

PN-ACU-509



**MANAGEMENT SCIENCES FOR HEALTH, INC.**  
*Health Sector Reform Technical Assistance Project (HSRTAP)*



*This report was made possible through support provided by the U.S. Agency for International Development,  
under the terms of Contract No. HRN-I-00-98-00033-00, Delivery Order No. 804*

---

Rm. 502, 5/F, Ma. Natividad Bldg., 470 T.M. Kalaw St. cor. Cortada St.,  
1000 Ermita, Manila, Philippines  
Tel: (632) 400-2914 • 400-2894 • 400-2933    Telefax: (632) 522-6243

A

**PANGASINAN**  
**HEALTH REFERRAL MANUAL**

---

This report was made possible through support provided by the U. S. Agency for International Development, under the terms of Contract No. HRN-I-00-98-00033-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U. S. Agency for International Development.

## TABLE OF CONTENTS

---

Foreword . . . . .	<i>i</i>
Acknowledgement . . . . .	<i>iii</i>
Glossary . . . . .	<i>v</i>
Acronyms and Abbreviations . . . . .	<i>ix</i>
<b>Introduction</b>	<b>1</b>
<b>The Referral System</b>	
Definition of Referral System . . . . .	3
Types of Referral . . . . .	5
Framework for the Referral System . . . . .	5
Requisites for a Functional Referral System . . . . .	6
<b>The Health Care Facilities</b>	
Participating Public and Private Health Care Facilities . . . . .	8
Packages of Health Services . . . . .	21
<b>Operation of the Health Referral System</b>	
The Referral Model . . . . .	35
Referral Flows by Level of Care . . . . .	35
Health Referral Management Activities . . . . .	35
Support Mechanisms . . . . .	37
Specific Tasks at each level of Health Care Facility	43

## Relevant Policies and Guidelines

General Policies and Guidelines on Referral System . . . . .	51
Administrative Policies . . . . .	53
Technical Policies . . . . .	54
Medico-Legal Policies . . . . .	54

## Monitoring and Evaluation

Monitoring and Evaluation Activities . . . . .	57
Criteria for Evaluation . . . . .	58

## Annexes

Annex 1	List of Workshop Participants . . . . .	63
Annex 2	Directory of Health Facilities . . . . .	65
Annex 3	Classification of Diseases . . . . .	76

## Tables

Table 1	Government Health Facilities and Personnel Complement, Palaris Health Zone, 2002 . . . . .	15
Table 2	Government Health Facilities and Personnel Complement, Manleluag Health Zone, 2001 . . . . .	16
Table 3	Government Health Facilities and Personnel Complement, Mangabul Health Zone, 2002 . . . . .	17
Table 4	Government Health Facilities and Personnel Complement, Hundred Islands Health Zone, 2002 . . . . .	18
Table 5	Government Health Facilities and Personnel Complement, Layug Health Zone, 2002 . . . . .	19

Table 6	Government Health Facilities and Personnel Complement, Pilgrims Health one, 2002 . . . . .	20
Table 7	Minimum Services Offered at the BHS Level, Pangasinan . . . . .	21
Table 8	Minimum Package of Services at the RHU Level, Pangasinan . . . . .	23
Table 9	Complementary Package of Services in District Hospitals of Pangasinan . . . . .	25
Table 10	Other Services, Western Pangasinan District Hospital . . . . .	27
Table 11	Other Services, Urdaneta District Hospital . . . . .	28
Table 12	Other Services, Bayambang District Hospital . . . . .	28
Table 13	Other Services, East Pangasinan District Hospital . . . . .	29
Table 14	Other Services, Mangatarem District Hospital . . . . .	30
Table 15	Personnel Complement, District Hospitals of Pangasinan . . . . .	31
Table 16	Tertiary Package of Services, Pangasinan Provincial Hospital . . . . .	32
Table 17	Personnel Complement, Pangasinan Provincial Hospital . . . . .	34

## Figures

Figure 1	Map of Health Facilities, Pangasinan . . . . .	14
Figure 2	The Health Referral Model . . . . .	38
Figure 3	Referral Flow, BHS . . . . .	39
Figure 4	Referral Flow, RHU . . . . .	40
Figure 5	Referral Flow, District Hospital . . . . .	41
Figure 6	Referral Flow, Pangasinan Provincial Hospital . . . . .	42

Figure 7	Referral Form . . . . .	50
Figure 8	Monitoring Form for Outgoing Referrals .	59
Figure 9	Monitoring Form for Incoming Referrals .	60
Figure 10	Quarterly Monitoring Report of Outgoing Referrals . . . . .	61
Figure 11	Quarterly Monitoring Report of Incoming Referrals . . . . .	62
<b>References</b> . . . . .		<b>80</b>

\*

## FOREWORD

---

The 1991 Local Government Code has defined a new mode of working partnership between and among national and local government units (LGUs) particularly in the delivery of basic health services much needed by the people. In this new mode of local governance, LGUs and communities now actively participate in developing and innovating on some centrally driven health service delivery strategies.

One of the critical strategies in providing access to health care in the various levels of health facilities is the interactive referral system in an inter-local health zone. While it retains similarities of the pre-devolution referral system, the new referral system is now based on the present experiences and situations of the devolved health facilities. The existing local resources also determine the range and package of services at each level of health facility. Agreements among the key partners must be forged so that the essence of ownership and collaboration is retained and enhanced.

Along this premise, we in the provincial government are happy with the technical assistance provided by the management Sciences for Health – Health Sector Reform Technical Assistance Project and the Department of Health for their effort in the development of the Inter-Local Health Referral System Manual for the province of Pangasinan as a pilot convergence area for the Health Sector Reform Agenda.

