



GUIDELINES FOR REFERRAL / TRANSPORT OF CRITICALLY ILL / INJURED PATIENTS



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Preamble

As per the internationally accepted Standard Operating Procedures (SOPs), referral is a process whereby the healthcare provider of a health facility seeks assistance of healthcare providers having better expertise and higher-level facilities to take over the responsibility to manage the particular clinical condition of the patient. Typically the health facilities where patients are referred from other facilities are supposed to have better infrastructure, more qualified human resource and advanced technology for diagnosis and management of patients requiring specialized care. While referral of patients in need of specialist advice from a general practitioner to a specialist clinic or hospital is a norm, referral of critically ill patients from one health facility to the other is an issue of concern. The referral therefore, need to be regulated in order to ensure safety of the patient during transit, and upon arrival at the place of referral.

The Public Sector Healthcare system in Pakistan comprises of primary, secondary, and tertiary level healthcare facilities. The Primary health care facilities include basic health units (BHUs), rural dispensaries, mother and child health centers (MCHCs) and the rural health centers (RHCs). These facilities are manned by essential staff to provide preventive and promotive healthcare besides, treatment of minor ailments. The services are delivered through facility-based staff supported by outreach teams. Secondary level healthcare facilities, include District Headquarter (DHQ) and Tehsil headquarter (THQ) hospitals, which provide specialized care on both outpatient and in-patient basis in addition to the primary healthcare package. The DHQ and THQ hospitals also take referrals not only from the RHCs /BHUs but also from the private healthcare providers/ healthcare facilities. Tertiary care health facilities are mainly located in mega cities and are affiliated with undergraduate and postgraduate teaching and research institution. Secondary and tertiary care facilities are generally open on 24/7 basis and provide specialized and super specialized healthcare to the patients directly approaching these facilities as well as to the referrals from the public and private sector.

Although the Government is the largest single provider of the healthcare services, the private sector, has emerged in a big way during the three decades by establishing small, medium and mega private hospitals in addition to the clinics of general practitioners (GPs). The private sector facilities, providing varied range of healthcare have grown as for-profit business ventures over the years particularly in the peripheral districts. Most of these for-profit facilities except for those located in metropolitans however, are generally deficient in terms of infrastructure, qualified human resource and equipment required for providing specialized healthcare and handling complications of medical problems.

The poorly equipped and inadequately manned peripheral health facilities would more often, initially, accept any incoming patient, and would attempt definitive treatment / procedure, e.g. normal vaginal delivery, or an appendix surgery etc. However, during the subsequent course of treatment, in case of complications, the treating person would try to shift the

patient in a precarious condition, by making a hasty referral to the nearest (often a public sector) secondary level healthcare facility. The secondary level facility in turn, would refer such cases to the nearby tertiary care facilities including the provincial capital. As such, insufficient backup facilities, inadequately qualified and trained human resources, and lack of facilities for 24/7 critical care at such peripheral health facilities is the most common reason of referrals.

Referring patients from lower level to the higher-level facilities for specialized care to the patients and for handling the complicated cases is a common practice both, in public as well as private sector. Major bulk of referrals is however, made to the tertiary care hospitals in the public sector. Since neither the catchment area of the public and private sector facilities is prescribed, nor the referral pathway is defined, the referrals are made based on the discretion of the referring facilities or sometimes based on the choice of the patients/ families. The referral should be an important tool to ensure continuity of care provided to the patients by ensuring access to relevant services for physical, psychological and social needs through all the stages of referral process. All referrals to higher-level facilities for specialized care, whether for the critically sick or the elective cases, should contain essential documentation regarding the disease condition. The documentation should inter-alia cover the preliminary assessment, treatment provided, lab investigations performed and the pertinent information regarding the referral facility along with the purpose of referring. In case, the referred patient needs medical care during transportation that should be accordingly managed.

