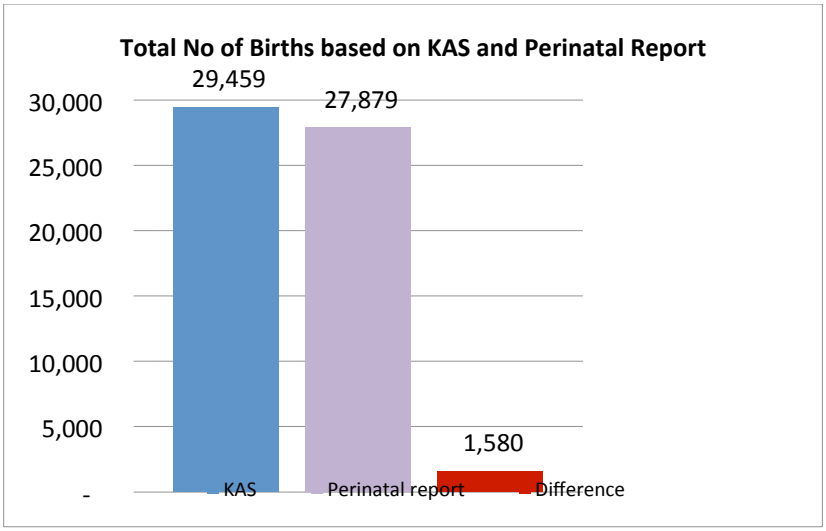


However, there are variations in reporting the delivery numbers between the Kosovo Agency of Statistics (KAS) and Annual Perinatal Report (PR). Tables below demonstrate such variations, as per our analysis for the recent year.

Births occurred in Kosovo based on KAS and PR



Total number of births based on KAS and PR



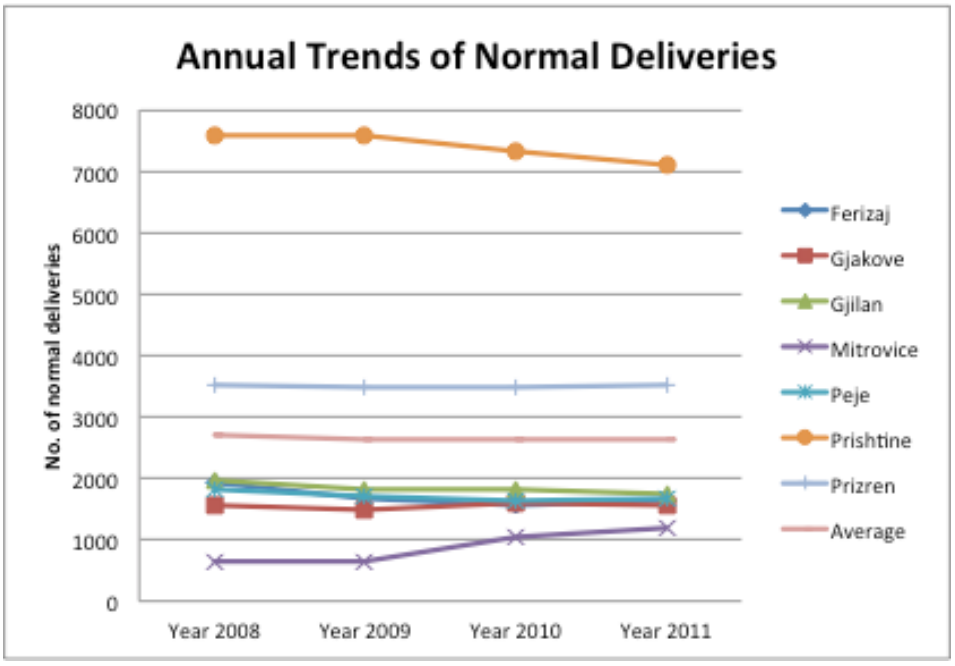
In Kosovo the percentage of C-section mode shows to be 20.9% in 2012 which is above the tolerated WHO standards and is an alarming statistics.

Findings

Our study presents a research on C section increase in Kosovo. Our aim was to analyze the trend in Kosovo.
Status: More than 250 consent forms from participants in 7 regional hospitals (Ferizaj, Gjakova, Gjilan, Mitrovica, Prizren, Peja and Prishtina) have been collected. 103 telephone interviews have been already conducted. 12 interviews have been conducted with physicians.

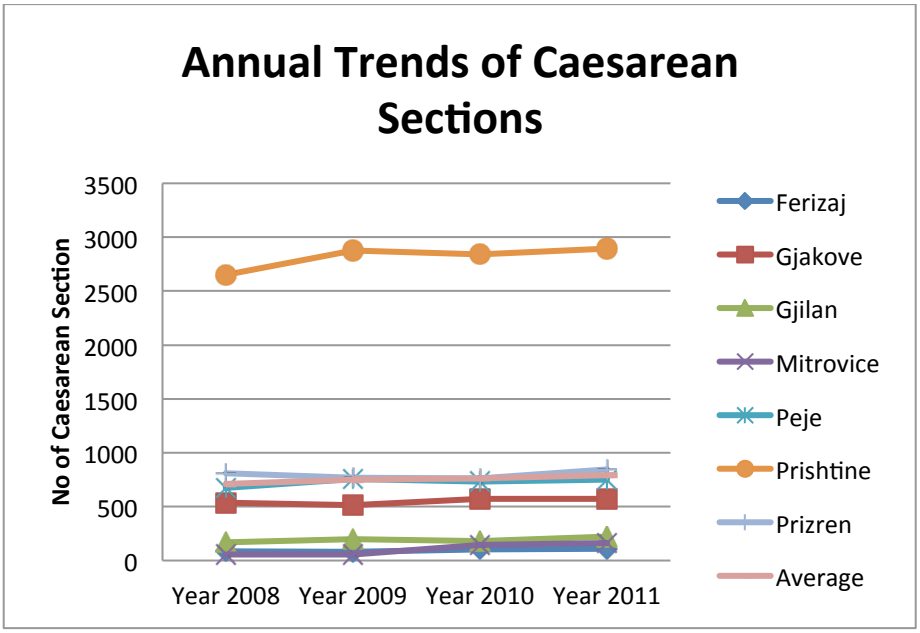
Table 3 below shows the annual trend of normal deliveries and there is a slight decrease for the region of Prishtina in year 2011. On the opposite, in Mitrovica there is an increasing trend of normal deliveries.

Table 3



Our study tried to observe the trend of CS increase trend. Table 4 below shows such an increasing trend in municipalities around Kosovo. Although Prishtina shows a slight decrease of rates between the year 2009 and 2010, an increasing trend is significant until year 2011. Such increasing trend is also significant in Peja, Mitrovica, and Prizren. We observe a less agreessive trend for Gjilan.

Table 4



Our study tried to compare and analyse the CS proportion to Normal Deliveries, as seen in Table 5 below. Interestingly, there is a decrease in such proportion for the region of Prizren in year 2010 and

Gjilan, but then an increase proportion shows in the year 2011 for both municipalities. In Prishtina the trend is generally increasing between the years.

Table 5

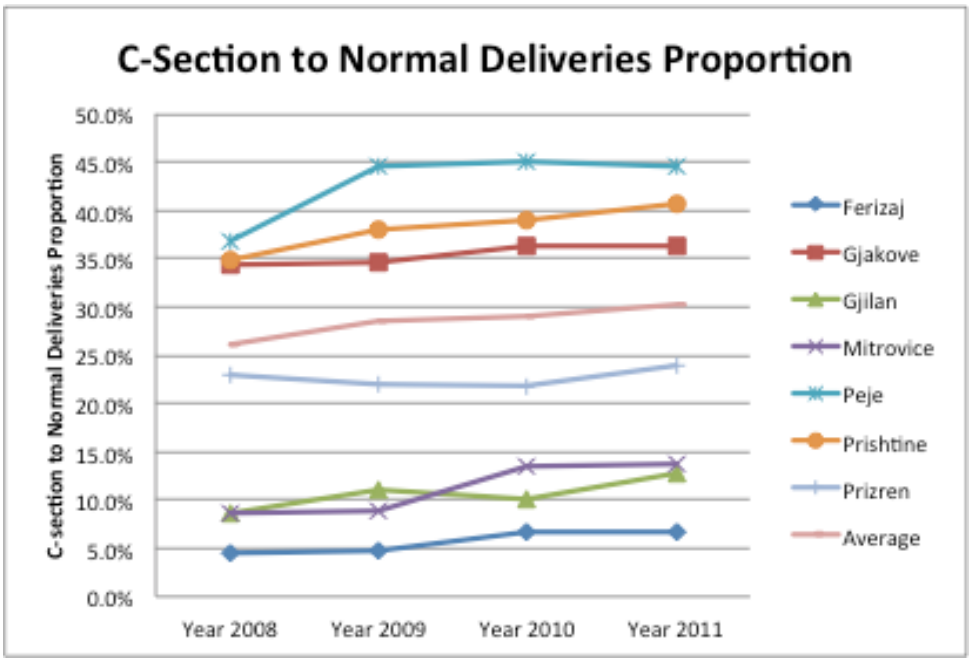
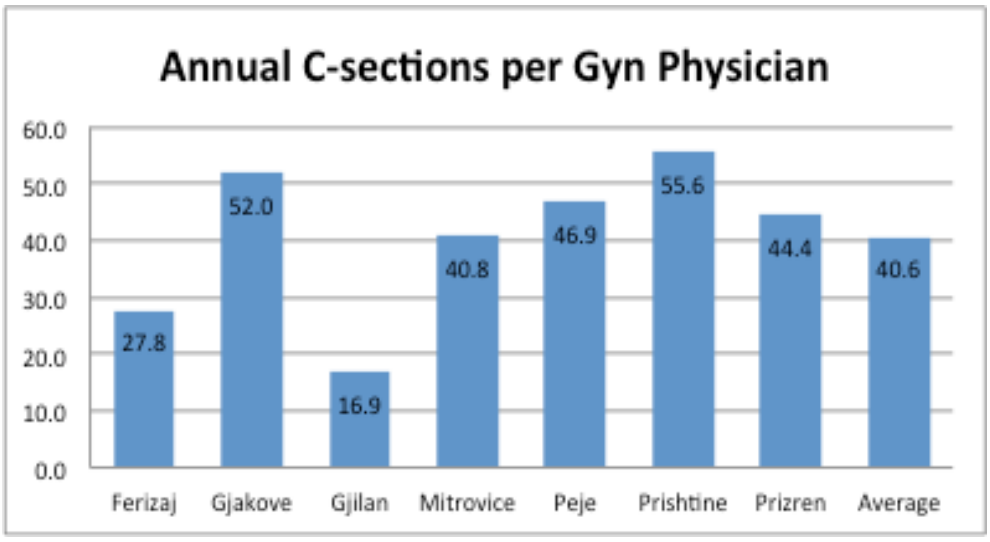