The manual was designed to guide our operations and program implementation at the local level. We expect the service providers and other users to find it useful in improving the quality of health care delivery. More importantly, we hope that our collective experiences and lessons learned in devolved health service delivery will continue to strengthen and institutionalize the referral system processes at the local level.

We take this opportunity to thank our local partners in the province, specifically the provincial population staff for their technical services in the workshops and other meetings. Most of all, we thank Governor Victor F. Agbayani and other provincial officials for inspiring us, providing the direction, and continuing the support to our efforts in building a better Pangasinan.

**NEMESIA Y. MEJIA, MD, DPBA, MHA**  
*Provincial Health Officer II*  
*Provincial Health Office*  
*Province of Pangasinan*

## ACKNOWLEDGMENT

---

The preparation and printing of a manual is a concerted effort between different agency officials, personnel and volunteers. For this manual, we sought the assistance and guidance of ever-supportive people who were with us every step of the way.

We are therefore very thankful to:

- The United States Agency for International Development for giving the much needed logistical support for the conduct of the Health Referral System Strengthening Workshop in Pangasinan;
- The Management Sciences for Health – Health Sector Reform Technical Assistance Project Team for the technical support and for facilitating the workshop;
- The Department of Health for formulating plans and strategies such as the referral system, to improve the health delivery programs;
- The Provincial Health Officer, Chiefs of District Hospitals and Rural Health Officers for actively participating in the workshop and for giving insights to strengthen the health referral system;
- The Rural Health Nurses and Midwives for sharing their experiences in referring their clients/patients to the district hospitals;

- The Provincial Government staff for providing administrative support for the workshops;
- All workshop participants for their cooperation and teamwork in coming up with a mechanism to strengthen the referral system;

And finally, the community volunteers such as the Barangay Health Workers for their spirit of volunteerism, which services as an inspiration to the service providers and programs implementors.

## GLOSSARY

---

**Referral** – refers to the process of linking a consumer with a health service resource, which is a participating health agency.

**Referral Agency** – the health agency making the referral.

**Provider of Care** – the health agency to which a consumer is being referred for care. Also accepting agency.

**Outcome of a referral** – the result or manner of disposition of a referral. This is a function of the referral agency, the consumer and the provider of care.

**Health/Medical problem** – refers to a diagnosis/impression or a description of patient's condition in terms of signs, symptom, physical, emotional and social status or any other information gathered.

**Health services** – refer to more specific activities performed in relation to health/medical problem, (daily injection, urine testing. Services may be broadly categorized into preventive diagnostic, therapeutic, or rehabilitative.

**Maximum utilization of a health care resource** – refers to patient utilization of the health care resource, which is most appropriate to his/her problem. The primary objective of a referral system is to link a patient to the appropriate health care resource.

**Health Care Resource** – refers to the participating agencies in the interagency referral system. These are categorized into:

1. **Primary care center** – the **health centers, rural health units** and **barangay health stations**. These are the patient's first points of contact in any episode of illness. The nature of their resource limits their services to the management of simple uncomplicated conditions not requiring elaborate or sophisticated diagnostic and/or therapeutic facilities.
2. **Secondary care resource** – refers to an intermediate care resource capable of handling patients whose problems require moderately specialized knowledge and technical resources for diagnosis and therapy.
3. **Tertiary care facility** – refers to a health care facility equipped with highly technical/specialized human resources and equipment capable of handling complex disease conditions and problems.

**Government hospital** – hospital operated and maintained either partially or wholly by the national, provincial, municipal or city government or other political subdivision or by any department, division, board or other agency thereof.

**Private hospital** – privately owned, established and operated with funds raised or contributed through donations, or by private capital or other means, by private individuals, associations, corporation, religious firm, company or joint stock association.

**General hospital** – provides services for all kinds of illnesses, diseases, injuries, or deformities.

**Special hospital** – provides hospital care for specialized groups of diseases and has the capacity to provide specialized form of treatment and specialized surgical procedures.

**Primary hospitals** – hospitals and “house-pitals” that provide hospital care for the more prevalent diseases that do not require any specialized form of treatment and major surgical intervention. Equipped with service capabilities needed to support licensed physicians rendering services in Medicine, Pediatrics, Obstetrics and Minor Surgery.

**Secondary Hospital** – equipped with service capabilities needed to support licensed physicians rendering services in the field of Medicine, Pediatrics, Obstetrics and Gynecology, General Surgery and other ancillary services.

**Tertiary Hospital** – fully departmentalized and equipped with the service capabilities needed to support certified Medical Specialists and other licensed physicians rendering services in the field of Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, their subspecialties and other ancillary services.

**First-Level Referral Hospital** – provides hospital care for the more prevalent diseases and has the capacity to provide specialized forms of treatment and general surgical procedures.

**Second- Level Referral Hospital** –provides hospital care to most kinds of diseases and has the capacity to provide specialized forms of treatment and specialized surgical procedures, including intensive care facilities.

**Third-Level Referral Hospital** – in addition to the attributes of second-level referral hospital, has a medical training program and a track record in performing medical research.

