GUIDELINES ON INTERHOSPITAL AND INTERFACILITY REFERRALS

A. EMERGENCY CASES

RESPONSIBILITIES OF THE REFERRING HOSPITAL

1. Assess the patient and preferably stabilize according to the resources and skills that are available.
2. Identify the facility where the patient will be referred.
3. Inform the patient/next of kin regarding referral to another hospital.
4. Contact the receiving hospital:
   - Notify the doctor/staff in the Emergency Department (ED) regarding the patient's condition and solicit instructions about transfer.
   - For transfer to BRTTH the referring hospital/facility must call BRTTH ED using the following phone numbers:
     - Direct line: (052) 483-0635
     - Trunk lines: (052) 483-0807, 483-0014 to 17, 483-0806, 483-1088, 483-1089, local 4300
     - HEMS- local 4268

   Information includes:
   - Referring Physician/Health Worker’s Name/Contact #/s
   - Patient’s Name, Age, Gender and Address
   - Patient Diagnosis, Management and Treatment
   - Condition of the Patient
   - Patient’s vital needs upon arrival at the hospital
5. Prepare for the transfer: Ambulance, Equipment and Medications.
6. Qualified medical/paramedical personnel must accompany the patient in the ambulance during transfer.
● It is the responsibility of the referring physician to ensure continuity of care and patient safety during the transfer process.

● It is presumed that the ambulance is the extension of the referring hospital. Therefore, accountability of the receiving hospital will start at the time the patient has been transferred to BRTTH ED wheelchair/stretcher/bed.

● Accompanying medical/paramedical staff should be knowledgeable of the patient’s brief history and conditions.

● Accompanying staff should not leave the patient until properly endorsed or acknowledged by the receiving physician/ED staff.

7. Complete referral forms shall be legibly and accurately written. For urgent referrals that requires immediate transfer wherein referral forms cannot be completely accomplished, receiving hospital shall be informed about the patient’s brief history and conditions by the referring hospital physician knowledgeable about the situation through telephone or other means of communication.

In case the patient has no accompanying relative; the referring medical/paramedical staff shall:

Do inventory of the patient’s personal belongings with proper endorsement to the security personnel of the receiving hospital for proper documentation. The said items shall be sealed in a plastic bag for safe keeping of the security guard. Likewise, it is the responsibility of the referring staff to endorse to the ED staff if a relative was already informed or not.

For Medico legal cases like gunshot incidents, referring hospital shall report to their municipal police station. Likewise the BRTTH staff/security guard will report the case to the local police station.
RESPONSIBILITIES OF THE RECEIVING HOSPITAL (BRTTH)

1. Answer all pre-arranged referrals via telephone communication and give proper instructions.

2. Arrangements must be made before the patient arrives.

3. The referred patient must be managed without undue delay.

4. The BRTTH ED personnel shall provide a logbook wherein the referring facility staff shall fill-up all entries with signature.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Patient’s Name</th>
<th>Referring Agency</th>
<th>Accompanied by</th>
<th>Signature</th>
<th>Acknowledged by</th>
</tr>
</thead>
</table>

5. The receiving hospital or staff at the ED shall only receive and acknowledge the referral form by signing the referral slip indicating the date and time the patient arrived. However, the complete management and treatment shall be issued upon discharge in the form of Discharge Summary or “Tagubilin”.

IMPORTANT REMINDERS TO BOTH REFERRING AND RECEIVING FACILITY/HOSPITAL

1. Hospitals should have a designated telephone line for Emergency referrals or contacts properly disseminated to all concern.

2. To safeguard the welfare of the patient in an emergency situation, staff of receiving facility must act diligently.

3. Emergency situation supersedes all other restrictions for the delivery of care. The patient should be stabilized regardless of the expense or resource consumption, in order to obtain the best possible medical outcome of the patient.

4. Confidentiality of medical information is critical and must always be safeguarded.

**OPLAN VIP**-is a practice employed by the hospital whose purpose is to ensure safety of its patient and personnel, hence, special endorsement is a **MUST**.
B. NON EMERGENCY CASES

a. Referrals from Primary Health Care/ Clinics to Hospital

1. Referral form must be properly, legibly and completely filled-up which includes:

   Patient’s name, Age, Gender and Address
   Diagnostic work up done
   Diagnosis or impression
   Management /Treatment
   Medications given particularly the time last dose was given
   Reasons for referral
   Other special arrangement
   Name of referring Health Care provider with Signature and contact #/s

2. Mutual respect and professionalism must be observed during the process of patient’s transfer.

3. For urgent referrals that requires immediate transfer wherein referral forms cannot be completely accomplished, receiving hospital shall be informed about the patient’s brief history and conditions by the referring physician knowledgeable about the situation through telephone or other means of communication. Patient shall always be accompanied by a qualified medical staff.

4. The receiving facility must send a complete feedback form/discharge summary (Tagubilin Form) to the referring facility after the treatment, management and care is done or after patients discharge.

b. In-patient referral from one Hospital to another:

1. The referring facility must contact the receiving hospital to inquire about the availability of bed and other needs before the transfer is made
2. Prepare documents needed such as: properly accomplished referral form, dated and signed including medical information and diagnostics results.
3. Facilitate ambulance service for transfer with the necessary logistics to ensure safety of patient.

c. Referral of highly communicable diseases like Meningococcemia, MERS-CoV, Ebola Virus Disease (EVD) and other Emerging and Re-emerging Infectious Diseases

1. Because of the need for isolation of patient, the referring facility is **STRICKLY** advised to coordinate with the receiving hospital prior to transfer in order to secure special arrangement and instructions. But, in cases wherein the ambulance is already en route with the patient to BRTTH, the referring facility must call BRTTH to inform and give the ambulance plate number.

2. For proper handling of cases and protocol of transfer, the referring party shall inform the Provincial Health Office (PHO) while BRTTH shall inform the DOH Regional Office No. V RESU.

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