Health Referral System and Minimum Packages of Services
Health Referral is

☞ a set of activities undertaken by a health care provider or facility in response to its inability to provide the necessary intervention of patient’s need.
Health Referral is

→ it is done from the community to the RHU, from the RHU to the hospital and within the hospital internal system and vice versa.
Health Referral is

- it involves not only direct patient care but support services such as transportation to transfer patient from one health facility to another.
Health Referral is

- it is a two-way relationship that requires cooperation, coordination and exchange of information between the primary health facility and the first referral hospital during the referral and discharge of patient from the hospital.
Health Referral is

communication system need to be established among the different facilities.
most common to the most complicated and life threatening diseases requires different levels of health workers and health care facility.
Rationale of Referral System

- maximize limited resources.
- avoid duplication of services.
Rationale of Referral System

😊 promotes cooperation and complementation of primary, secondary and tertiary health facilities.
Rationale of Referral System

- appropriate level of care made available considering geographic factors, time, cost and urgency
- Promotes continuity of treatment
- sustainability
What are the major effects of deficiencies in health referral system?

полнение there is wastage of scarce health resources through duplication of services and under utilization of primary and secondary government hospital.

Results: Decreased efficiency
What are the major effects of deficiencies in health referral system?

😊 there is an increase in preventable morbidity and mortality due to lack of appropriate services, delayed referral and poor referral communications.

Results: Decreased effectiveness
Framework of a two way health referral system should include:

- a defined packages of services provided at different levels of care.
Framework of a two way health referral system should include:

- should encourage an environment in which the core referral hospital is viewed as a community resource.
Framework of a two way health referral system should include:

✓ should be responsive to local situations, while being part of over all province-wide referral system.
Framework of a two way health referral system should include:

- should be inclusive of the private medical sector and NGOs involved in the provision of community-based health care.
Framework of a two way health referral system should include:

✓ it should include a properly functioning communication and transport system (telephone, radiophone, ambulance, etc.)
When does a patient be referred to a higher levels of care:

✔ when a patient needs expect advice.
✔ needs a technical examination that is not available at the health centers.
When does a patient be referred to a higher levels of care:

- Requires a technical intervention that is beyond the capabilities of the health center.

- Requires in-patient care.
Flow of Referral of Patients

1st Level Primary Care

2nd Level Primary Care

3rd Level Primary/Core Referral Hospital

3rd Level Secondary Hospital

3rd Level Tertiary Care

4th Level Tertiary Care

5th Level Tertiary Care

Community

Private Hospital

Rural Health Unit

Barangay Health Station

Municipal Hospital

District Hospital

Provincial Hospital

Medical/Regional Hospital
Types of services available in each referral levels:

a. Barangay Health Stations

✓ a satellite of the RHU where the first contact of the patient occur.

✓ primary preventive and promotive services such as health education.
✓ campaign for sanitation.
✓ immunization.
✓ normal delivery by midwife.
✓ contact tracing.
✓ liaison with the community.
b. Rural Health Unit

✓ a primary referral center from BHS.

✓ promotive and secondary level prevention.

✓ treatment of primary cases not needing inpatient services.
✓ outpatient services (case finding and treatment.)
✓ health education, promotive and preventive campaigns.
✓ normal delivery, pre-natal and post natal.
✓ minor surgery.
c. District Hospitals

- the first level referral hospital in the health district.

- it has a catchments of 75,000 population or more and is about 35 kilometers to next government facility.
it should have adequate capabilities as a secondary level hospital or should provide surgical, radiological and routine laboratory services.
d. Provincial Hospitals

- the highest referral level facility in the province.
- cases not treated in the district hospital are referred to the Provincial hospital.
has tertiary level capabilities for providing medical cares to cases requiring the expertise of trained specialists, subspecialists and other licensed physicians using highly specialized ancillary diagnostic and therapeutic equipment.
Roles and responsibility of referring physician:

✓ should know what, when, whom, and where to refer.

✓ accomplish referral form with all necessarily information.
✓ explain to patient rationale, reasons for choice of doctor/hospital, preparation, expected cost, possible outcome of referral.

✓ facilitate scheduling, etc.

✓ secure result of referral.
Roles and responsibilities of Consultant physician:

✓ respond promptly to a request for consultation.

✓ report in detail all pertinent findings and recommendation to the referring doctor and may outline opinion to the patient.
✓ communicate with patient and his family about what they should know regarding the medical conditions.

✓ return the patient to the referring doctor.

✓ not to attempt by word or deed, to usurp or undermine the primary physician role.
Republic Act 8344:

☑ An act penalizing the refusal of hospitals & medical clinics to administer appropriate initial medical treatment & support in emergency or serious cases, amending for the purpose Batas Pambansa Bilang 702, otherwise known as “An act prohibiting the demand of deposits of or advance payments in hospitals & medical clinics in certain cases”.

Implementing Rules and Regulations

Transfer of Patients:

✔ The transferring & receiving hospital shall as much as practicable be within 10 km. radius of each other.

✔ The transfer of patients contemplated under this act at all times be properly documented.
✓ Hospitals may require a deposit or advance payment when the patient is no longer under the state of emergency and he or she refuses to be transferred.

✓ All hospital shall use a Uniform Discharge / Transfer Slip for cases covered by RAE 8311 which shall include the following information:
Admission Form of transferring hospital

Transfer Form of transferring hospital to include but not necessarily limited to the following:

- Vital signs
- Name of Attending Physician
- Treatment given to patient
- Name of receiving hospital
Name of contact person and approving official at receiving hospital

Consent of the patient or companion. In case of an unaccompanied minor patient, they may be transferred without consent provided that the provision of section 1 of RA 8344 is strictly observed
In case of refusal of transfer, the name of the hospital, the name(s) of person who refused and the reason (s) for the refusal

Penal Provisions – imprisonment of not less than six months & one day but not more than two (2) years & four months, or at time of not less that Twenty Thousand Pesos (P20,000.00) but not more than One Hundred Thousand Pesos (P100,000.00) on both at the discretion of the count.
Clinical Referral Slip

Referral Slip No. ____________ Date _____
To: ____________________________
Patient: ____________________________

(Last Name) (First Name) (Middle Name)
Age: ________ Sex: ________ Status: _________
Address: __________________________________
Chief Complain: ________________________________
Impressions: _________________________________
Treatment Given: _____________________________
Reason for Referral: _________________________
Signature, Authorized Representative of Referring Agency

Designation
Clinical Referral Slip

Returning Slip

Referral Slip No. _____________ Date _____

Action Taken: ________________________________

______________________________________________

Remarks: ________________________________

______________________________________________

______________________________________________

Signature, Authorized Representative of Referring Agency

______________________________________________

Designation
Thank you very much!