## ABBREVIATIONS AND ACRONYMS

---

AO	Administrative Officer
AP	Appendectomy
ARI	Acute Respiratory Infection
BCG	Bacillus Calmette Guerin
BDH	Bayambang District Hospital
BHS	Barangay Health Station
BHW	Barangay Health Worker
BLHD	Bureau of Local Health Development
BNS	Barangay Nutrition Scholar
BP	Blood Pressure
BSO	Bilateral salpingo-oophorectomy
BT	Bleeding time
BTL	Bilateral tubal ligation
BUA	Blood uric acid
BUN	Blood urea nitrogen
CBC	Complete Blood Count
CCU	Critical Care Unit
CDD	Control of Diarrheal Diseases
Cel	Cellular phone
CHD	Center for Health Development
CHO	City health Office/Officer
COH	Chief of Hospital
CPK	Creatine phosphokinase
CS	Caesarian section
CT	Clotting time
CVA	Cerebro-vascular accident
CVD	Cardio-Vascular Diseases
D and C	Dilatation and Curettage
DH	District Hospital

<b>DMD</b>	Doctor of Dental Medicine, Dentist
<b>DMPA</b>	Depot – medroxyprogesterone acetate
<b>DOA</b>	Dead on Arrival
<b>DOH</b>	Department of Health
<b>DPT</b>	Diphtheria Pertussis Tetanus
<b>DR</b>	Delivery Room
<b>DSWD</b>	Department of Social Welfare and Development
<b>Dx</b>	Diagnosis
<b>ECG</b>	Electrocardiogram
<b>EENT</b>	Eye, Ear, Nose and Throat
<b>ENT</b>	Ear, Nose, Throat
<b>EPDH</b>	Eastern Pangasinan District Hospital
<b>ER</b>	Emergency Room
<b>FBS</b>	Fasting blood sugar
<b>FP</b>	Family Planning
<b>GI</b>	Gastro-intestinal
<b>GO</b>	Government Organization
<b>GYN, GYNE</b>	Gynecology
<b>HBsAg</b>	Hepatitis B surface antigen
<b>Hct</b>	Hematocrit
<b>Hgb</b>	Hemoglobin
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPN</b>	Hypertension
<b>HR</b>	Heart rate
<b>HSRA</b>	Health Sector Reform Agenda
<b>I and D</b>	Incision and Drainage
<b>ICHSP</b>	Integrated Community Health Services Project
<b>ICU</b>	Intensive Care Unit
<b>IEC</b>	Information, Education and Communication
<b>ILHZ</b>	Inter-Local Health Zone
<b>IM</b>	Internal Medicine
<b>IPHO</b>	Integrated Provincial Health Office
<b>ISO</b>	Isolation
<b>IVP</b>	Intravenous Pyelography

<b>KUB</b>	Kidney Ureter Bladder
<b>Lab</b>	Laboratory
<b>LCE</b>	Local Chief Executive
<b>LGU</b>	Local Government Unit
<b>LHB</b>	Local Health Board
<b>MCH</b>	Maternal and Child Health
<b>MDH</b>	Mangatarem District Hospital
<b>MHC</b>	Municipal Health Center
<b>MHO</b>	Municipal Health Office/Officer
<b>MO</b>	Medical Officer
<b>MOA</b>	Memorandum of Agreement
<b>MRO</b>	Medical Records Officer
<b>MS</b>	Medical Specialist
<b>MSH</b>	Management Sciences for Health
<b>MSW</b>	Medical Social Worker
<b>MVA</b>	Manual Vacuum Aspirator
<b>NGO</b>	Non-Government Organization
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NOD</b>	Nurse on Duty
<b>NSD</b>	Normal spontaneous delivery
<b>NTP</b>	National Tuberculosis Program
<b>OB</b>	Obstetrics
<b>OPD</b>	Outpatient Department
<b>OPT</b>	Operation Timbang
<b>OPV</b>	Oral Polio Vaccine
<b>OR</b>	Operating Room
<b>PE</b>	Physical Examination
<b>PHIC</b>	Philippine Health Insurance Corporation
<b>PhilHealth</b>	Philippine Health Insurance Corporation
<b>PHN</b>	Public Health Nurse
<b>PHO</b>	Provincial Health Officer
<b>PHC</b>	Primary Health Care
<b>PNP</b>	Philippine National Police
<b>PPH</b>	Pangasinan Provincial Hospital

PT	Physical Therapy
Pt	Patient
PTB	Pulmonary Tuberculosis
RH	Reproductive Health
RHD	Rheumatic heart disease
RHM	Rural Health Midwife
RHU	Rural Health Unit
ROD	Resident on Duty
RR	Respiratory rate
RSI	Rural Sanitary Inspector
Rx	Prescription
SGOT	Serum glutamic oxalo-transaminase
SGPT	Serum glutamic pyruvic transaminase
SS	Sentrong Sigla
STD	Sexually Transmitted Disease
TAHBSO	Total Abdominal Hysterectomy Bilateral Salpingo Oophorectomy
TB	Tuberculosis
TBA	Traditional Birth Attendant
Tel	Telephone
Temp	Temperature
TT	Tetanus Toxoid
Tx	Treatment
UDH	Urdaneta District Hospital
VAW	Violence Against Women
VHW	Volunteer Health Worker
VS	Vital Signs
WPDH	Western Pangasinan District Hospital
Wt	Weight

## INTRODUCTION

---

The diversities and complexities of diseases require different levels of health care expertise and facilities. Devolution has assigned specific health care responsibilities to Local Government Units (LGU). However, the magnitude of resources required to provide total health care services in one facility is beyond the reach of each LGU. Thus, there is a strong need to achieve synergy through cooperation, complementation and maximization of resources. One of the mechanisms to achieve these is through a functional referral system that operates within the framework of the Inter-Local Health Zone (ILHZ).