Table 6 below shows the annual CS rates per physician in different municipalities. We see the annual percentage of 55.6% per physician significant in Prishtina, 52% in Gjakova, and 16.9% only in Gjilan. Interestingly, 50% of women in Gjilan were given the opportunity to have a vaginal birth after cesarean (VBAC) compared to the VBAC rate of 10% to 40% in other cities.

Table 6



Our study identified the general increasing trend and world phenomenon of C sections occurring in Kosovo too. The major strength of this study is that women from all 7 public

hospitals were surveyed. The two main limitations were the lack of clinical indication for the CS and of a control group of women who underwent a vaginal delivery

According to our study the majority of the decisions to deliver by CS (60-80%) were taken by the physician with the patient agreeing, followed by the physician deciding despite disagreement from the patient (5-25%). On average, women were informed of the indications and complications of CS 52.6% of the time, with the least exchange of information in Ferizaj at 33.3% and the most in Prishtina at 77%. In less than 10% of the cesarean deliveries was the decision due to an emergency.

The increasing CS rate does not seem to be related to either high maternal or shared-decision making. Shared-decision making is when both physician and patient decide on the best treatment option for the patient among two or more medically acceptable options. However, often decisions are not based on patient preferences but the decision is determined by the practice style of the local physician.

Recommendations

- Factors that influence a woman choosing between vaginal and caesarian mode of birth delivery include:
    - Economic incentives: physicians and hospitals must balance their interests against their reputation. When high opportunity cost is encountered while attending mothers with natural labor, such costs can be reduced by operating the patient. Insured mothers and the ones in stable financial standing have lower costs when they undergo C-section.
    - Complexity of pregnancy:
        - The baby is not in the head-down position
        - The baby is too large to pass through the pelvis
        - The baby is in distress
    - Volunteer request of the mother: women having birth choose voluntarily the C-section mode of childbirth. Such requests are very actual discussions.

- The issue should be further investigated with focus on determinants.

- The issue should be addressed with mechanisms of health care reform that supports coordination of care.

- Adhering to protocols to decide the appropriateness of a Cesarean delivery is essential for the best outcomes of the mother and child. A review of standards of care and protocols that guide provision of C sections should be implemented to maintain the WHO recommendation of 10-15% of CS deliveries.

- CS protocols already in existence in Kosovar hospitals should be adhered to and if protocols are not present they should be put in place based on current WHO guidelines.

- Further training should be implemented in regards to educating all medical staff of what existing protocols are accepted and how these differ from current treatment in place at the hospital.

- A clear and regular clinical audits should be put in place on each facility to make sure for accountability and proper reporting.

- The WHO standards should be applicable and monitored also in private hospitals, not only in public facilities.

- A committee should be set up in each hospital to evaluate the adherence to protocols in each department, and in the context of this study it signifies that the Obstetrics and Gynecology Department be evaluated to ensure policies are being followed.

- A medical peer review committee should take an active role in determining if accepted standards of care have been met. If a physician is practicing substandard care he or she should have their role limited and training begun, and then be reassessed.

Annex 1. Questionnaire for mothers for C Sections

(in Albanian)

M-1. Numri identifikues i respondentit __ __ __ __ __

M-2. Data e intervistës ___ ___ /___ ___/___ ___ ___ ___

M-3. Regjioni

1. Prishtina 2. Mitrovica 3. Peja 4. Gjakova 5. Prizren 6. Gjilan

M-4. Kodi i komunës së rezidencës së tanishme

1. Prishtina	11. Klina	21. Ferizaj
2. Mitrovica	12. Istog	22. Kaçanik
3. Gjilan	13. Deçan	23. Fushë Kosova
4. Peja	14. Dragash	24. Obiliq
5. Prizren	15. Suhareka	25. Novobërda
6. Gjakova	16. Rahovec	26. Zubin Potok
7. Podujeva	17. Vitia	27. Shtërpce
8. Vushtrri	18. Kamenica	28. Zveçan
9. Skenderaj	19. Lipjan	29. Gllogovc
10. Leposaviq	20. Shtime	30. Malisheva

M-5. Vendbanimi/Rezidenca

1. Rural
2. Qytet / Urban
3. Prishtina

M-6 Shënoni në cilin spital është kryer prerja cezariane

1. Ferizaj
2. Gjakova
3. Gjilan
4. Mitrovicë
5. Peja
6. Prishtinë
7. Prizren

M-8. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka filuar: __ __ : __ __

M-9. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka mbaruar: __ __ : __ __

M-10. Shënoni kohëzgjatjen totale të intervistës në minuta: ___ ___

Prezantoni vetvetën: "Mirëmëngjes/Mirëdita. Emri im është _____. Unë punoj për FNFSH. Jemi duke kryer një anketë në lidhje me prerjet Cezariane në Kosovë. Përgjegjet do të jenë konfidenciale duke pasur parasysh standardet ndërkombëtare për hulumtime."

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me juve dhe familjen tuaj.		
Q-1. Cila është datëlindja e juaj?	VV: |___|___|___|___|	
Q-2. Cila është përkatësia e juaj etnike?	1. Shqipëtar 2. Sërb 3. Boshnjak	4. Turk 5. RAE 6. Tjetër (shkruaj): _____
Q-3. Cili është profesioni kryesor i juaj?	1. Agrikultura dhe punët e ngjashme 2. Punët e lidhuara me industri 3. Ndërtimtaria 4. Tregëtia 5. Shërbimet publike 6. Puna fizike	7. Arkatar në shitore 8. Shitës në treg 9. Punë administrative 10. Manaxhere 11. Artiste 12. Shtëpiake 13. E papunë 14. Punëtor shëndetësor 14. Tjetër: _____
Q-4. Cili është niveli i shkollimit? Nxjerni përafërsisht nëse nuk është e mundur saktësisht.	1. Asnjë 2. Pjesërisht shkollimi elementar 3. Kompletuar shkollimi elementar 4. Pjesërisht shkollimi i mesëm	5. Kompletuar shkollimi i mesëm 6. Pjesërisht shkollimi i lartë 7. Kompletuar shkollimi i lartë
Q-5. Sa janë të ardhurat mujore të familjes suaj/ për anëtar të familjes?	1. Mbi 200 Euro/për muaj 2. Deri në 200 Euro/për muaj 3. Deri në 100 Euro/për muaj 4. Deri në 50 Euro/për muaj 5. Deri në 15 Euro/për muaj 6. Nën 15 Euro/për muaj	

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me lindjet që keni pasur deri tash duke u fokusuar në këtë të fundit.	
Q-6. Sa lindje keni pasur?	Numri: |__|__|
Q-7. A keni pasur prerje cezariane më parë (para kësaj të fundit? NËSE PO VAZHDO ME PYETJEN Q-9 NËSE JO VAZHDO ME PYETJEN Q-12	1. Po 2. Jo
Q-8. Sa prerje Cezariane keni pasur deri më tash (përfshirë edhe këtë të fundit)?	Numri: |__|__|
Q-9. Para sa viteve ka qenë lindja e parë me prerje cezariane?	Vitet: |__|__|
Q-10. A ju është dhënë mundësia të shkoni me lindje normale pas lindjes së parë që e keni pasur me prerje cezariane?	1. Po 2. Jo 99. Nuk e di