Following guidelines need to be practiced by all healthcare facilities both, public and private in letter and spirit while referring the patients:

- i. A typical referral would require stabilizing the patient, informing the patient's family, identifying the need for a nursing escort (if so required), identifying a caregiver, and prepare for the transport.
- ii. The referral documents must contain patient's identity, medical details and the general condition.
- iii. The Injured Persons (Medical Aid) Act, 2004 explains "injured person" as a person injured due to traffic accident, assault or *any other cause who is in need of an immediate treatment*. The Act (in terms of Section 6) further *provides that an injured person shall not be shifted from a hospital until he is stabilized or the requisite treatment is not available in such hospital and while shifting him to another hospital, the doctor concerned shall complete the relevant documents with regard to the clinical conditions of the patient and hand over such documents to the concerned doctor of the receiving hospital*.
- iv. Such record referred above shall be maintained by the referring hospital as well as the receiving hospital and the In-charge of the hospital shall be responsible for ensuring that such record is kept in a safe custody where it cannot be tampered with; provided that where necessary an injured person shall not be shifted unless he is accompanied by a doctor of the referring hospital.

- v. Section 5 of the Punjab Emergency Service Act, 2006 empowers Rescue Service to arrange transport (transport vehicle or ambulance) where necessary for carrying persons requiring emergency medical treatment to the nearest hospital emergency or healthcare unit having such arrangements. Section 17 of the said Act also enables the Emergency Officer or the Rescuer to administer such life safety procedures as are consistent with their training and competence.
- vi. The Minimum Service Delivery Standards (MSDS) prescribed by the Punjab Healthcare Commission, under its regulatory framework, provide clear mechanism and SOPs regarding referring any type of patients to other hospitals for specialized care. The following provisions are relevant and are to be followed mandatorily by the HCEs while making referrals of the patients:

| Standard & Indicators | Relevant provision |
|---|---|
| Care of Patients (COP-1): Standard 3 Indicator 20 | i. Discharge to home or transfer to another organization is documented ii. The referral record must contain advice and information for the patient and the other clinician or treatment facility adequate to ensure support, recovery, ongoing treatment and follow up that is clinically required |
| COP-3: Standard 5 Indicator 26 | i. The HCE defines and displays whether high risk obstetric cases can be cared for, or not ii. <u><i>It is imperative for the hospital to inform its obstetrical patients of the high risk and its capability to provide services for these cases</i></u> iii. The hospital also has to inform about its capability to provide care to high risk obstetric cases to those practitioners and facilities that might refer such patients |
| Information Management System (IMS-2.10) Standard 29 Indicator 151 | i. When a patient is transferred to another hospital, the medical record should contain the date of transfer, the reason for the transfer, and the name of receiving hospital ii. The referral medical record of such patients should contain the results of any diagnostic investigations and any treatment rendered prior to transfer and the clinical status of the patient |

- vii. The MSDS Reference Manual, 2013, provided with the MSDS prescribed by the PHC entails that, in case of transfer to another facility, details regarding medical history of the patient, investigations / procedures performed, treatment provided, reasons for referral and name of the hospital to be referred will be recorded in the prescribed referral form. It further provides that *in such cases, SOPs regarding patient transfer shall be strictly followed in order to ensure proper care during transportation and handing over of the patient to the referred facility.*
- viii. Accordingly the ambulance for transportation of the critically ill patient upon referral must be adequately equipped and staffed to manage the patient during transit, and to sustain the life of the patient without putting him/her to extra risk during transportation. In addition to the provisions of Section 6 of “The Injured Persons (Medical Aid) Act, 2004” the provisions of the other applicable law are reiterated as under:
 - a. The rescue vehicles, ambulances and patient transport vehicles must comply with the minimum standards and code of conduct prescribed by the Punjab Emergency Service in terms of the provisions of Section 5(1) (n) of the Punjab Emergency Service Act, 2006
 - b. In terms of Section 22 of the Punjab Emergency Service Act, 2006; the Emergency ambulance and rescue vehicles have to satisfy such requirements as laid down by the service; and where a vehicle does not fulfil the requirements laid down by the Service, it shall be used as a patient transport vehicle, and shall not use any siren or a warning light other than a round yellow warning light.
- ix. The Reference Manual further explains the detailed requirements for the HCEs claiming to provide care of high-risk pregnancies. These inter-alia, include an established laboratory with facility to perform all relevant tests, the blood bank facility that ensures availability of all rare blood groups and blood products, and an intensive care set up with multidisciplinary team for critical cases.
- x. In case the facilities, human and material resources available in the hospital are considered in-sufficient, referral of the patient must be made at the earliest to the nearest competent health facility.
- xi. There should be close professional links with the referral hospital/s providing specialized services to, ensure provision of necessary emergency care including maternity services not available in the referring hospital. Further, there should be a roster to indicate 24-hour arrangements for on-site availability of a suitably qualified and experienced doctor and an anesthetist in case of an emergency; in addition to other required essential staff.
- xii. The MSDS further provide that in case of referral to another hospital, there should be a written communication from the referring facility, and it should have acknowledgment from the receiving hospital in its record.
- xiii. There shall be written procedures to be followed by staff to arrange consultation with physician, surgeon and pediatrician for patients with medical or surgical needs.
- xiv. As such, all patients who present with an emergency medical condition, irrespective of their ability to pay, must receive treatment to the extent that their emergency condition is medically stabilized so that no material deterioration of the condition is likely within reasonable medical probability.