The Province of Pangasinan is one of the priority convergence areas under the Health Sector Reform Agenda that seeks to assist the Department of Health in the delivery of quality health services by the different health facilities. Pangasinan is currently organizing ILHZs in the entire province. A workshop on "Strengthening the Referral System" was conducted by MSH-HSRTAP together with DOH – BLHD last July 22-23, 2002 in Dagupan City. The Provincial Health Officer, Chiefs of Hospitals, hospital doctors and nurses, technical staff, midwives, municipal health officers, public health nurses and other health personnel participated in the workshop.

The workshop aimed to: 1) orient the health staff of the hospitals, RHUs and BHSs on the basic concept of the referral system in the ILHZ; 2) assess the current status of the referral system in the province; 3) to identify strategies and activities to strengthen the

current referral system; 4) to determine the packages of health services at different levels of health care and facilities; and 5) to develop initial drafts of policies and guidelines for an effective referral system. The main reference material during the workshop was the referral manual developed by ICHSP.

Through the workshop, the main key players of the referral system were brought together for the first time after devolution. The participants identified problems, provided inputs and clarified issues on specific responsibilities of each facility. Based on the workshop output, this referral manual would serve as reference or guide for the health personnel at the different levels of health facilities in the province.

## THE REFERRAL SYSTEM

---

### DEFINITION OF REFERRAL SYSTEM

**Referral** is a set of activities undertaken by a health care provider or facility in response to its inability to provide the necessary intervention of patients' need, whether it is a real or just a perceived need. In its wider context, this includes referral from the community level to the highest level of care and back (*two-way referral system*). It also involves not only *direct patient care* but *support services* as well, such as knowing where to get a transport facility to move the patient from one facility to the other.

Within the Inter-Local Health Zone (ILHZ) concept, a referral system is often called a two-way relationship since it involves mainly the rural health facility, which provides primary medical care and a core referral hospital, which provides secondary care. A referral within the ILHZ will only be as strong as the weakest link in the chain of health facilities.

***It is important for health centers to refer only those patients for whom secondary or tertiary care is essential.***

For the referral system to function, the lower levels especially the health centers must be operated by competent personnel whose roles and functions are clearly defined to avoid duplication. This is to ensure that the ranges of services that need to be delivered are in fact delivered. Self-referral by individuals to hospitals bypass the lower levels based on perceived inadequacy in the lower levels. This perpetuates the vicious cycle of over-burdened hospitals and under-utilized health centers.

It is important for health centers to refer only those patients for whom secondary or tertiary care is essential. In general, referral from a health center to higher levels should occur in the following situations:

- When a patient needs expert advice;
- When a patient needs a technical examination that is not available at the health centers;
- When a patient requires a technical intervention that is beyond the capabilities of the health center; or
- When a patient requires in-patient care.

These guidelines are important since they will govern the reason(s) why a patient needs to be referred. Outside of these guidelines, there should be a very strong reason for bypassing the lower links in the health care delivery system.

The hospital, on the other hand, will ensure that referrals coming from health centers will receive prompt attention. Referral back to the health center should also be done as soon as the reason for the referral to the hospital has been addressed. Indeed, referral is a 2-way process that involves **cooperation, coordination** and **information transfer** between the health centers and the hospitals

Ultimately, the hospital will benefit from its strong involvement and collaboration with the health centers especially in managing diseases whose etiologies have bearings on the public health system. For the referral system to be truly functional, the different levels or components of health care delivery must adhere to a set of guidelines based on the ILHZ approaches to referrals.

## TYPES OF REFERRALS

The following are the conventional approaches to referrals:

### External

- **Vertical** – patient/client referral from lower to higher-level facility and vice-versa.
- **Horizontal** –patient/client referral from one facility to another facility with a higher capability and vice versa (that is, RHU to district hospital, or district hospital to another hospital with higher capability).

### Internal

This is usually within the health facility and from one health personnel to another (that is, doctor to doctor, resident to specialist, or nurse to MHO).

Reasons for referral may vary from any of the following:

- Opinion or suggestion
- Co-management
- Further management or specialty care
- Transfer to another facility (another hospital) for further management

## FRAMEWORK OF THE REFERRAL SYSTEM IN THE ILHZ

Within the ILHZ, primary health care is most effectively delivered through **health centers**, the institutional base. The health centers are the first contact of the community with the formal health system. They serve as the **gatekeepers** for higher levels of health care.

The movement of people through the health care system from the first contact to the first level referral hospital will depend on the referral mechanism. The process of referral is often one to weak links in the ILHZ. Self-referral by individuals who bypass the lower levels has led to overburdened hospitals and under-utilized health centers. It is generally recognized that health centers/RHUs can provide certain services more cheaply and efficiently than hospitals. A referral system is indeed very important in order to rationalize the use of scarce resources, improve quality, accessibility and availability of health services.

The referral mechanism will involve the different health facilities in the ILHZ namely: BHS, RHU, the core referral hospitals (district or provincial hospitals), and eventually other tertiary care hospitals. The linkages and lines of administrative communication/supervision shall be managed by an ILHZ Manager or its equivalent (a concurrent capacity agreed upon by the members of the ILHZ Board) and likewise administratively linked to the Provincial Health Office. The details of such an organizational set-up will be one of the issues that will be decided upon by the local chief executives.

It is envisioned that the ILHZ or its equivalent shall provide the framework for integration for a consortium of the different stakeholders for inter-sectoral collaboration. It will also be responsible for developing an integrated and comprehensive ILHZ development plan, through participatory strategic planning.