Tash shkojmë tek lindja e fundit/respektivisht e para nëse keni pasur më shumë se një lindje me prerje cezariane.	
Q-11. A keni pasur probleme gjatë shtatëzansisë?	1. Po. Kam pasur probleme serioze gjatë shtatëzansisë. 2. Po. Kam pasur probleme të lehta që nuk e kanë bërë shtatëzansinë edhe aq të vështirë. 3. Jo. Nuk kam pasur asnjë problem. 99. Nuk më kujtohet/Nuk e di.
Q-12. A keni pasur ndonjë komplikim të shtatëzansisë që ka qenë shkak për të filluar lindjen	1. Po. Ju lutem Specifikoni_____. 2. Jo nuk kam pasur. 99. Nuk më kujtohet/Nuk e di.
Q-13. Kush e ka marrë vendimin për të bërë prerje Cezariane? NËSE JU VET KENI KËRKUAR SHPJEGONI PSE	1. Mjeku. Sepse ka qenë urgjencë (gjendja shëndetësore e nënës ose fëmiut ka qenë në rrezik). 2. Mjeku. Sepse ka pasë indikacion mjekësor. 3. Mjeku. Sepse ashtu ju ka rekomanduar dhe ju keni pranuar. 4. Mjeku. Sepse ashtu ka insistuar ai edhe nesë ju nuk jeni pajtuar. 5. Ka rekomanduar mamia ose staf tjetër mjekësor. 6. Ju vet këni kërkjuar dhe mjeku ka pranuar. 6. Është insistuar/sugjeruar nga bashëshorti dhe mjeku ka pranuar. 7. Është insistuar/sugjeruar nga dikush tjetër nga familja dhe mjeku ka pranuar. 8. Dikush tjetër. Specifikoni _____ 99. Nuk e di 1. Nuk mundem me i duru dhimbjet. 2. Ashtu po bejnë të gjithë. 3. Ju ka bindur mjeku. 4. Ju kanë këshilluar nga familja ose miqët. 5. Keni lexuar në gazetë ose mjete tjera të informimit? 6. Tjetër. Ju lutem specifikoni: _____.
Q-14 A është provuar fillimisht me lindje normale?	1. Po, kemi provuar deri sa nuk ka qenë e mundur dhe mjeku ka sugjeruar operacionin? 2. Jo, menjëherë është vendosur që të shkoj në sallë për operacion? 99. Nuk më kujtohet
Q-15. A ju janë dhënë informata në lidhje me indikacionet dhe komplikimet e prerjes Cezariane (para operacionit para ose pas lindjes)? NËSE PO NGA KUSH: 1. Mjeku 2. Mamia/motra 3. Dikush tjetër. Ju lutem specifikoni_____	1. Po 2. Jo 99. Nuk më kujtohet
Q-16. A ju janë dhënë informata në lidhje me me arsyen që është bërë prerja Cezariane (para ose pas intervenimit/lindjes)?	1. Po 2. Jo 99. Nuk më kujtohet
Q-17. A keni pasur probleme/komplikime si rezultat i operacionit?	1. Po. Ju lutem specifikoni_____. 2. Jo 99. Nuk më kujtohet

Annex 2. Questionnaire for physicians for C Sections

(in Albanian)

M-1. Numri identifikues i respondentit __ __ __ __

M-2. Data e intervistës Dita ___ ___ Muaji ___ ___

M-3 Shënoni në cilin spital punon mjeku

1. Ferizaj
2. Gjakova
3. Gjilan
4. Mitrovicë
5. Peja
6. Prishtinë
7. Prizren

M-4. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka filuar: __ __ : __ __

M-5. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka mbaruar: __ __ : __ __

M-6. Shënoni kohëzgjatjen totale të intervistës në minuta: ___ ___

Prezantoni vetvetën: "Mirëmëngjes/Mirëdita. Emri im është _____. Unë punoj për FNFSH. Jemi duke kryer një anketë në lidhje me prerjet Cezariane në Kosovë. Përgjegjet do të jenë konfidenciale duke pasur parasysh standardet ndërkombëtare për hulumtime."

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me juve dhe familjen tuaj.	
Q-1 Cilia është viti lindjes suaj?	VV: |___|___|___|___|
Q-2. Gjina	1. F 2. M
Q-3. Cili është niveli i aftësimit?	1. Në process të kryerjes së specializimit 2. Specializimi 3. Sub-specializimi
Nëse keni titull akademik ju lutem specifikoni atë:	1. Magjistër i shkencave 2. Doktorë i Shkencave 3. Tjetër. Ju lutem specifikoni_____
Nëse keni angazhim në edukim mjekësor ju lutem specifikoni angazhimin tuaj:	1. Asistent 2. Profesor 3. Tjetër. Ju lutem specifikoni_____
Q-4. Ku e keni kryer trajnimin mjekësor?	1. Të tërin në Kosovë 2. Një pjesë në Kosovë një pjesë jashtë vendit (specifikoni) _____ 3. Të tërin jashtë vendit (specifikoni) _____
Q-5. Përshkruani llojin e praktikimit?	1. Kryesisht pacientë të hospitalizuar. 2. Përzierje e pacientëve të hospitalizuar dhe ambulantorë. 3. Kryesisht pacientë ambulantorë.
Q-6. Njësia në të cilën punoni?	1. Kryesisht klinikat/spitalet e sektorit publik. 2. Përzierje e klinikave/spitaleve të sektorit publik dhe privat.

	3. Kryesisht klinikat/spitalet e sektorit privat.
Q-7. Lloji i punës që bëni??	1. Me pacientë. 2. Hulumtim. 3. Edukim mjekësorë. 4. Përzierje e punës me pacientë, edukim dhe hulumtim.
Q-8. Që sa kohë punoni në shëndetësi?	Vjet: |__|__|
Q-9. Që sa kohë punoni në specializimin tuaj?	Vjet: |__|__|

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me punën tuaj profesionale.	
Q-10. Sa lindje përkujdeseni mesatarisht brenda muajit?	Numri: |__|__|
Q-11. Sa prej tyre mesatarisht janë me prerje Cezariane?	Numri: |__|__|
Q-12. Sa prej lindjeve me prerje cezariane janë elektive mesatarisht?	Numri: |__|__|
Q-13. Si e shpjegoni rritjen e prerjeve cezariane në Kosovë pas luftës?	1. Është rritur patologjia e shtatëzansisë. 2. Është rritur preferenca e nënave për një gjë të tillë. 3. Është rritur preference e mjekëve për të bërë një gjë të tillë. 4. Dicka tjetër. Ju lutem specifikoni_____ 99. Nuk e di.
Q-14. Shpjegoni bindjet tuaja për prerjen cezarine?	1. Ju besoni se është metodë shumë e mirë që duhet të përdoret te cdo indikacion mjekësor. 2. Ju preferoni lindjen normale dhe mundoheni ti ikni përdorimit të prerjes cesariane. 3. Ju besoni që është e dobishme por edhe se ka efekte të dëmshme për shëndetin e nënës dhe fëmiut. 4. Nuk e keni ndonjë bindje të veqantë. Ju punoni profesionin tuaj ashtu siq duhet të bëjë një profesionistë shëndetësorë.

Shpjegoni nëse konsideroni si indikacion mjekësorë për prerje cezariane indikacionet në vazhdim.					
TREGO KARTELËN	Asnjëherë	Rrallë	Shpesh	Shumë shpesh	Gjithmonë
Q-15. Gruaja ka hipertension gestacional.	1	2	3	4	5
Q-16. Gruaja ka pasur prerje cezariane me parë.	1	2	3	4	5
Q-17. Gruaja frikësohet nga dhimbjet e lindjes normale.	1	2	3	4	5
Q-18. Pelviku i nënës është i ngushtë dhe është vështirë që fruti të kaloj nëpër kanalin vaginal.	1	2	3	4	5
Q-19. Gruaja është në moshë.	1	2	3	4	5
Q-20. Gruaja ka sëmundje psikotike.	1	2	3	4	5
Q-21. Gruaja ka sëmundje neurotike.	1	2	3	4	5
Q-22. Gruaja ka deformime të pelvikut.	1	2	3	4	5
Q-23. Gruaja ka sëmundje kronike cardiovaskulare.	1	2	3	4	5
Q-24. Gruaja ka infekcione të traktit uro-gjenital.	1	2	3	4	5

Q-25. Gruaja ka sëmundje kronike pulmonare.	1	2	3	4	5
Q-26. Gruaja ka infeksion akut sistemik.	1	2	3	4	5
Q-27. Gruaja ka diabet.	1	2	3	4	5
Q-28. Ruptura e mitrës.	1	2	3	4	5
Q-29. Tahikardia e nënës apo fëmisë pas pëlcitjes së cipave amniotike.	1	2	3	4	5
Q-30. Dështimi i lindjes pas indukimit të lindjes me preparate indukuese.	1	2	3	4	5
Q-31. Pre-eklampsia.	1	2	3	4	5
Q-32. Mjeku nuk është i sigurtë që të përcjelljë lindjen normale.	1	2	3	4	5
Q-33. Nëna kërkon/insiston që lindjen ta kryej me prerje cezariane.	1	2	3	4	5

