



# **MINISTRY OF HEALTH**

## **REFERRAL POLICY**



## **GUIDELINES**



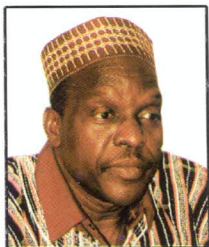
# **MINISTRY OF HEALTH**

## **REFERRAL POLICY**



## **GUIDELINES**

## FOREWORD



The policy of referring patients from primary care levels to the appropriate level for continuous provision of health care in the country has been identified as an integral component of the health delivery system. There is the need, therefore, to ensure a well structured and efficient referral system that will not only stand the test of time but also be attractive to patients in particular and the public in general. The Ministry of Health is, no doubt, concerned with the current practice of patients' referrals which most of the times cause delays in accessing critical or emergency care and eventually leading to preventable deaths.

This can be attributed to lack of harmonization of the referral system and standard procedures that define roles and responsibilities of the referring and receiving health facilities. This affects the continuous and seamless delivery of health care to the patient.

These challenges facing the referral system in the health sector have made it imperative to develop this policy and guidelines to ensure their reduction or elimination and to bring about increase access to health care by all people living in Ghana.

The Ministry of health in its quest to ensure the attainment of its vision of creating a healthy population for national development, is committed to operating a referral system that will ensure safe and efficient transfer and care of patients within its health facilities. It is important to acknowledge that a good and reliable referral system is a key component of quality health service delivery. It is equally important to acknowledge that harmonization of the referral system will allow for better collaboration and communication between health facilities. This will contribute to the reduction or elimination of the challenges that affect smooth and responsive patient referrals. It is our hope that this document would help to build and improve patients' confidence in the referral system in the country and ensure efficient health care delivery. All public and accredited private health facilities shall adhere to this policy and guidelines and shall develop operational policies to facilitate its implementation. To ensure the continuous relevance of this policy and guidelines to prevailing situations, it shall be revised as and when necessary.



**Hon. Alban Sumana Kingsford Bagbin (MP)**

**Minister of Health**

May, 2012

## ACKNOWLEDGMENT

The Referral Policy Document was compiled through the contributions of the under-listed:

- Dr Cynthia Bannerman
- Mrs Susana Larbi Wumbee
- Dr Ahmed Nuhu Zakariah
- Dr Anthony Nsiah Asare
- Dr Ben Annan
- Dr Patrick Karikari
- Dr Ken Sagoe
- Dr Baffour Awuah
- Prof. Afua A. J. Hesse

The Gatekeeper System Document was compiled through the contributions of the under-listed:

- |                           |  |
|---------------------------|--|
| ▪ Dr Antwi                | Private Medical and Dental Practitioners |
| ▪ Dr Kwarko               | Private Medical and Dental Practitioners |
| ▪ Dr Tawiah               | Private Medical and Dental Practitioners |
| ▪ Prof Afua A. J Hesse    | Director, Medical Affairs, KBTH          |
| ▪ Dr. Kofi Issah          | RHD – Upper West Region                  |
| ▪ Dr Cynthia Bannerman    | ICD, GHS                                 |
| ▪ Mr. Phillip Akanzinge   | Office of the Director General, GHS      |
| ▪ Mr. Ben Abrakwa         | Korle Bu Teaching Hospital               |
| ▪ Dr. Prosper Akanbon     | Tamale Teaching Hospital                 |
| ▪ Dr E. Obeng Apori       | Ridge Hospital                           |
| ▪ Dr Daniel Asare         | Koforidua Hospital                       |
| ▪ Dr Francis Ali          | Metro Health Directorate, Tamale         |
| ▪ Mr Peter Yeboah         | CHAG                                     |
| ▪ Madam Doris Attafua     | Community Practice Pharmacist            |
| ▪ Dr Agongo Erasmus       | Regional Director, Eastern Region        |
| ▪ Dr Nicholas A. Tweneboa | Operations Division, NHIA                |
| ▪ Dr Lydia Dsane Selby    | Clinical Audit Division, NIA             |
| ▪ Mr Anthony Gingong      | HIP, NHIA                                |
| ▪ Mr. William Sabi        | Operations, NHIA                         |
| ▪ Dr Abena A. Amoako      | Operations, NHIA                         |