#### **REQUISITES FOR THE HEALTH REFERRAL SYSTEM**

A well-functioning comprehensive two-way health referral system requires the following features:

- Defined levels of care and mix of services for each level of care

- Identified health service delivery outlets (public and private) and services provided
- Agreed roles and responsibilities of key stakeholders
- Agreed standard case management protocols (treatment protocols and guidelines)
- Agreed referral guidelines between levels of care
- Agreed referral policies, protocols, and administrative guidelines to support two- way referral system
- System to monitor, supervise, and evaluate the quality of care, referral practices and support mechanisms
- Facilities and health workers capable of implementing the health referral system
- The health facilities must comply with PhilHealth standards for accreditation (in addition, the government facilities must comply with Sentrong Sigla certification standards).
- The core referral hospital must have at least four departments (Medicine, Surgery, Pediatrics and OB-GYN), and must have basic ancillary services (Laboratory, X-ray unit).

# THE HEALTH CARE FACILITIES

---

## PARTICIPATING PUBLIC AND PRIVATE HEALTH CARE FACILITIES

(See Figure 1, page 15)

### Palaris Health Zone

#### *Government Facilities*

1. Binmaley Rural Health Units 1 and 2
2. Calasiao Rural Health Units 1 and 2
3. Mangaldan Rural Health Units 1 and 2
4. San Fabian Rural Health Units 1 and 2
5. San Jacinto Rural Health Unit
6. Mapandan Rural Health Unit
7. Sta. Barbara Rural Health Unit 1 and 2
8. Malasiqui Rural Health Units 1 and 2
9. Dagupan City Health Office (?)
10. San Carlos City Health Office (?)
11. Pangasinan Provincial Hospital, San Carlos City

### Manleluag Health Zone

#### *Government Facilities*

12. Aguilar Rural Health Unit
13. Bugallon Rural Health Units 1 and 2
14. Labrador Rural Health Unit

15. Lingayen Rural Health Units 1 and 2
16. Lingayen Municipal Hospital
17. Mangatarem Rural Health Units 1 and 2
18. Mangatarem District Hospital
19. Urbiztondo Rural Health Unit

### **Hundred Islands Health Zone**

#### ***Government Facilities***

20. Agno Rural Health Units 1 and 2
21. Alaminos Rural Health Units 1 and 2
22. Anda Rural Health Unit
23. Bani Rural Health Units 1 and 2
24. Bolinao Rural Health Units 1 and 2
25. Bolinao Medicare Hospital
26. Burgos Rural Health Unit
27. Dasol Rural Health Unit
28. Dasol Community Hospital
29. Infanta Rural Health Unit
30. Mabini Rural Health Unit
31. Sual Rural Health Unit
32. Western Pangasinan District Hospital, -----

#### ***Private Facilities***

33. Figueroa's Clinic, Agno
34. C.M. San Juan Clinic, Agno
35. Alaminos Doctors Hospital, Alaminos
36. Blessed Mother Maternity Clinic, Alaminos
37. Mother and Child Clinic, Alaminos
38. Oudlimed Clinic, Alaminos
39. Children's Clinic, Alaminos

## Layug Health Zone

### ***Government Facilities***

61. Balungao Rural Health Unit
62. Umingan Rural Health Units 1 and 2
63. Umingan Medicare Hospital
64. Rosales Rural Health Unit
65. Sta. Maria Rural Health Unit
66. Natividad Rural Health Unit
67. Tayug Rural Health Unit
68. San Nicolas Rural Health Unit
69. San Quintin Rural Health Unit
70. Eastern Pangasinan District Hospital, ---

### ***Private Facilities***

71. Zambrano Medical Clinic, ---
72. Acosta Dental Clinic, ---
73. San Antonio de Padua General Hospital, ---
74. Maling Medical Clinic, ---
75. Fabros Medical Clinic, ---
76. Eastern Medical Clinic, ---
77. Del Carmen Hospital, ---
78. Banez Clinic, ---
79. Posadas Clinic, ---
80. Segui Clinic, ---
81. Subido-Posadas Clinic, ---
82. Cabanayan Clinic, ---
83. Camba Clinic, ---
84. Mendoza-Castaneto Clinic, ---
85. Mercado Clinic, ---
86. Reyes Clinic, ---

87. Doria Clinic, ---
88. Mellanes Clinic, ---
89. Abellanes Clinic, ---
90. Arqueros Clinic, ---
91. Holy Family Clinic, ---
92. Polyclinic Hospital, ---
93. Saint Claire Clinic, ---
94. Badua-Carlos Clinic, ---
95. Fernandez Clinic, ---
96. Ordonez Clinic, ---
97. Gudal Clinic, ---
98. Tayug Parry Clinic, ---