Shpjegoni po ashtu nëse konsideroni si indikacion mjekësorë për prerje cezariane indikacionet në vazhdim.					
TREGO KARTELËN	Asnjëherë	Rrallë	Shpesh	Shumë shpesh	Gjithmonë
Q-34. Fryti është paraqitur në pozitë transversale.	1	2	3	4	5
Q-35. Fryti është shumë i madhë mbi 4000 gram.	1	2	3	4	5
Q-36. Fryti është shumë i madhë mbi 4500 gram.	1	2	3	4	5
Q-37. Fryti është me defekte kongjenitale që nuk afektojnë madhësinë e frytit.	1	2	3	4	5
Q-38. Prezentimet podalike të frytit mbi 4000 gram.	1	2	3	4	5
Q-39. Placenta previa.	1	2	3	4	5
Q-40. Distresi fetal.	1	2	3	4	5
Q-41. Abnormalitet e kordonit umbilikal.	1	2	3	4	5

Ju lutem shpjegoni.	
Q-42. Ju konsideroni se gruaja që ka mbetur shtatëzënë me Fertilizim in Votro duhet të lindë me prerje cezariane?!	1. Po. Gjithmonë për shkak të minimizimit të riskut për fëmiun. 2. Po. Kur nëna kërkon një gjë të tillë. 3. Jo. Sepse edhe kjo formë e shtatëzansisë mund të përfundojë sukseshëm me lindje normale.
Q-43. Ju konsideroni se nëse qifti bashkëshortor kanë preferencë për fëmijë me gjini të caktuar atëherë lindja duhet kryer me prerje cezariane?!	1. Po. Gjithmonë për shkak të minimizimit të riskut për fëmiun. 2. Po. Kur prindërit kërkojnë një gjë të tillë. 3. Jo.
Q-44. Ju konsideroni si indikacion për prerje cezeriane nëse nena ka moshë më të madhe se?!	Vjet: |__|__|
Q-45. Ju konsideroni si indikacion për prerje ceariane nëse nëna ka pelvik të ngushtë prej?!	Centimetra: |__|__|
Q-46. Ju konisideroni si indikacion për prerje cezariane nëse lindja me rrugë normale ka zgjatur më shume se?!	Numri i orëve: |__|__|
Q-47. Ju përdorni instrumentet (psh.forcepsin) për të kryer lindjen?	1. Po. Gjithmonë para se të merrni vendim që gruaja duhet të shkoj në lindje me prerje cesariane. 2. Nganjëherë. 3. Shumë rallë. Pasi që është metodë e tejkaluar dhe ka efekte negative në fryt 4. Asnjëherë sepse nuk jam trajnuar për një gjë të tillë.

NËSE 1, 2 ose 3. Sa lindje keni kryer duke përdorë forcepsin në vitin e kaluar?	Numri: |__|__|
Q-48. Ju përdorni vakumin për të kryer lindjen?	1. Po. Gjithmonë para se të merrni vendim që gruaja duhet të shkoj në lindje me prerje cesariane. 2. Nganjëherë. 3. Shumë rallë. Pasi që është metodë e tejkaluar dhe ka efekte negative në fryt 4. Asnjëherë sepse nuk jam trajnuar për një gjë të tillë.
NËSE 1, 2 ose 3. Sa lindje keni kryer duke përdorë vakumin në vitin e kaluar?	Numri: |__|__|

Pyetjet me mëposhtme kanë të bëjnë me marrjen e vendimit për prerje cezariane.	
Q-49. A preferoni të menjanoni riskun që lidhet me lindjet normale dhe të shkoni me prerje cezariane?	1. Po. Sepse kështu sugjerohet nga praktika profesionale. 2. Po. Sepse e kam parë si metodë më të sigurtë nga praktika ime personale. 3. Nganjëherë. 4. Shumë rallë sepse lindja normale nuk është më e rezikshme se prerja cesariane 5. Jo. Gjithmonë do të provoja me lindje normale.
Q-50. A preferoni të diskutoni vendimin për prerje cezariane me pacijentin tuaj?	1. Po. Sepse kështu sugjerohet nga praktika profesionale. 2. Nganjëherë. 3. Shumë rallë sepse jam shumë i nxënë. 4. Jo. Sepse nënat e kanë veshtirë të kuptojnë.
Q-51. Nëse gruaja insiston që të ketë lindje me prerje cezariane. Ju:	1. Nuk mendoheni gjatë dhe ja jepni një mundesi të tillë sepse ajo është e drejtë e saj. 2. Mundoheni ti shpjegoni se është mirë të provohet me lindje normale së pari sepse është mirë për frytin. 3. Preferoni edhe ju këtë metodë se ka rrezik më të ultë. 4. Ju refuzoni kërkesën e pacijetës dhe filloni përgatitjet e gruas për lindje normale.

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Adjusting for Market Failure: Challenges in Public Health Alternatives

POLICY BRIEF January 2015

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Title of research: Referral of cases in Gynecologic/Obstetric Clinic

Location of research: Kosovo

Background

One of the major challenges affecting the performance of Gynecology/Obstetric Clinic in UCCK is the overcrowdings with the patients that could receive the same care in a lower level of health system.

With regard to maternal referral system, it has been previously assessed as not fully operational. An assessment conducted in 2008 revealed that vast majority of referrals were self-referrals triggered by women upon beginning of labor. The Gynecology Obstetric Clinic in UCCK claims that Prishtina is overburdened mostly due to patients who are self referred or referred from all over Kosovo.

The various reasons for referral to a medical center have been grouped under three headings: (A) referrals initiated by the physician for rather specific reasons; (B) referrals initiated by the physician for nonspecific reasons; and (C) referrals initiated primarily by the patient or for economic reasons.

Findings

Our study presents a research on referral process on Gynecolocy/Obstertrics healthcare system. Aim: Analysis of referrals of cases from secondary to tertiary care level of care.
Status: Survey instrument was developed and administrated Kosovo wide. 327 interviews have been conducted by 31st of January with patients. Data is being entered in SPSS database. The analysis is in progress.

As seen in Table 1 there is a significant preference for visiting the physician directly overpassing the first contact with the general practitioner. The situation is very similar in all municipalities around Kosovo. Table 1 also shows that there is a significant preference to visit private clinics before being referred to UCCK. A significant number highlights the region of Peja, 80% followed by the regions of Ferizaj, 69.7%, Gjilan, 62.5% and Prishtina, 61.3%.

Table 1

Regjioni		Kur ka filluar sëm. (ditë)	Kujt ju keni drejtuar për herë të parë në lidhje me këtë sëmundje?			Vizita e parë te mjeku (ditë)	Institucioni					Numri i vizitave para referimit	Numri i vizitave ne inst. Publike
			Mjekut të përgj.	Mjekut Spec.	Dikujt tjetër		Publik Prim.	Publik Sek.	Privat Ambul.	Privat Spital	QKUK		
Prishtina	m	25				21						2.84	1.13
	n		6	156	1		50	2	100	0	11		
	%		3.7%	95.7%	0.6%		30.7%	1.2%	61.3%	0.0%	6.7%		
	Ratio	0.79				0.77						1.26	1.43
Mitrovica	m	32				25						2.51	0.84
	n		1	40	0		10	7	22	0	2		
	%		2.4%	97.6%	0.0%		24.4%	17.1%	53.7%	0.0%	4.9%		
	Ratio	1.01				0.92						1.11	1.06
Peja	m	14				13						2.22	0.22
	n		0	10	0		1	0	8	0	1		
	%		0.0%	100.0%	0.0%		10.0%	0.0%	80.0%	0.0%	10.0%		
	Ratio	0.44				0.48						0.98	0.28
Gjakova	m	40				40						1	1
	n		0	5	0		1	3	0	0	1		
	%		0.0%	100.0%	0.0%		20.0%	60.0%	0.0%	0.0%	20.0%		
	Ratio	1.25				1.41						0.44	1.26
Prizren	m	19				19						2.41	1.05
	n		3	56	0		20	5	32	0	2		
	%		5.1%	94.9%	0.0%		33.9%	8.5%	54.2%	0.0%	3.4%		
	Ratio	0.61				0.67						1.07	1.32
Gjilan	m	23				21						2.06	0.62
	n		1	15	0		1	5	10	0	0		
	%		6.3%	93.8%	0.0%		6.3%	31.3%	62.5%	0.0%	0.0%		
	Ratio	0.73				0.73						0.91	0.78
Ferizaj	m	69				46						2.7	0.66
	n		0	33	0		4	6	23	0	0		
	%		0.0%	100.0%	0.0%		12.1%	18.2%	69.7%	0.0%	0.0%		
	Ratio	2.16				2.00						1.19	0.84

The other analysis reveals whether the patient has been referred or self referred, showing the facts on institutions that are preferred. As seen in Table 2 significant percentage of patients prefer private clinics: Prishtina 42.3%, Peja 56.0%, Ferizaj 56.3%, Prizren 44.4%. When the patients were asked whether they have received the letter of referral prior to coming to UCCK there is a number of patients who have not received it. Interestingly, there is also a number of patients who have not been present when the letter of referal was filled (i.e. Prishtina 31).

