



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
MINISTRY OF HEALTH

GUIDELINE FOR IMPLEMENTATION OF A PATIENT REFERRAL SYSTEM

Medical Services Directorate

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1. Introduction

Referral is a process by which a health worker transfers the responsibility of care temporarily or permanently to another health professional or social worker or to the community in response to its inability or limitation to provide the necessary care. Referral is a two way process and ensures that a continuum of care is maintained to patients or clients. It is done from the community to the primary care health service and to hospitals and within hospitals and vice versa. It also involves not only direct patient care but support services such as transport and communication. A referral may be for temporary, permanent or partial transfer of responsibility for the care of a patient. A referral system entails the interrelationships and coordination of patient care services from one health care facility to another. The referral process begins by the referring health professional communicating to the receiving health professional or specialist relevant patient information. The receiving health professional communicates back to the referring health professional with information and plan for continuum of care thereby completing the referral process.

Referral can be vertical as in the hierarchical arrangement of the health services from the lower end of the health tier system to the higher ones. It also can be horizontal between similar levels of facilities in the interest of patients for cost, location and other reasons. Referrals can also be diagonal when a lower level health facility directly refers patients to a specialized facility without necessarily passing through the hierarchical system. Referrals can be among public, private, community based and other traditional and alternative medicine practitioners and sometimes social services are also included.

Referring unit is a health service organization that initiates the referral process. A facility can be both a referring and receiving unit depending on circumstances.

Receiving unit is a health service organization that receives patients or clients from referring units and ensures that required care is given to the client and returns the patient with feedback.

2. Rationale for Referrals

The rationale for referrals is the promotion of continuity of services.

3. Benefits of a good referral system

A good referral system increases the efficiency of the health system by maximizing the appropriate use of health care facilities. It strengthens the peripheral health facilities and improves the decision making capacity of professionals at the lower level of the referral network. It also creates opportunities for balanced distribution of funds, services and professionals while at the same time improving the effectiveness of the health system. In addition, a good referral system helps to promote cooperation among primary, secondary and tertiary levels of care.

4. Essential elements of a referral system

- A group of organizations that in aggregate provide comprehensive health care services in a defined geographic area
- A unit that coordinates and oversees referral activities
- Designated referral focal persons at each health facility
- Directory of services and organizations within a defined territory
- Standardized referral format
- Feedback loop to track referral
- Documentation of referral

Therefore, a good referral system:

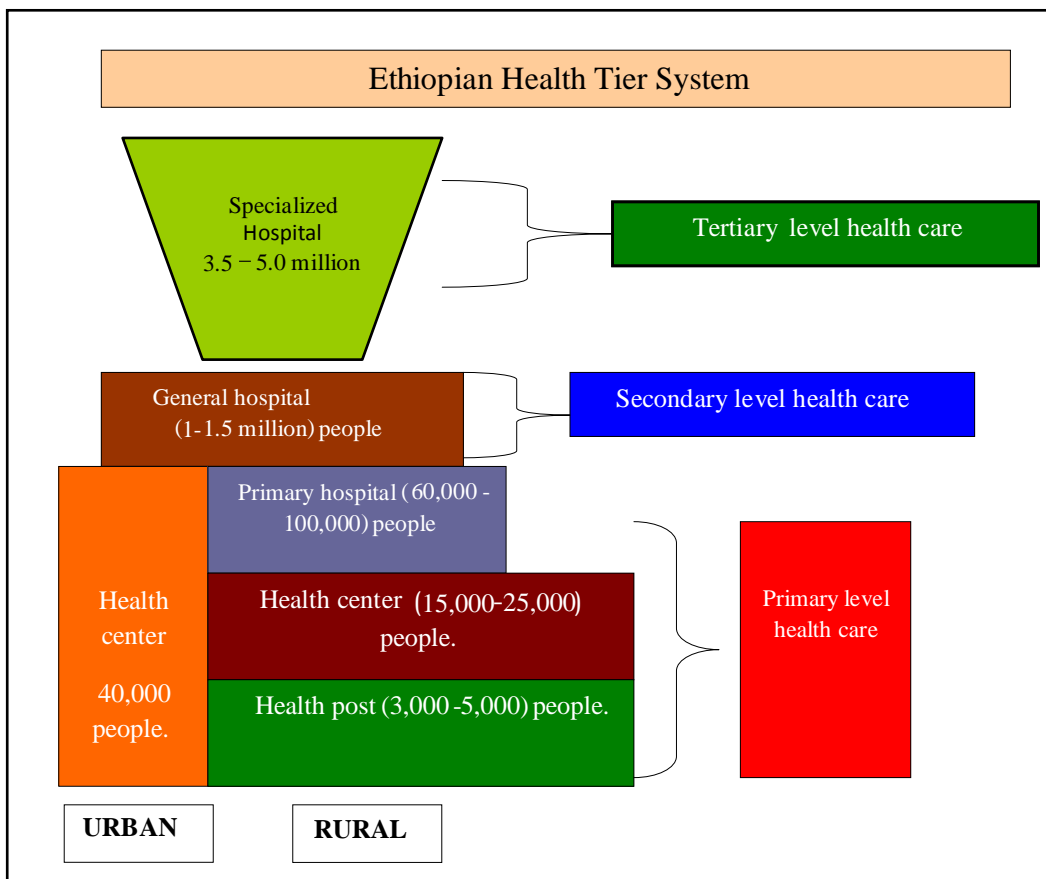
- Will have a defined package of services provided at different levels of care
- Encourages an environment in which the core referral hospital is viewed as a community resource
- Should be responsive to local situation
- Should include a properly functioning communication and transport system
- It should also be inclusive of the private sector, non governmental organizations and community based care including social services