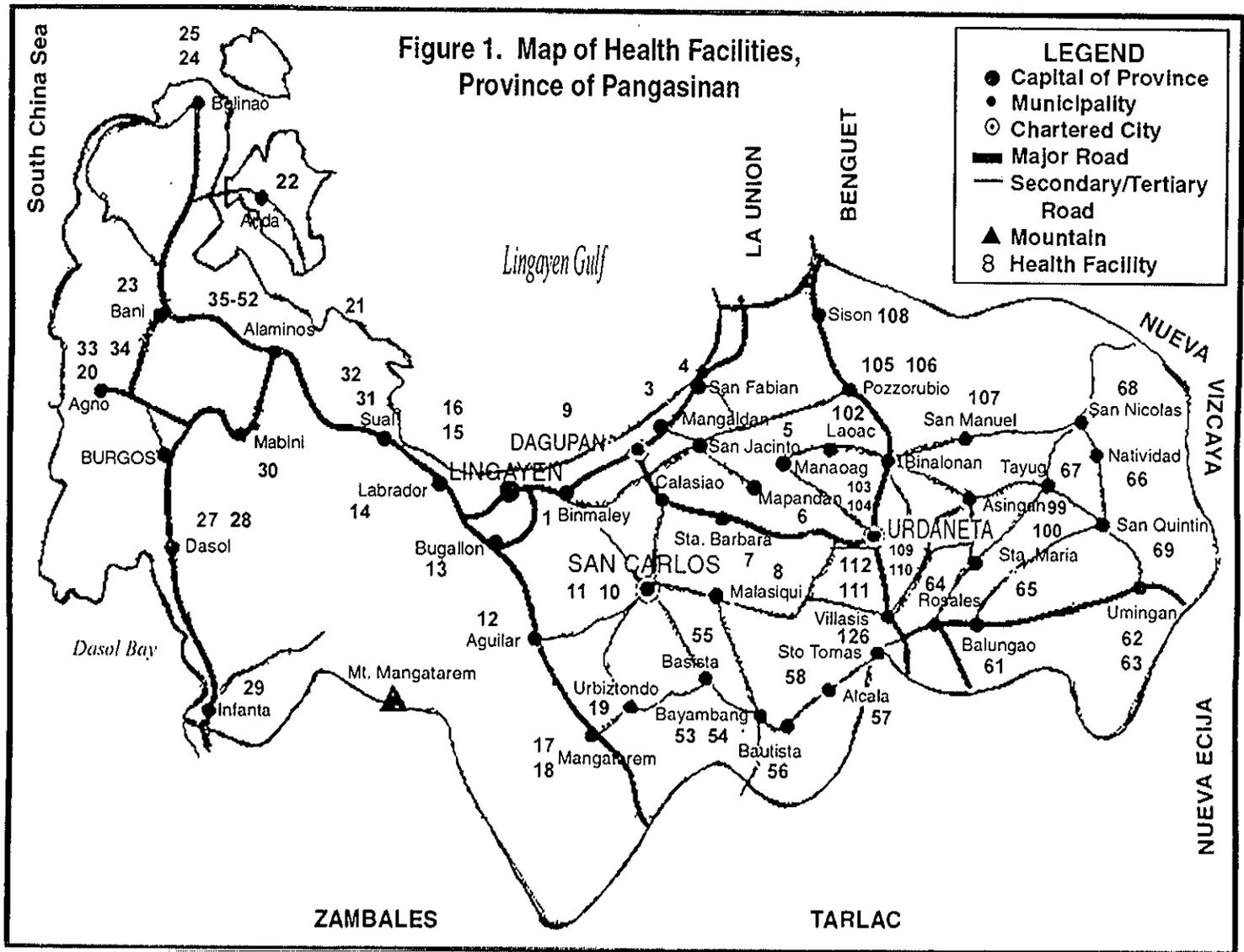
### **Pilgrims Health Zone**

#### ***Government Facilities***

99. Asingan Rural Health Units 1 and 2
100. Asingan Medicare Hospital
101. Binalonan Rural Health Unit
102. Laoac Rural Health Unit
103. Manaoag Rural Health Unit
104. Manaoag Community Hospital
105. Pozorrubio Rural Health Unit
106. Pozorrubio Community Hospital
107. San Manuel Rural Health Unit
108. Sison Rural Health Unit
109. Urdaneta City Health Office, Health Centers 1 and 2
110. Urdaneta District Hospital
111. Villasis Rural Health Unit
112. Don Amadeo Perez Memorial General Hospital, ---

***Private Facilities***

113. St. Tomas Aquinas Hospital, ---
114. Rosario Raballa Hospital, ---
115. Farnacio Family Clinic, ---
116. Prudencio Hospital, ---
117. Castaneto Family Clinic, ---
118. C and D Family Clinic, ---
119. Don Laureano Perez, Sr. Memorial Clinic, ---
120. F.B. Asuncion Medical Clinic, ---
121. Urdaneta Sacred Heart Hospital, Urdaneta City
122. Divine Mercy Polyclinic, ---
123. Torbela Clinic, ---
124. Holy Child Hospital, ---
125. Francisco Clinic, ---
126. Villasis Polymedic Trauma Center, Villasis
127. Dr. Reynaldo Ordong Memorial Clinic, ---
128. Nario Clinic, ---



**Table 1. Government Health Facilities and Personnel Complement,  
Palaris Health Zone, 2002**

<b>Municipality/ City</b>	<b>RHU /HC</b>	<b>BHS</b>	<b>BHW</b>	<b>MDs</b>	<b>Dentists</b>	<b>Nurses</b>	<b>Midwives/ Nursing Attendants</b>	<b>Sanitary Inspector, Technical, Administrative Staff</b>
<i>Binmaley</i>	2	14	228	2	1	2	16	SI - 4
<i>Calasiao</i>	2	15	225	2	1	2	16	SI - 3
<i>Malasiqui</i>	2	17	723	2	1	2	19	SI - 2
<i>Mangaldan</i>	2	12	259	2	1	3	15	SI - 2
<i>Mapandan</i>	1	7	174	1	1	1	8	SI - 1
<i>Sta. Barbara</i>	2	9	319	1	1	2	11	SI - 3
<i>San Fabian</i>	2	12	231	2	1	3	13	SI - 2
<i>San Jacinto</i>	1	5	127	1	1	1	9	SI - 1
<i>Dagupan City</i>	5	14		5	2	3	15	SI - 8
<i>San Carlos City</i>	5	29	600	7	5	33	33	Tech Staff - 7 Admin Staff - 1