Table 2

Regjioni		A keni marrë udhëzim për të ardhur në		NËSE PO NGA E KENI MARRË UDHËZIMIN					A ka qenë pacijenti/fëmiu prezent kur keni marrë udhëzimin?		
		Po	Jo	Publik primar	Publik sekondar	Ambulancë private	Spitali privat	Tjetër institucion	Po	Jo	Nuk e di
Prishtina	n	130	31	73	2	55	0	0	116	14	0
	%	80.7%	19.3%	56.2%	1.5%	42.3%	.0%	0%	89.2%	10.8%	.0%
Mitrovica	**n**	37	4	15	8	14	0	0	35	2	0
	%	90.2%	9.8%	40.5%	21.6%	37.8%	.0%	.0%	94.6%	5.4%	.0%
Peja	n	8	2	3	8	14	0	0	8	0	0
	%	80.0%	20.0%	12.0%	32.0%	56.0%	.0%	.0%	100.0%	0.0%	.0%
Gjakova	n	4	1	0	4	0	0	0	4	0	0
	%	80.0%	20.0%	0.0%	100.0%	0.0%	.0%	.0%	100.0%	0.0%	.0%
Prizren	n	54	5	21	9	24	0	0	48	6	0
	%	91.5%	8.5%	38.9%	16.7%	44.4%	.0%	.0%	88.9%	11.1%	.0%
Gjilan	n	13	3	3	4	6	0	0	12	1	0
	%	81.3%	18.8%	23.1%	30.8%	46.2%	.0%	.0%	92.3%	7.7%	.0%
Ferizaj	n	32	1	4	10	18	0	0	32	0	0
	%	97.0%	3.0%	12.5%	31.3%	56.3%	.0%	.0%	100.0%	0.0%	.0%

In the Table 3 we can see who has initated the referral, with a significant number of patients being self referred: Prishtina 20.9%, Gjakova 25%, Mitrovica 18.9%. A significant percentage of our findings shows that patients believed their case was not urgent when they received the referral letter, i.e. 64.3% in Prishtina, 75% in Peja, 66% in Prizren. Significant percentage shows that the transportation for referrals has been provided by the patients themselves.

Table 3

Regjioni		A keni inicuar ju referimin apo mjeku?		Nëse vetë, trego arsyen?		Kush ua ka dhënë udhezimin?		Kur ju është dhënë udhëzimi?	A ka qenë rasti urgjent?		SI ËSHTË BËRË TRANSPORTI	
		Mjeku	Vetë	Nuk kam besim tek mjeku	Nuk jam i kënaqur me kushtet	Mjeku	Motra		Po	Jo	Personal	Autoambulancë
Prishtina	n	102	27	0	26	129	2		46	83	62	1
	%	79.1%	20.9%	0%	100%	98.5%	.0%		35.7%	64.3%	98.4%	1.6%
	m							2.74				
Mitrovica	n	30	7	0	7	39	0		15	22	16	2
	%	81.1%	18.9%	0%	100%	100.0%	.0%		40.5%	59.5%	88.9%	0.111
	m							4.94				
Peja	n	7	1	0	1	8	0		2	6	3	0
	%	87.5%	12.5%	0%	100%	100.0%	.0%		25.0%	75.0%	100.0%	0
	m							7				
Gjakova	n	3	1	0	1	4	0		3	1	3	0
	%	75.0%	25.0%	0%	100%	100.0%	.0%		75.0%	25.0%	100.0%	0
	m							2.25				
Prizren	n	44	9	0	7	53	0		18	35	21	3
	%	83.0%	17.0%	0%	100.0%	100.0%	.0%		34.0%	66.0%	87.5%	12.5%
	m							3.47				
Gjilan	n	11	2	1	1	13	0		5	8	7	0
	%	84.6%	15.4%	50%	50.0%	100.0%	.0%		38.5%	61.5%	100.0%	0
	m							1.76				
Ferizaj	n	32	0	0	0	32	0		14	18	13	1
	%	100.0%	0.0%	0%	0%	100.0%	.0%		43.8%	56.3%	92.9%	7.1%
	m							2.65				

Our findings in Table 4 shoes that a significant percentage of patients think that their case could have been treated in secondary level.

Table 4

Regjioni		Shkalla e sëmundshmërisë			A mendoni se rasti ka mundur të trajtohet edhe në nivelin sekondar?		
		E lehtë	Mesatarisht e rendë	E rendë	Po	Jo	Nuk e di
Prishtina	n	50	74	1	101	20	4
	%	40.0%	59.2%	0.8%	80.8%	16.0%	3.2%
Mitrovica	n	11	24	1	20	16	1
	%	30.6%	66.7%	2.8%	54.1%	43.2%	2.7%
Peja	n	1	7	0	5	3	0
	%	12.5%	87.5%	0.0%	62.5%	37.5%	0.0%
Gjakova	n	0	3	1	1	3	0
	%	0.0%	75.0%	25.0%	25.0%	75.0%	0.0%
Prizreni	n	14	37	3	37	13	4
	%	25.9%	68.5%	5.6%	68.5%	24.1%	7.4%
Gjilan	n	2	11	0	7	4	2
	%	15.4%	84.6%	0.0%	53.8%	30.8%	15.4%
Ferizaj	n	9	22	1	20	8	4
	%	28.1%	68.8%	3.1%	62.5%	25.0%	12.5%

In the post-conflict Kosovo, health system remains an under-researched area, and as such, there are no preexisting frameworks that analyze how health reforms affected the referral system and the work on the Tertiary center.

Recommendations

- Screening processes should be set in place to identify risk factors and for women who have risk factors clear referral guidelines guide the transfer from primary to secondary care and tertiary care.
- Monitoring adverse events and having continuous improvement processes in place enabling systems to develop.
- The reform that individuals would choose their family doctor, who would be responsible for coordinating specialist and tertiary-care services.
- An Information Book outlining a system whereby patients would receive specialist care and hospitalization upon referral only, except in emergencies.
- Referral guidelines and protocols regulating the referral system and training of staff on how to implement the protocols and guidelines.
- Health insurance implementation is a key moment to enforce some of rules and regulations for referrals as the payment conditioning may prevent unnecessary referrals that are done without respecting the guidelines

Annex 1. Questionnaire for mothers

(in Albanian)

M-1. Numri identifikues i respondentit __ __ __ __

M-4. Data e intervistës ___ ___

M-5. Regjioni

1. Prishtina 2. Mitrovica 3. Peja 4. Gjakova 5. Prizren 6. Gjilan

M-6. Kodi i komunës së rezidencës së tanishme

1. Prishtina	11. Klina	21. Ferizaj
2. Mitrovica	12. Istog	22. Kaçanik
3. Gjilan	13. Deçan	23. Fushë Kosova
4. Peja	14. Dragash	24. Obiliq
5. Prizren	15. Suhareka	25. Novobërda
6. Gjakova	16. Rahovec	26. Zubin Potok
7. Podujeva	17. Vitia	27. Shtërpce
8. Vushtrri	18. Kamenica	28. Zveçan
9. Skenderaj	19. Lipjan	29. Gllogovc
10. Leposaviq	20. Shtime	30. Malisheva

M-7. Vendbanimi/Rezidenca

1. Rural
2. Qytet / Urban
3. Prishtina

M-11. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka filuar: __ __ : __ __

M-12. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka mbaruar: __ __ : __ __

M-13. Shënoni kohëzgjatjen totale të intervistës në minuta: ___ ___

2. Prezantoni vetvetën: "Mirëmëngjes/Mirëdita. Emri im është _____. Unë punoj për FNFSH. Jemi duke kryer një anketë në lidhje me kualitetin dhe shpërndarjen e referimeve në Kosovë. Përgjegjet do të jenë konfidenciale duke pasur parasysh standardet ndërkombëtare për hulumtime."