- Mr. O.B. Acheampong                      Research & Development, NHIA
- Mr. Pery Nelson                              Claims, NHIA
- Mr. Nicholas Afram                         Claims, NHIA
- Mrs. Constance Addo Quaye              Clinical Audit, NHIA
- Mr. Ahmed Imoro                            Finance, NHIA
- Mr. Ben Kusi                                  ICT, NHIA
- Dr Gustav Cruickshank                    Internal Audit, NHIA
- Mr. Winfred Agbeibor                     Strategy and Corp. Affairs, NHIA
- Dr Anang Adjetey                          Strategy and Corp. Affairs, NHIA
- Mr. Collins Akuamoah                      Strategy and Corp. Affairs, NHIA

We are also grateful for the immense support of the Inter Agency Leadership Committee (IALC) and its secretariat as well as all members of the Emergency Services Committee.

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# **PART ONE: MINISTRY OF HEALTH REFERRAL POLICY AND GUIDELINES**

## **1.0 INTRODUCTION**

The Ministry of Health is committed to providing quality health care to all people living in Ghana. All health care providers shall refer patients appropriately to ensure continuous provision between all levels of health care in the country.

## **2.0 THE CURRENT SITUATION**

The referral system requires patients to first access primary care and be referred to the appropriate level when the need arises. However, patients/clients bypass the first level of care mainly due to ignorance, inadequate primary health care facilities and lack of confidence in the first level facilities.

Other factors making the system inefficient include lack of standard procedures for referrals, delays in referrals, non-use of referral forms, poor perception of the system by referred patients and lack of feedback. If the inefficiencies of the referral system are not addressed, the gatekeeper mechanism being advocated under the National Health Insurance Scheme will not work and it may result in high health care costs to mutual health schemes and their eventual collapse.

Therefore, for the NHIS to be successful, the system must be strengthened (refer guideline for Gatekeeper System and Free Maternal Policy Documents Appendix A).

## **3.0 DEFINITION AND CONCEPTS OF REFERRALS**

**Referrals** 'involve the transfer of some or all the responsibility for the patient' Care temporarily or permanently and for a particular purpose, such as investigation, consultation, care or treatment of the patient'.

It ensures that patients can access care at the primary (lower) levels and be referred promptly for secondary or tertiary care if required. Likewise,

referral back to the lower facility is recommended when the reason for the referral has been addressed.

**Referral** involves cooperation, coordination and information transfer between the various service delivery levels.

### **3.1 *Types of Referrals***

- External
- Internal
- International

### **3.2 External Referral System**

#### **3.2.1 Pre-hospital Emergency Referrals**

These include referrals from

- National Ambulance Service
- Other Ambulance Services
- Others e.g. Community Volunteers etc.

#### **3.2.2 Facility to Facility (inter-facility) Referrals**

Referrals may be received from any of the following institutions

- Teaching Hospitals
- Ghana Health Service (GHS) Institutions
- Private Practitioners including Midwives
- CHAG and other Mission Hospitals
- Quasi Government Hospital
- National Ambulance Service
- Others

### **3.3 Internal Referral System**

This is referral within the health facility

- One department to another department
- Within a department
- One unit to another unit or a department.

### **3.4 Reasons for such referral**

- 3.4.1 To obtain the opinion or advice of another provider
- 3.4.2 Co- management of a case
- 3.4 3 Further management/specialist care

## **4.0 GENERAL PRINCIPLES FOR REFERRALS**

### **4.1 Organizing for Referral**

4.1.1 The National Referral Policy and Guidelines as well as the Gatekeeper System and Free Maternal Care Policy shall be available in all the Units/Departments of all Health Facilities

4.1.2 A two-way referral system shall be implemented in all facilities. In this regard, referrals can be from a lower health facility to a higher or specialist facility and vice versa.

4.1.3 The Ministry of Health shall prepare and make available in all health facilities, a directory of facilities and services provided. This should be annually updated.

4.1.4 Patients shall be referred to facilities capable of handling the cases using the directory of health providers and services.

4.1.5 Registers shall be maintained for monitoring and evaluation of internal and external referrals in all health facilities

### **4.2. Referral Process**

4.2.1 A completed standard referral form shall accompany any patient being referred.

4.2.2 The standard referral form shall be filled and a copy kept in the referring facility

4.2.3 The standard referral form shall contain:

A) Vital data or information about the patient.

i. Name

ii. Age/Date of birth

iii. Sex

iv. Health Insurance status

v. Address

vi. Clinical history and examination findings

vii. Results of relevant investigations

viii. Diagnosis and treatment given

B) The name, address and telephone number of the referring facility and the facility being referred to.