**Table 2. Government Health Facilities and Personnel Complement,  
Manleluag Health Zone, 2001**

<b>Municipality/ City</b>	<b>RHU /HC</b>	<b>BHS</b>	<b>BHW</b>	<b>MDs</b>	<b>Dentists</b>	<b>Nurses</b>	<b>Midwives/ Nursing Attendants</b>	<b>Sanitary Inspector, Technical, Administrative Staff</b>
<i>Aguilar</i>	1	5	122	1	1	1	6	SI – 1
<i>Bugallon</i>	2	9	178	2	1	2	11	SI – 3
<i>Labrador</i>	1	3	82	1	0	1	4	SI – 3
<i>Lingayen</i>	2	16	189	2	1	2	18	SI – 4
	Lingayen Municipal Hospital (2002)			3	0	4	3	Tech Staff – 3 Admin Staff – 7
<i>Mangatarem</i>	2	13	337	2	1	2	15	SI – 3
<i>Urbiztondo</i>	1	8	162	1	1	1	10	SI – 2

**Table 3. Government Health Facilities and Personnel Complement, Mangabul Health Zone, 2002**

Municipality/ City	RHU /HC	BHS	BHW	MDs	Dentists	Nurses	Midwives/ Nursing Attendants	Sanitary Inspector, Technical, Administrative Staff
<i>Bayambang</i>	2	20	264	2	1	4	23 * (18 permanent, 5 casual)	SI - 4
	Bayambang District Hospital							
<i>Basista</i>	1	12	165	1	0	1	8 * (6 permanent, 2 casual)	SI - 1, Med Tech - 1, Driver - 1, Utility Worker - 1
<i>Bautista</i>	1	5	89	1		2	14 * (5 permanent, 9 casual)	SI - 1
<i>Alcala</i>	1	6	169	1	1	1	7	SI - 1, Med Tech - 1, Driver - 1, Utility Worker - 1
<i>Sto. Tomas</i>	1	2	71	1		1	3	SI - 1, Med Tech - 1

**Table 4. Government Health Facilities and Personnel Complement,  
Hundred Islands Health Zone, 2002**

Municipality/ City	RHU /HC	BHS	BHW	MDs	Dentists	Nurses	Midwives/ Nursing Attendants	Sanitary Inspector, Technical, Administrative Staff
<i>Agno</i>	2	6	82	2	1	2	7	SI - 1
<i>Alaminos</i>	2	9	246	2	1	2	11	SI - 2
<i>Anda</i>	1	6	171	1	0	1	5	SI - 1
<i>Bani</i>	2	7	242	2		2	8	SI - 1
<i>Bolinao</i>	2	9	295	2		2	11	SI - 1
	Bolinao Medicare Hospital							Tech Staff - Admin Staff -
<i>Burgos</i>	1	4	50	1		1	9	SI - 1
<i>Dasol</i>	1	8	104		1	1	9	SI - 1
	Dasol Community Hospital							Tech Staff - Admin Staff -
<i>Infanta</i>	1	4	32	2	1	1	5	SI - 1
<i>Mabini</i>	1	4	176	1	1	1	4	SI - 1
<i>Sual</i>	1	6	82		1	1	7	SI - 1
	Western Pangasinan District Hospital			13	1	25	1	Tech Staff - 4

**Table 5. Government Health Facilities and Personnel Complement,  
Layug Health Zone, 2002**

Municipality/ City	RHU /HC	BHS	BHW	MDs	Dentists	Nurses	Midwives/ Nursing Attendants	Sanitary Inspector, Technical, Administrative Staff
<i>Balungao</i>	1	6	108	1	1	1 (casual)	1 NA, 8 MW * (6 permanent, 2 casual)	SI - 1
<i>Natividad</i>	1	4	92	1	1 (volunteer)	1	6 * (4 permanent, 2 casual)	SI - 1
<i>Rosales</i>	1	9	126	1	1	2	11	SI - 0
<i>San Nicolas</i>	1	8	105	1	1	2 * (1 permanent, 1 volunteer)	11 * (8 permanent, 3 volunteer)	SI - 1
<i>San Quintin</i>	1	7	122	1	1	1	8	SI - 1
<i>Sta. Maria</i>	1	4	81	1	1	1	9 * (6 permanent, 2 casual, 1 volunteer)	SI - 1
<i>Tayug</i>	1	6	86	1	1	2	8 * (7 permanent, 1 casual)	SI - 2
<i>Umingan</i>	2	11	189	2 *(1 retired Sep 2002)	1	2	15 * (14 permanent, 1 casual)	SI - 2
		Umingan Medicare Hospital		2	0	3	2	Admin Staff - 2
Eastern Pangasinan District Hospital				19	1	31	21	Tech Staff - 13 Admin Staff - 12

**Table 6. Government Health Facilities and Personnel Complement, Pilgrims Health Zone, 2002**

Municipality/ City	RHU /HC	BHS	BHW	MDs	Dentists	Nurses	Midwives/ Nursing Attendants	Sanitary Inspector, Technical, Administrative Staff
<i>Asingan</i>	2	10	180	2 * (1 DO H rep)	1	2	10	SI - 2
	Asingan Medicare Hospital			2	0	3	3	Ancillary - 1 Admin Staff - 6
<i>Binalonan</i>	1	10	180	1	0	2 * (1 DOH rep)	11	SI - 2
<i>Laoac</i>	1	5	87	1	0	1	6	SI - 0
<i>Manaoag</i>	1	7	130	1	1	2 * (1 DOH rep)	8	SI - 2 Dental Aide - 1
	Manaoag Community Hospital			3	0	5	3	
<i>Pozorrubio</i>	1	10	178	1	1	1	11	SI - 0
	Pozorrubio Commu- nity Hospital			3	0	5	3	Tech Staff - 11 Admin Staff - 2
<i>San Manuel</i>	1	7	102	1	1	1	10	SI - 2
<i>Sison</i>	1	9	122	1	1	2	10	SI - 1
<i>Villasis</i>	1	8	188	1		1	9	SI - 2
<i>Urdaneta City</i>	2			2 *(1 DOH rep)	2	2	16	Dental Aide - 2
<i>Don Amadeo Perez Memorial General Hospital</i>				6 * (with COH)	2	14	12	Tech Staff - 10 Admin Staff - 3