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me juve dhe familjen tuaj	
Q-1. Çfarë moshe keni?	|__|__| muaj |__|__| vjeq
Q-2. Gjinia	1. F
Q-3. Cila është datëlindja e juaj?	DD / MM / VV: |___|___| / |___|___| / |___|___|___|___|
Q-4. Cila është përkatësia e juaj etnike?	1. Shqipëtar 2. Sërb 3. Boshnjak 4. Turk 5. RAE 6. Tjetër (shkruaj): _____
Q-5. A jeni tani shtatzanë?	1. Po 2. Jo
Q-6. Sa shtatzëni keni pasur deri më tani?	Numri: |__|__|
Q-7. Sa aborte keni pasur?	Numri: |__|__|
Q-8. Sa lindje keni pasur	Numri: |__|__|

Q-9. Sa fëmijë keni?	Numri: |__|__|	Mashkuj: Vajza:
Q-10. Sa anëtarë në familje jeni?	Numri: |__|__|	
Q-11. Cili është profesioni kryesor i juaj?	1. Agrikultura dhe punët e ngjashme 2. Punët e lidhuara me industri 3. Ndërtimtaria 4. Tregëtia 5. Shërbimet publike 6. Puna fizike	7. Arkatar në shitore 8. Shitës në treg 9. Punë administrative 10. Manaxhere 11. Artiste 12. Shtëpiake 13. E papunë 14. Punëtor shëndetësor 14. Tjetër: _____
Q-12. Cili është niveli i shkollimit? Nxjerni përafërsisht nëse nuk është e mundur saktësisht.	1. Asnjë 2. Pjesërisht shkollimi elementar 3. Kompletuar shkollimi elementar 4. Pjesërisht shkollimi i mesëm	5. Kompletuar shkollimi i mesëm 6. Pjesërisht shkollimi i lartë 7. Kompletuar shkollimi i lartë
Q-13. Sa janë të ardhurat mujore të familjes suaj/ për anëtar të familjes?	1. Mbi 200 Euro/për muaj 2. Deri në 200 Euro/për muaj 3. Deri në 100 Euro/për muaj 4. Deri në 50 Euro/për muaj 5. Deri në 15 Euro/për muaj 6. Nën 15 Euro/për muaj	
Q-14. Sa larg e keni institucion primar shëndetësor?	1. <1 km nga vendbanimi 2. 1-3 km nga vendbanimi	

	3. 3< nga vendbanimi (Specifikon nëse Privat ose Publik) _____
Q-15. A e dini çfarë shërbimesh shëndetësore ofrohen në atë qendër ?	1. Po 2. Jo

Pyetjet në vazhdim kanë të bëjnë me institucionin/et që keni vizituar	
Q-16. Kur ka filluar semundja?	|__|__|__| ditë
Q-17. Kur i jeni drejtuar mjekut?	|__|__|__| ditë
Q-18. Kujt ju keni drejtuar për herë të parë në lidhje me këtë sëmundje?	1. Mjeku i përgjithshëm 2. Mjekut Specialist 3. Dikujt tjetër Specifikoni _____
Q-19. Në cfarë institucioni?	1. Publik Primar 2. Publik Sekondar 3. Privat Ambulancë 4. Privat Spital 5. QKUK
Q-20. Sa herë keni bërë vizita tek mjeku para se të vini në QKUK? SA PREJ KËTYRE VIZITAVE KANË QENË NË INSTITUCOINE PUBLIKE	Numri: |__|__| Numri: |__|__|
Q-21. A keni qenë të hospitalizuar? Q-22. Sa kohë?	1. Po 2. Jo |__|__| ditë

Pyetjet në vazhdim kanë të bëjnë me institucionin/et që keni vizituar	
Q-23. A keni marrë udhëzim për të ardhur në Klinikë?	1. Po 2. Jo
NËSE PO NGA E KENI MARRË UDHËZIMIN. NËSE JO VAZHDONI NË PYETJEN 40	1. Publik primar 2. Publik sekondar 3. Ambulancë private 4. Spitali privat 5. Tjetër institucion
NËSE ËSHTE PUBLIK SEKONDAR SPECIFIKONI CILI SPITAL	1. Ferizaj 2. Gjakova 3. Gjilan 4. Mitrovicë 5. Peja 6. Prizren 7. Vushtri
Q-24 A ka qenë pacijenti prezent kur keni marrë udhëzimin?	1. Po 2. Jo 99. Nuk e di
NË VIZITËN QË KENI MARRË UDHËZIMIN	
Q-25. Sa ka zgjatur mesatarisht vizita tek mjeku?	1. 1 – 10 minuta 2. 10 – 20 minuta 3. 20 – 30 minuta 4. Më shumë se 30 minuta 99. Nuk më kujtohet

Q-26. A ju ka pyetur mjeku në lidhje me ankesat tuaja?	1. Po 2. Jo 99. Nuk e di
Q-27. A ka bërë mjeku kontorollin e trupit?	1. Po 2. Jo 99. Nuk e di
Q-28. A jeni instruktuar që të bëni analiza?	1. Po 2. Jo 99. Nuk e di
NËSE PO KU I KENI BËRË?	1. Privat 2. Publik 3. Në dyjat 4. Nuk i kam bërë
NËSE PO A I KA SHIQUAR MJEKU ATO ANALIZA	1. Po 2. Jo 3. Jo se nuk i kam bërë analizat 99. Nuk më kujtohet
Q-29. A jeni trajtuar nga Mjeku?	1. Po 2. Jo 99. Nuk e di

Pyetjet në vazhdim kanë të bëjnë me referimin në qendrën terciare – QKUK	
Q-30. A keni inicuar ju referimin apo mjeku?	1. Mjeku 2. Vetë
Q-31. Nëse vetë, trego arsyen ?	1. Nuk kam besim tek mjeku 2. Nuk jam i kënaqur me kushtet në

	institucionin e mëparshëm
Q-32. Kush ua ka dhënë udhezimin?	1. Mjeku 2. Motra
Q-33. Kur ju është dhënë udhëzimi?	|__|__| ditë
Q-34. A ka qenë rasti urgjent?	1. Po 2. Jo
NËSE PO SI ËSHTË BËRË TRANSPORTI	1. Personal 2. Autoambulancë
Pyetjet në vazhdim kanë të bëjnë me kualitetin e referimit ne qendern terciare – QKUK	
Q-35. A ka te shkruar diagnoze ne udhezim?	1. Po 2. Jo
Q-36. Sa rubrika në udhezim jane mbushur?	1. Të gjitha 2. Gjysma 3. Më pak se gjysma 4. Asnjëra (vetëm diagnoza)
Q-37. Diagnoza referuese	_____
Q-38. Diagnoza pranimit	_____
A KA DISKREPANCË NË MES DIAGNOZAVE	1. Po 2. Jo
Q-39. Shkalla e semundshmerise	1. E lehtë 2. Mesatarisht e rendë 3. E rendë
Q-40. Arsyeja e referimit	1. Diagnostike 2. Ekzaminimet

	3. Trajtimi
Q-41. A mendoni se rasti ka mundur te trajtohet edhe ne nivelin sekondar?	1. Po 2. Jo 99. Nuk e di
Q-42. Pse nuk keni marrë udhëzim?	1. Kemi ardhur direkt këtu 2. Nuk na kanë dhënë 3. Nuk e di

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POLICY BRIEF January 2015

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Title of research: Referral of cases in Pediatric Clinic

Location of research: Kosovo

Background

One of the major challenges affecting hospitals in developing countries is lack of resource, both in facilities and as a result of poor management. A common problem is the overcrowdings with the patients that could receive the same care in a lower level of health system. The most convenient solution would be an effective hierarchical referral system.

The various reasons for referral to a medical center have been grouped under three headings: (A) referrals initiated by the physician for rather specific reasons; (B) referrals initiated by the physician for nonspecific reasons; and (C) referrals initiated primarily by the patient or for economic reasons.

Within 1990, approximately 2,000 ethnic Albanian physicians and health care providers were summarily dismissed from management and senior medical positions in Kosovo's clinics and hospitals. Albanian physicians responded by creating a parallel health care systems in Kosovo based in private fee-for-service practices. As the fees charged for service were out of reach for many Kosovar Albanians, the Mother Teresa Society, an Albanian non-governmental organization (NGO), established a network of about 100 *ambulantas* throughout Kosovo to provide primary care and maternity services that served 350,000 people.

At the end of the war in Kosovo in 1999, the post – conflict settings were a great opportunity for the change and reform in health system. The WHO assessed the health needs of Kosovo. The key recommendation was to strengthen and reorganize primary care.

Since 1999, when Kosovo health care system was re-established, there were many deficiencies in the referral of patients, delays in the timely transport of the patients from secondary to tertiary health care center, inadequate transportation, lack of information on referred patients (that were received at higher levels of care from lower levels of care), deficiencies in the admission of the patient to the tertiary level, and wrong triage of patients. So far there have been no substantial initiatives to address these problems.

Findings

Our study presents a research on referral process on pediatric healthcare system.

As seen in the Table 1 there is large preference for visiting physicians who are specialists compared general practitioners even though most of patients that are aren't that sick. That situation is slightly different in region of Gjilan and Ferizaj where patients seem to prefer more seeing general practitioner compared to other regions.

The findings also show that most of visits patients have before the referral at UCCK are done at private care facilities. Significant numbers of patients appear at UCCK directly (i.e. Prishtina 15.4%, Gjilan 13.3%) by passing other levels of care.