C) The date and time of referral must be indicated at all times

4.2.4 The referral form shall be completed legibly and comprehensively.

4.2.5 The referring practitioner/clinician must complete the referral form, write his/her name, signature and stamp if possible

4.2.6 The referral form must indicate the urgency of the referral

4.2.7 The reason for the referral

4.2.8 For all NHIS patients, all referrals should adhere to the Gatekeeper System and Free Maternal Policy Document

4.2.9 All referrals from all health institutions including private health facilities must conform to the Ministry of Health Referral Policy Guidelines Document.

### **4.3 COMMUNICATION OF PATIENT CARE AND TRANSPORTATION**

4.3.1 Where possible, referrals must have prior communication (i.e. telephone, radiophone, email, fax etc.) to the receiving facility providing the following patient details:

- a. Name, age, sex.
- b. Presenting complaints
- c. Examination and findings
- d. Investigations carried out
- e. Diagnosis and treatment given
- f. Date and time of referral

4.3.2 Patients may be conveyed to and from the health facilities using a suitably equipped ambulance or whatever other appropriate means of transportation available.

4.3.3 Where an ambulance is used to transfer a patient, the referring facility should make adequate arrangement for the return of the nurse/practitioner to the facility.

### **4.4 FEEDBACK**

4.4.1 Feedback shall be sent to the referring facility.

4.4.2 The attending Practitioner/Clinician at the receiving (referred) facility shall, where possible refer patients back to the referring facility for continuation of management.

4.4.3 The attending Practitioner/Clinician at the receiving (referred) facility must clearly specify on the feedback form, details of ongoing management or further therapy required.

## **5.0 GUIDELINES ON PRE-HOSPITAL EMERGENCY REFERRAL**

5.1. All health facilities/ emergency units must accept all emergency cases that can be handled in those facilities.

5.2. Adequate care must be provided to these cases

5.3. Where referral to another institution is required, initial care must be provided to the patient

5.4. In the case of referral to another facility, continuous medical care should be ensured.

5.5. Emergency in any form should not be turned away or refused without initial first aid being given.

5.6 Pre-hospital medical emergency forms shall be completed by the Ambulance Service crew and signed by the practitioner (Medical Assistant, Nurse or Doctor) at the receiving facility. The form should include:

5.6.1 Name, age, sex.

5.6.2 Time of arrival at the scene

5.6.3 Time of departure

5.6.4 Time of arrival at the health facility

5.6.5 Time of handing over the patient

5.6.6 Presenting complaints

5.6.7 Examination and initial findings

5.6.8 Monitored vital signs that include time, Blood Pressure, Temperature, Heart Rate and Respiratory Rate among others

5.6.9 Impression and initial management

## **6.0 EMERGENCY REFERRALS**

6.1 Emergency Services shall be provided at all times, including

weekends and holidays.

6.2 There shall be a separation of outpatient and emergency services within the facility.

6.3 The emergency team on duty must officially and immediately receive emergency Referrals/ cases to the facility to be urgently evaluated by the practitioner/ clinicians.

6.4 Emergency medicines and supplies shall be available at any given time in the Emergency Unit/Department at all the levels of health facilities.

6.5 If it becomes necessary for an emergency unit to close down, prior and adequate arrangement shall be made for patients to receive emergency care.

## **7.0 INTERNAL REFERRALS**

7.1 All internal referrals shall be accompanied by patients' notes indicating full detailed history, examinations, investigation, findings, treatment given and reasons for referral.

7.2 The referring Practitioner shall write his/her name, date, time and sign the referral letter in the patient's notes.

7.3 The practitioner to whom the patient is being referred must be given prior information (i.e. verbal) about the patient, as much as possible by the referring practitioner.

7.4 Patients with critical or life threatening conditions shall be attended to immediately.

7.5 A non critical patient should be responded to as soon as possible. However, it should be within twenty-four hours.

7.6 Policy on international referral and the gatekeeper and free maternal policy document shall be adhered to.

## **8.0 MEDICAL EVACUATION / INTERNATIONAL REFERRALS OUT OF THE COUNTRY**

Medical Evacuation is provided for civil and public servants from Ministries, Departments and Agencies (MDAs) who by virtue of their condition of employment are entitled to such package.

As a policy, Medical Evacuation is primarily reserved for certain medical