PRE-CONDITIONS FOR A GOOD REFERRAL

| Present Disease Condition | AND | AND | AND |
|--|---|---|---|
| Present Disease Condition is life threatening OR There is Risk of irreversible loss of Functions OR | Adequate treatment is not / no more available in the present facility/ area | Favorable prognosis is present in the place of referral, and will be accessible/ available to patient if referred | The patient (and /or the family) also expresses consents to the proposed referral |
| Available Treatment in the present health facility has failed OR | | | |
| The clinical condition presents a significant obstacle to leading a normal life and achieving self sufficiency | | | |

(Construed from Standard Operating Procedures of Medical referral of Persons of Concern in Ethiopia, UNHCR March, 2015)

- xv. Medical conditions where referral may not have any advantage or the referral may not be justifiable and in cases where treatment is particularly costly and/or in cases of uncertain prognosis, referral should not be considered. Hence, referral should not be recommended, for such conditions that include the following:
- a. degenerative diseases and for which there is no known or little likelihood of cure;
 - b. chronic diseases which do not benefit from referral within the national / provincial health system;

- c. healed and inactive lesions resulting from past illnesses or injuries such as an asymptomatic bullet in the body;
- d. terminal diseases, including terminal cancers, chronic liver diseases and end-stage renal failure;
- e. irreversible disabilities for which rehabilitative service is locally available or which cannot further benefit from any form of treatment;
- f. irreversible neurological damage for which rehabilitative service is locally available or which cannot not further benefit from any form of treatment;
- g. other health conditions requiring sophisticated surgery and medical care exceeding what is normally available to the general public, e.g. kidney, liver or heart transplant, and major skeletal reconstruction (in such cases, other options such as disability compensations/palliative care/alternative medicine may have advantage, or more suitable to the patient);

(Reference: Standard Operating Procedures of Medical referral of Persons of Concern in Ethiopia, UNHCR March, 2015)

xvi. Responsibility / role of Hospital receiving the referral:

- a. It should be necessary to communicate impending referral to the receiving facility in order make an appointment or other arrangements for the referral, or to let them know of the pending arrival of an emergency case.
- b. In case the patient is very ill, it might be necessary for a health worker to accompany them to the receiving facility.
- c. The Emergency or OPD section of the receiving facility will make necessary preparatory arrangements in anticipation of arrival, to accept and manage the number of such referrals
- d. Preferable to have separate counters for receiving the referrals and necessary referral documents
- e. To provide necessary level of specialized care to the patients and document the treatment provided
- f. Plan rehabilitation / discharge to home or refer back to the original health facility for follow up treatment
- g. Provide feedback to the referring hospital and to the central system if so established
- h. Maintain update data and records of patients received through referral
- i. Ensure complying with the medico legal requirements as applicable

Role of the Specialized Healthcare and Medical Education Department and the Primary and Secondary Healthcare Department Government of Punjab

The Specialized Healthcare and Medical Education Department as well as the Primary and Secondary Healthcare Department Government of Punjab may circulate the above stated Guidelines /SOPs amongst all the teaching / tertiary care hospitals and the THQ/DHQ hospitals for compliance in letter and spirit.

www.phc.org.pk

The Punjab Healthcare Commission (PHC) has been established under the Punjab Healthcare Commission Act, 2010. It is an independent health regulatory body with the mandate to introduce a regime of clinical governance through enforcing Minimum Service Delivery Standards (MSDS) at the primary, secondary and tertiary healthcare establishments (HCEs), in both public and private sectors, to improve the quality of healthcare service delivery in Punjab. All HCEs are required to implement MSDS to acquire a license to deliver healthcare services in Punjab.



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