Table 1

Regjioni		Kur ka filluar sëm. (ditë)	Kujt ju keni drejtuar për herë të parë në lidhje me këtë sëmundje?			Vizita e parë te mjeku (ditë)	Institucioni					Numri i vizitave para referimit	Numri i vizitave ne inst. Publike
			Mjekut të përgj.	Mjekut Spec.	Dikujt tjetër		Publik Prim.	Publik Sek.	Privat Ambul.	Privat Spital	QKUK		
Prishtina	m	13				12						3	1
	n		44	137	1		94	1	57	2	28		
	%		24.2%	75.3%	.5%		51.6%	.5%	31.3%	1.1%	15.4%		
	Ratio	0.81				0.80						1.00	0.50
Mitrovica	m	26				24						4	3
	n		8	25	0		13	8	9	0	3		
	%		24.2%	75.8%	.0%		39.4%	24.2%	27.3%	.0%	9.1%		
	Ratio	1.63				1.60						1.33	1.50
Peja	m	14				12						2	2
	n		3	9	0		4	5	2	0	1		
	%		25.0%	75.0%	.0%		33.3%	41.7%	16.7%	.0%	8.3%		
	Ratio	0.88				0.80						0.67	1.00
Gjakova	m	7				7						1	1
	n		0	1	0		0	1	0	0	0		
	%		.0%	100.0%	.0%		.0%	100.0%	.0%	.0%	.0%		
	Ratio	0.44				0.47						0.33	0.50
Prizren	m	11				10						2	1
	n		5	27	0		15	4	11	0	2		
	%		15.6%	84.4%	.0%		46.9%	12.5%	34.4%	.0%	6.2%		
	Ratio	0.69				0.67						0.67	0.50
Gjilan	m	17				16						3	1
	n		5	10	0		8	1	4	0	2		
	%		33.3%	66.7%	.0%		53.3%	6.7%	26.7%	.0%	13.3%		
	Ratio	1.06				1.07						1.00	0.50
Ferizaj	m	30				29						4	1
	n		10	14	0		8	3	13	0	0		
	%		41.7%	58.3%	.0%		33.3%	12.5%	54.2%	.0%	.0%		
	Ratio	1.88				1.93						1.33	0.50

The other part of analysis reveals facts on institutions that are preferred. As seen in Table 2 significant percentage of patients prefers the private ambulances (i.e. Ferizaj 55%, Prizren 35.7% and Prishtina 32.6%) confirming the continuous progress of patients preference for private sector. When patients were asked about the letter for referral to clinic the results show number of patients that haven't received and went to the clinic without referral letter. Very small number is referred from secondary care level. In number of cases (i.e. 14 in Prishtina) the patients have not been present when referral letter was drafted meaning that it was taken by patients.

Table 2

Regjioni		A keni marrë udhëzim për të ardhur në Klinikë?		NËSE PO NGA E KENI MARRË UDHËZIMIN					A ka qenë pacijenti/fëmiu prezent kur keni marrë udhëzimin?		
		Po	Jo	Publik primar	Publik sekondar	Ambulancë private	Spitali privat	Tjetër institucion	Po	Jo	Nuk e di
Prishtina	n	141	40	94	0	46	0	1	127	14	0
	%	77.9%	22.1%	66.7%	.0%	32.6%	.0%	.7%	90.1%	9.9%	.0%
Mitrovica	n	30	3	18	8	4	0	0	29	1	0
	%	90.9%	9.1%	60.0%	26.7%	13.3%	.0%	.0%	96.7%	3.3%	.0%
Peja	n	9	3	1	6	1	0	0	9	0	0
	%	75.0%	25.0%	12.5%	75.0%	12.5%	.0%	.0%	100.0%	.0%	.0%
Gjakova	n	0	1	0	0	0	0	0	0	0	0
	%	.0%	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
Prizren	n	28	3	10	8	10	0	0	27	1	0
	%	90.3%	9.7%	35.7%	28.6%	35.7%	.0%	.0%	96.4%	3.6%	.0%
Gjilan	n	13	2	8	2	3	0	0	12	1	0
	%	86.7%	13.3%	61.5%	15.4%	23.1%	.0%	.0%	92.3%	7.7%	.0%
Ferizaj	n	20	4	2	7	11	0	0	20	0	0
	%	83.3%	16.7%	10.0%	35.0%	55.0%	.0%	.0%	100.0%	.0%	.0%

Interestingly Table 3 shows that there is a slight percentage of patients who have initiated the referral system on their own in the region of Prishtina. There is a strong percentage of patients who think their case was not urgent although they were reffered to the tertial level, i.e. in Prishtina 48.6%, Mitrovica 56.7%, and Gjilan 53.8%. A significant percentage shows that the transportation for referral of cases has been provided individually from the patient.

Table 3

Regjioni		A keni inicuar ju referimin apo mjeku?		Nëse vetë, trego arsyen?		Kush ua ka dhënë udhezimin?		Kur ju është dhënë udhëzimi?	A ka qenë rasti urgjent?		SI ËSHTË BËRË TRANSPORTI	
		Mjeku	Vetë	Nuk kam besim tek mjeku	Nuk jam i kënaqur me kushtet	Mjeku	Motra		Po	Jo	Personal	Autoam bulancë
Prishtina	n	122	20	7	12	139	0		73	69	68	7
	%	85.9%	14.1%	36.8%	63.2%	100.0%	.0%		51.4%	48.6%	90.7%	9.3%
	m							1				
Mitrovica	n	26	4	1	3	30	0		13	17	9	4
	%	86.7%	13.3%	25.0%	75.0%	100.0%	.0%		43.3%	56.7%	69.2%	30.8%
	m							2				
Peja	n	9	0	0	0	9	0		7	2	3	4
	%	100.0%	.0%	.0%	.0%	100.0%	.0%		77.8%	22.2%	42.9%	57.1%
	m							2				
Gjakova	n	0	0	0	0	0	0		0	0	0	0
	%	.0%	.0%	.0%	.0%	.0%	.0%		.0%	.0%	.0%	.0%
	m							.				
Prizren	n	24	4	0	4	28	0		17	11	14	3
	%	85.7%	14.3%	.0%	100.0%	100.0%	.0%		60.7%	39.3%	82.4%	17.6%
	m							1				
Gjilan	n	11	2	1	1	13	0		6	7	5	1
	%	84.6%	15.4%	50.0%	50.0%	100.0%	.0%		46.2%	53.8%	83.3%	16.7%
	m							3				
Ferizaj	n	18	2	2	1	20	0		14	6	9	6
	%	90.0%	10.0%	66.7%	33.3%	100.0%	.0%		70.0%	30.0%	60.0%	40.0%
	m							1				

Table 4 shows that a significant number of patients referred to UCCK believe their case could have been rather treated in the secondary level.

Table 4

Regjioni		Shkalla e sëmundshmërisë			A mendoni se rasti ka mundur të trajtohet edhe në		
		E lehtë	Mesatarisht e rendë	E rendë	Po	Jo	Nuk e di
Prishtina	n	33	97	8	67	62	11
	%	23.9%	70.3%	5.8%	47.9%	44.3%	7.9%
Mitrovica	n	6	19	2	10	15	2
	%	22.2%	70.4%	7.4%	37.0%	55.6%	7.4%
Peja	n	1	8	0	4	5	0
	%	11.1%	88.9%	.0%	44.4%	55.6%	.0%
Gjakova	n	0	0	0	0	0	0
	%	.0%	.0%	.0%	.0%	.0%	.0%
Prizreni	n	2	17	7	9	15	2
	%	7.7%	65.4%	26.9%	34.6%	57.7%	7.7%
Gjilan	n	4	7	2	6	7	0
	%	30.8%	53.8%	15.4%	46.2%	53.8%	.0%
Ferizaj	n	3	9	6	3	14	2
	%	16.7%	50.0%	33.3%	15.8%	73.7%	10.5%

In the post-conflict Kosovo, health system remains an under-researched area, and as such, there are no preexisting frameworks that analyze how health reforms affected the referral system and the work on the Tertiary center.

The data demonstrate that there is variability on referral number and reasons among regions and levels of healthcare, which reflects several factors.

Our study also revealed that a relatively big number of the patients are self – referred (19.1%) or initiated the referral (12.9%), a very common phenomena in other developing countries.

Recommendations

- There are five steps to the successful completion of a referral: (1) definition of the need and purpose of a referral by both the patient and the referring physician, (2) communication of the need and purpose to the consultant, (3) attention given to the problem by the consultant, (4) communication of the consultant's findings and recommendations to the referring physician, and (5) understanding by the patient, the consultant, and the referring physician of who is taking responsibility for the patient's continuing care.

- Addressing the referral of patients and the quality of referral is ideal issue to be dealt with in professional line services model where coordination of care should be one of main functions.