5. Reasons for Referral

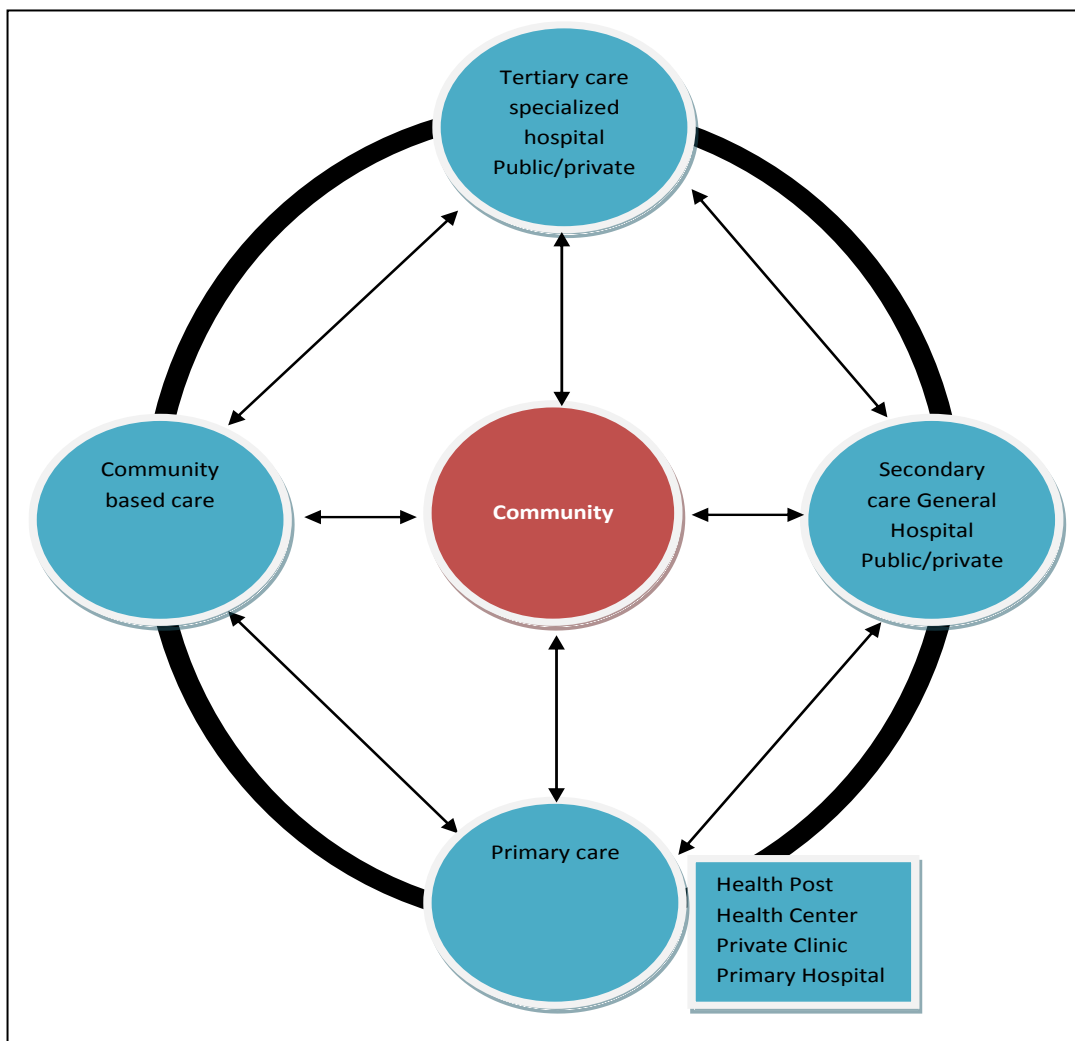
The criteria for referral should be medical, objective and in the best interest of the patient or client. The following are considered good reasons for referrals:

- When a patient needs an expert advice as determined by the attending health professional
- When technical examination is required that is not available at the referring facility
- When a technical intervention that is beyond the capabilities of the facility is required
- When patients require inpatient care that cannot be given at the referring facility
- When the referring facility cannot no more accept patients due to shortage of beds and unavailability of professionals
- Referrals are also made to the lower level health facilities and community based organizations in the best interest of the patient depending on:
 - The condition of the patient
 - The capacity of the lower level health facility /community based organization

6. The New Health Tier System



7. Referral System Flow



8. Roles and responsibilities

8.1 Roles and responsibilities of the referring health professional

- Should know what, whom, when and where to refer
- Should fill the referral form with all the necessary information and attach relevant documents
- Explains to the patient the rationale, reasons for choice of doctor or facility, preparation, expected cost, and possible outcome of referral
- Should be available to answer queries from the referral coordinator or receiving facility about the referral if necessary
- Secures result of the referral

8.2 Roles and responsibilities of the referral coordinator

- Responsible for both referrals out and received referrals
- Facilitates scheduling based on the level of priority for consultation, i.e. emergency, urgent and routine cases
- Utilizes the following communication methods: letter, telephone, email, photocopied reports sending, personal contacts, etc.
- Ensures the availability of service or professionals at the receiving health facility before referral
- Facilitates transportation for emergency cases

8.3 Roles and responsibilities of the referring facility

- Performs a situation analysis regarding the process of referral in the facility
- Ensures that staff are well aware of the referral system
- Ensures continuous supply of standardized referral forms are available
- Keeps directory of health services and facilities in the defined geographic area
- Ensures proper recording of all referral activities
- Devises mechanisms to track referrals
- Provides transportation in emergency conditions
- Assigns referral coordinator with clear roles and responsibilities

