

SECTION 6

REFERRAL SYSTEM GUIDELINES

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INTRODUCTION

A fundamental principle of Primary Health Care (PHC) is the close relationship between all levels of the health care system, starting at the community extending upward to clinic, health center and district hospital and beyond. Each patient is therefore connected through a seamless continuum of services and should arrive at the appropriate level capable of giving optimal health care for any given problem. This assures that the most common and often important measures are available nearest to home and convenient to each citizen. Through a smoothly functioning referral system, the patient can arrive at higher levels where more specialized medical professionals as well as diagnostic and therapeutic tools are available. Thus the referral system is an integral part of PHC.

Effective referral requires clear communication to assure that the patient receives optimal care at each level of the system. Because the patient is moving between facilities it is the role of the supervisor to assure that this movement is facilitated and that proper communication accompanies it in both directions: upward, describing the problem as seen at the lower level facility and requesting specific help and, importantly, information back to the lower level facility describing the findings, the actions to be taken and the follow up needed.

The referral form is designed to facilitate communication in both directions although effective referral can occur with written communication on the patient held record or any other convenient paper. Every patient referred upwards should be accompanied by a written record of the findings, the questions asked, any treatment given and specific reasons for referral and expectations from the lower level facility. Such communication should accompany the patient (usually carried by the patient) and a clear designation of to which, facility the patient is being sent. Once the patient is seen and receives the attention at the higher level facility, back referral to the original facility is of vital importance. This communication contains answers to the questions posed with specific findings, special investigations, diagnosis, treatment offered and follow up expected from the lower level facility. The back referral may be written in the patient held record, but is most usually on a separate piece of paper, which should be delivered by the patient to the clinic, but may also be sent by fax or mail to the clinic.

The weakest part of this communication is generally back referral from the higher level facility. This communication not only assures proper patient care and follow up, but importantly provides continuing education to the lower level facility and their staff. The supervisor should assure that such communication occurs and in its absence actually pursue the medical officer at the higher level facility to seek proper back referral information.

The supervisor should review all referrals made from the clinic upwards each month for the appropriateness of the decision to refer. Usually between 5 and 10% of patients seen in the clinic will be referred to a higher level for either diagnostic or more specialized care. The supervisor should discuss referred cases

- Identifying those which should have been properly treated at the clinic itself without referral
- But also identifying cases which should have been referred but were handled locally.
- An important role of the supervisor is to discuss the back referrals received to determine whether the information is adequate and being acted upon by the clinic.

This form of continuing education can be stimulated and reinforced by discussion with the supervisor to enable the clinic to progressively take over the greater responsibility for many of the cases. Continuing treatment of chronic cases such as diabetes, hypertension, epilepsy and psychiatric illness is particularly important and assures not only high quality of care for the patient, but also greater convenience and less burden on the higher levels of the system.

A monthly review of referrals upward and back referrals received is an important supervisory function. Additionally the supervisor should follow up cases that have been referred with no feedback received to assure that they arrive at the higher level and to determine what actions were taken and follow up needed at the clinic.

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REFERRAL FORM						
From						
Address of health facility						
Tel arrangements made	Y	N	Tel No		Fax No	
To					Date	
Patients Name						
Identity No			Age		Sex	M F
Address						
History						
Findings						
Treatment given						
Reason for referral						
Name					Signed	
On completion of management of patient please fill in and detach the referral back slip below and send with patient or fax or post						

Tear off & -----

From Facility		Tel No	Fax No	
Reply from (name)				Date
To referring person				
Address of health facility				
Patients Name				
Identity No			Age	Sex M F
Address				
This patient was seen by	on			
Patients History				
Physical Findings				
Special Investigations				
Diagnosis				
Treatment / Operation				
Medicines prescribed				
Please continue with (meds, Rx, f/u, care)				
Refer back to	on			