- The reform that individuals would choose their family doctor, who would be responsible for coordinating specialist and tertiary-care services.
- An Information Book outlining a system whereby patients would receive specialist care and hospitalization upon referral only, except in emergencies.
- Less developed countries instituted primary health care (PHC) systems, and developed a pyramidal referral model to support the primary care level. Regional hospitals were intended to provide local services for uncomplicated cases, referring patients with more serious conditions to central hospitals.
- Referral guidelines and protocols regulating the referral system and training of staff on how to implement the protocols and guidelines.
- Health insurance implementation is a key moment to enforce some of rules and regulations for referrals as the payment conditioning may prevent unnecessary referrals that are done without respecting the guidelines

Annex 1. Questionnaire for mothers

(in Albanian)

M-1. Numri identifikues i respondentit __ __ __ __

M-2. Data e intervistës ___ ___

M-3. Regjioni

1. Prishtina 2. Mitrovica 3. Peja 4. Gjakova 5. Prizren 6. Gjilan

M-4. Kodi i komunës së rezidencës së tanishme

1. Prishtina	11. Klina	21. Ferizaj
2. Mitrovica	12. Istog	22. Kaçanik
3. Gjilan	13. Deçan	23. Fushë Kosova
4. Peja	14. Dragash	24. Obiliq
5. Prizren	15. Suhareka	25. Novobërda
6. Gjakova	16. Rahovec	26. Zubin Potok
7. Podujeva	17. Vitia	27. Shtërpce
8. Vushtrri	18. Kamenica	28. Zveçan

9. Skenderaj
10. Leposaviq
19. Lipjan
20. Shtime
29. Gllogovc
30. Malisheva

M-5. Vendbanimi/Rezidenca

1. Rural
2. Qytet / Urban
3. Prishtina

M-6. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka filuar: __ __ : __ __

M-7. Shënoni kohën (duke shfrytëzuar orën 24 orëshe). Intervista ka mbaruar: __ __ : __ __

M-8. Shënoni kohëzgjatjen totale të intervistës në minuta: ___ ___

Prezantoni vetvetën: "Mirëmëngjes/Mirëdita. Emri im është _____. Unë punoj për FNFSH. Jemi duke kryer një anketë në lidhje me kualitetin dhe shpërndarjen e referimeve në Kosovë. Përgjegjet do të jenë konfidenciale duke pasur parasysh standardet ndërkombëtare për hulumtime."

Pyetje e mëposhtme kërkojnë përgjegje në lidhje me juve dhe familjen tuaj		
Q-1. Çfarë moshe keni?	|__|__| muaj |__|__| vjeq	
Q-2. Gjina	1. F 2.M	
Q-3. Cila është datëlindja e fëmiut?	DD / MM / VV: |___|___| / |___|___| / |___|___|___|___|	
Q-4. Cila është përkatësia e juaj etnike?	1. Shqipëtar 2. Sërb 3. Boshnjak	4. Turk 5. RAE 6. Tjetër (shkruaj): _____
Q-5. Sa fëmijë janë?	Numri: |__|__|	Mashkuj: Vajza:
Q-6. Cili femijë me rend është?	Numri: |__|__|	
Q-7. Sa anëtarë në familje jeni?	Numri: |__|__|	
Q-8. Cili është profesioni kryesor i prindit/nënës?	1. Agrikultura dhe punët e ngjashme 2. Punët e lidhuara me industri 3. Ndërtimtaria 4. Tregëtia 5. Shërbimet	7. Arkatar në shitore 8. Shitës në treg 9. Punë administrative 10. Manaxhere 11. Artiste 12. Shtëpiake

	publike 6. Puna fizike	13. E papunë 14. Punëtor shëndetësor 14. Tjetër: _____
Q-9. Cili është niveli i shkollimit? Nxjerni përafërsisht nëse nuk është e mundur saktësisht.	1. Asnjë 2. Pjesërisht shkollimi elementar 3. Kompletuar shkollimi elementar 4. Pjesërisht shkollimi i mesëm	5. Kompletuar shkollimi i mesëm 6. Pjesërisht shkollimi i lartë 7. Kompletuar shkollimi i lartë
Q-10. Sa janë të ardhurat mujore të familjes suaj/ për anëtar të familjes?	1. Mbi 200 Euro/për muaj 2. Deri në 200 Euro/për muaj 3. Deri në 100 Euro/për muaj 4. Deri në 50 Euro/për muaj 5. Deri në 15 Euro/për muaj 6. Nën 15 Euro/për muaj	
Q-11. Me ke jeton femiu ?	1. Të dy prindërit 2. Janë të divorcuar / me nënën 3. Janë të divorcuar / me babain 4. Vetëm me nënën 5. Vetëm me babain 6. Tjetër _____	
Q-12. Sa larg e keni institucion primar shëndetësor?	1. <1 km nga vendbanimi 2. 1-3 km nga vendbanimi 3. 3< nga vendbanimi (Specifikon nëse Privat ose Publik) _____	
Q-13. A e dini qfarë shërbimesh shëndetësore ofrohen në atë qendër ?	1. Po 2. Jo	

Pyetjet në vazhdim kanë të bëjnë me institucionin/et që këni vizituar	
Q-14. Kur ka filluar semundja?	|__|__|__| ditë
Q-15. Kur i jeni drejtuar mjekut?	|__|__|__| ditë
Q-16. Kujt ju keni drejtuar për herë të parë në lidhje me këtë sëmundje?	1. Mjeku i përgjithshëm 2. Mjekut Specialist 3. Dikujt tjetër Specifikoni _____
Q-17. Në cfarë institucioni?	1. Publik Primar 2. Publik Sekondar 3. Privat Ambulancë 4. Privat Spital 5. QKUK
Q-18. Sa herë keni bërë vizita tek mjeku para se të vini në QKUK? SA PREJ KËTYRE VIZITAVE KANË QENË NË INSTITUCOINE PUBLIKE	Numri: |__|__| Numri: |__|__|
Q-19. A keni qenë të hospitalizuar?	1. Po 2. Jo

Q-20. Sa kohë?	|__|__| ditë

Pyetjet në vazhdim kanë të bëjnë me institucionin/et që keni vizituar	
Q-21. A keni marrë udhëzim për të ardhur në Klinikë?	1. Po 2. Jo
NËSE PO NGA E KENI MARRË UDHËZIMIN. NËSE JO VAZHDONI NË PYETJEN 40	1. Publik primar 2. Publik sekondar 3. Ambulancë private 4. Spitali privat 5. Tjetër institucion
NËSE ËSHTE PUBLIK SEKONDAR SPECIFIKONI CILI SPITAL	1. Ferizaj 2. Gjakova 3. Gjilan 4. Mitrovicë 5. Peja 6. Prizren 7. Vushtri
Q-22 A ka qenë pacijenti/fëmiu prezent kur keni marrë udhëzimin?	1. Po 2. Jo 99. Nuk e di
NË VIZITËN QË KENI MARRË UDHËZIMIN	
Q-23. Sa ka zgjatur mesatarisht vizita tek mjeku?	1. 1 – 10 minuta 2. 10 – 20 minuta 3. 20 – 30 minuta 4. Më shumë se 30 minuta 99. Nuk më kujtohet
Q-24. A ju ka pyetur mjeku në lidhje me ankesat tuaja?	1. Po 2. Jo 99. Nuk e di
Q-25. A ka bërë mjeku kontorollin e trupit?	1. Po 2. Jo 99. Nuk e di
Q-26. A jeni instruktuar që të bëni analiza?	1. Po 2. Jo 99. Nuk e di
NËSE PO KU I KENI BËRË?	1. Privat 2. Publik 3. Në dyjat 4. Nuk i kam bërë

NËSE PO A I KA SHIQUAR MJEKU ATO ANALIZA	1. Po 2. Jo 3. Jo se nuk i kam bërë analizat 99. Nuk më kujtohet
Q-27. A jeni trajtuar nga Mjeku?	1. Po 2. Jo 99. Nuk e di

Pyetjet në vazhdim kanë të bëjnë me referimin në qendrën terciare – QKUK	
Q-28. A keni inicuar ju referimin apo mjeku?	1. Mjeku 2. Vetë
Q-29. Nëse vetë, trego arsyen ?	1. Nuk kam besim tek mjeku 2. Nuk jam i kënaqur me kushtet në institucionin e mëparshëm
Q-30. Kush ua ka dhënë udhezimin?	1. Mjeku 2. Motra
Q-31. Kur ju është dhënë udhëzimi?	|__|__| ditë
Q-32. A ka qenë rasti urgjent? NËSE PO SI ËSHTË BËRË TRANSPORTI	1. Po 2. Jo 1. Personal 2. Autoambulancë
Pyetjet në vazhdim kanë të bëjnë me kualitetin e referimit ne qendern terciare – QKUK	
Q-33. A ka te shkruar diagnoze ne udhezim?	1. Po 2. Jo
Q-34. Sa rubrika në udhezim jane mbushur?	1. Të gjitha 2. Gjysma 3. Më pak se gjysma 4. Asnjëra (vetëm diagnoza)
Q-35. Diagnoza referuese Q-36. Diagnoza pranimit A KA DISKREPANCË NË MES DIAGNOZAVE	_____ _____ 1. Po 2. Jo
Q-37. Shkalla e semundshmerise	1. E lehtë 2. Mesatarisht e rendë 3. E rendë
Q-38. Arsyeja e referimit	1. Diagnostike 2. Ekzaminimet 3. Trajtimi
Q-39. A mendoni se rasti ka mundur te trajtohet edhe ne nivelin sekondar?	1. Po 2. Jo 99. Nuk e di
Q-40. Pse nuk keni marrë udhëzim?	1. Kemi ardhur direkt këtu 2. Nuk na kanë dhënë 3. Nuk e di

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