8.4 Roles and responsibilities of receiving health professional

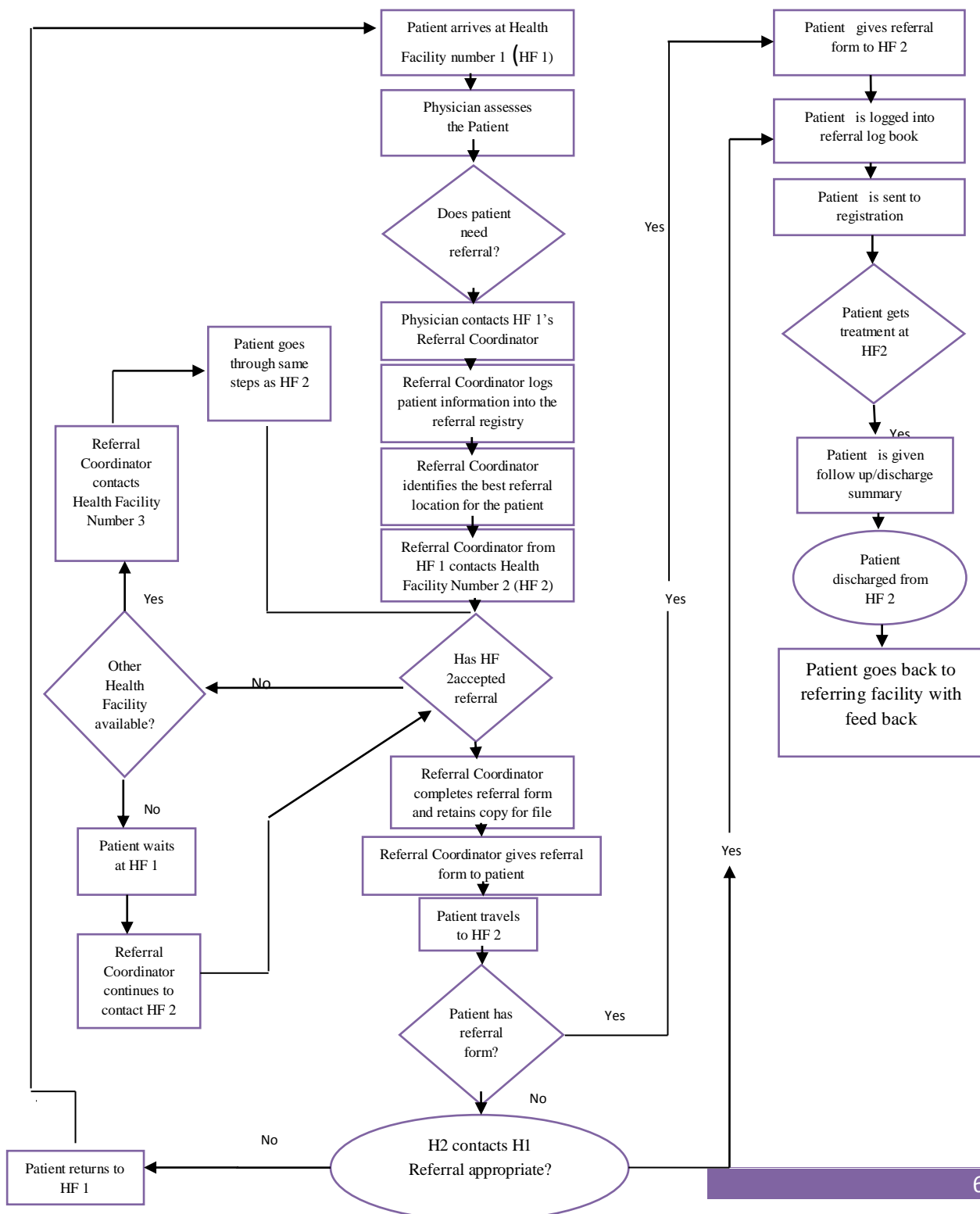
- Responds promptly to consultation requests
- Reports in detail all pertinent findings and recommendations to the referring health worker and may outline opinion to the patient (feedback with all required information and recommendation)
- Communicate with the patient or family
- Does not attempt by word or deed to undermine the role of the referring health worker

8.5 Responsibilities of the receiving facility

- Conducts situation analysis of the current referral process to identify gaps and strengths
- Assigns referral coordinator with clear roles and responsibilities
- Devises follow up plans and ensures the plans are communicated to the referring facility /professional

- Ensures staff at points of entry clearly understand the referral process
- Provides continuing education about the referral process to staff and the community
- Ensures referred patients are seen by appropriate professionals
- All investigations and documents attached with the referral form from the referring facility should be considered to protect patients from unnecessary cost
- Ensures that all prescheduled referrals are attended without undue delay

9. Typical Referral Patient Flow



10. Accountability

A system of ensuring accountability will be in place to ensure the proper functioning of the referral process. The Federal Ministry of Health and regional health bureaus will establish monitoring mechanisms to ensure that the national patient referral guidelines are followed. Where necessary, legislation will be put in place to support the national referral network.

For patients presenting to facilities by passing the health tier system, monetary deterrent system (by pass fee) will be in place, the amount to be decided by the facility management board.

In situations in which eliminating non referred patients is impossible, a queuing system needs to be designed to separate the referred from the non referred so that referrals can be fast tracked. Explaining to non referred patients why other patients are fast tracked past them is important to encourage them to seek a referral in the future.

Intensive public education and communication on the referral process is vital to the proper functioning of the referral system and utilizing all the available methods, information should be given to the public on how, where and when they should seek health care at different levels.

Building public confidence to lower level health facilities is important. We also need to equip all health facilities in terms of human power and equipment according to the requirement before holding them accountable for all issues pertaining to referral problems.

11. Management of Referrals

11.1 Health facility level

- Each health facility will have a focal person for referral with the following roles and responsibilities:
 - Coordinates the overall referral activities within the health facility
 - Records and reports the referral activities to facility management
 - Compiles, analyzes, and interprets referral data to improve the referral service
 - Involvement in the quality assurance programs of the referral system by participating in regular review meetings within and outside the health facility
 - Performs supportive supervision
 - Ensures feedbacks are sent back to referring health facility

11.2 Regional and woreda health offices

- Ensure that health facilities conform to the standards set by the regulatory agency
- Based on the national health tier system, prepare regional service map and service directory and ensures population size and distance are taken in to consideration
- Regions will develop and implement referral standard operating procedures
- Regions create mechanisms to improve community awareness of the referral system through community communications channels, use of health extension workers
- Ensure emergency medical services are given without any restriction
- Design mechanisms for coordination of referral activities within the region and feedback system
- Designate regional focal person /unit to oversee the referral activities
- Receive, compile, and analyze data and gives feedback to facilities to improve the referral system
- Hold regular meetings in the region to analyze reports ,hears referral complaints, distributes guidelines, and increases public awareness

11.3 Federal Ministry of Health

- Assigns referral focal person /unit who will coordinate the national TWG on referral system
- Initiates legislation; develops policy and SOPs for the implementation of the referral system
- Sets standards for the health facilities across the new tier system
- Develops the standards for resources to be available at health facilities
- Capacity building of the referral system
- Monitors and coordinates referral systems at national level
- Revises and updates the referral system as appropriate
- Works with regions for the preparation of national directory of health services

11.4 Referral form

A standard referral form will be developed. The contents of the form include the following:

Clinical

- Reason for referral
- Basic history and statement of the problem
- Physical examination findings
- Investigations
- Current treatment and medication
- Socio psychological factors
- Known allergies
- What referring physician expects from the referral

Administrative content

- Names of the referring and receiving facilities
- Referring physician's name, address, telephone no. registration no.
- Consultant's name, address, telephone no
- Patient name, address, telephone no. date of birth, sex, case note number
- Date of the referral letter

Feedback

- Summary of history
- Physical examination
- Investigation
- Diagnosis
- Management plan
- Time to follow appointment

12. Monitoring and Evaluation

Monitoring is the regular process of collecting data and measurement of progress towards program objectives. Evaluation involves the use of specific study designs to measure the extent to which changes in desired health outcomes are attributable to program / process intervention. In urban areas, often many false positive referrals are observed while the opposite happens in rural areas with referrals being too few and coming too late. Certain issues like provider behavior, cultural barriers, financial constraints, distance from health facilities and transport problems can affect the referral process.

There is no universally valid referral rate; however, we need to determine a bench mark for referral rate for our setting by documenting the frequency and characteristics of referrals made under strict application of clinical guidelines. Some authors recommend referral rate of 5-8% for African settings. Referral rates help to know if one is referring too many or too few.

Therefore, calculating the referral rate remains the most important part of the monitoring process. Referral rate can be calculated by the number of referrals per 100 new patients distinguishing between emergency and cold cases. Repeat visits for the same illness will not be counted in the denominator.

Sources of data for the M&E can be HMIS, supportive supervision, rapid assessment, surveillance, etc

The following can be used as indicators in addition to calculating the referral rate:

Input

- Proportion of facilities with focal persons for referral
- Availability of referral registry forms
- Availability of service directory

Process

- Proportion of referrals with completed referral form
- Number of self referrals
- Proportion of completed feedback sent/received

- Appropriateness of referrals as determined by the receiving facility

Output/outcome

- Number /proportion completing referral services pathway successfully
- Proportion of clients that report needs were met
- Proportion of health service providers which report satisfaction with the referral process.

Annex

Annex 1. Referral form (sample)

Patient referral form								
From(referring facility)								
Address of health facility								
arrangements made		Yes	No	Tel No		Fax No	Case number	
To(receiving facility)						Date		
Receiving health professional								
Patient's Name address				Date of birth age		Sex	M	F
History								
Findings								
Treatment given								
Reason for referral								
Name of referring health professional(and telephone number)					Signature			
					Reg. NO			
On completion of management of patients, please fill in and detach the referral back slip below and send with patient or fax or post								

Tear off

From		Tel No		Fax No				
Reply from (name)				Date				
To referring person								
Address of health facility								
Patient's Name								
Identity No		Address		Age		Sex	M	F
This patient was seen by				on				
Patents History								
Physical Findings								
Special Investigations								
Diagnosis								
Treatment/Operation								
Medicines prescribed								
Please continue with (meds, Rx, F/u, care)				on				
Refer back to								
Name of doctor, signature and Reg.NO								