## PACKAGE OF HEALTH SERVICES

**Table 7. Minimum Services Offered at the Barangay Health Stations (BHS) Level, Pangasinan**

<b>Programs/Services</b>	<b>Activities</b>
<i>Immunization</i>	<ul style="list-style-type: none"> <li>• BCG, OPV, DPT</li> <li>• Measles Vaccine</li> <li>• Hepatitis B Vaccine</li> <li>• Tetanus Toxoid</li> <li>• Anti-rabies Vaccine</li> </ul>
<i>School-Based Services</i>	IEC for all programs
<i>Family Planning/ Reproductive Health</i>	<ul style="list-style-type: none"> <li>• Family Planning methods</li> <li>• IEC</li> </ul>
<i>Nutrition Services</i>	<ul style="list-style-type: none"> <li>• Operation <i>timbang</i> (OPT)</li> <li>• Micronutrient supplementation</li> <li>• Deworming</li> <li>• Vitamin A capsule supplementation</li> <li>• IEC</li> </ul>
<i>Environmental Health Protection</i>	<ul style="list-style-type: none"> <li>• Sanitation and water disposal</li> <li>• Food safety</li> <li>• Safe water</li> </ul>
<i>Basic Laboratory Services</i>	<ul style="list-style-type: none"> <li>• Albumin and sugar determination for pregnant women</li> <li>• Pregnancy test</li> <li>• Sputum collection</li> </ul>

Continuation: BHS

Programs/Services	Activities
Essential Individual Clinical Services	<b>Maternal and Child Health (MCH)</b> <ul style="list-style-type: none"> <li>• Prenatal</li> <li>• Childbirth</li> <li>• Postpartum</li> </ul>
	<b>Acute Childhood Diseases and Malnutrition</b> <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• ARI</li> <li>• Measles</li> <li>• Malaria</li> <li>• Dengue</li> <li>• Skin disease</li> </ul>
	<b>Non-Communicable</b> <ul style="list-style-type: none"> <li>• CVD program (HPN, RHD) – IEC</li> <li>• Nephrology program – IEC</li> <li>• Cancer prevention/control – IEC</li> </ul> <b>Communicable</b> <ul style="list-style-type: none"> <li>• Tuberculosis (IEC, case finding, treatment)</li> <li>• Leprosy (IEC, case finding, treatment)</li> <li>• Rabies control – IEC</li> <li>• Dental health – IEC</li> <li>• Mental health – referral of cases</li> </ul>
Epidemiological Investigation	<ul style="list-style-type: none"> <li>• Immunizable diseases</li> <li>• Cholera</li> <li>• Typhoid fever</li> </ul>
<i>Recording and reporting</i>	

**Table 8. Minimum Package of Services at the Rural Health Unit (RHU) Level, Pangasinan**

<b>Programs/Services</b>	<b>Activities</b>
Immunization	BCG, DPT, OPV, Measles Vaccine, Hepatitis B Vaccine, Tetanus Toxoid
School-Based Services	<ul style="list-style-type: none"> <li>• Reproductive health education and information</li> <li>• Smoking, alcohol abuse and drug dependence</li> <li>• Mental and oral health</li> </ul>
Environmental Health Protection	<ul style="list-style-type: none"> <li>• Sanitation</li> <li>• Food safety</li> <li>• Safe water supply</li> <li>• Food handlers class</li> <li>• Solid waste management</li> </ul>
<i>Family Planning/ Reproductive Health</i>	<ul style="list-style-type: none"> <li>• Education</li> <li>• STD</li> <li>• Family planning methods</li> </ul>
Nutrition Service	<ul style="list-style-type: none"> <li>• Operation <i>timbang</i> (OPT)</li> <li>• Malnutrition – related disease identification</li> <li>• Micro-nutrients supplementation</li> </ul>
Environmental Health Protection	<ul style="list-style-type: none"> <li>• Sanitation</li> <li>• Safe water supply</li> <li>• Food safety</li> <li>• Deworming</li> </ul>

Continuation: RHU

Programs/Services	Activities
<b>Essential Individual Clinical Services</b>	<b>Maternal and Child Health</b> <b>Acute Childhood Diseases and Malnutrition</b> <ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• ARI</li> <li>• Measles</li> <li>• Malaria – area specific</li> <li>• Dengue</li> </ul> <b>Non-Communicable</b> <ul style="list-style-type: none"> <li>• Degenerative disease</li> <li>• CVD program</li> <li>• Nephrology program</li> <li>• Cancer control</li> <li>• Mental health</li> <li>• Diabetes mellitus</li> </ul> <b>Communicable</b> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Leprosy</li> <li>• Rabies control</li> <li>• Dental health</li> <li>• Skin diseases</li> <li>• Parasitism</li> </ul>
<b>Basic Laboratory Services</b>	<ul style="list-style-type: none"> <li>• Urinalysis</li> <li>• CBC</li> <li>• Stool exam</li> <li>• Sputum examination</li> <li>• Pregnancy test</li> </ul>

Continuation: RHU

<b>Programs/Services</b>	<b>Activities</b>
<b>Minor Surgeries</b>	Non-life threatening injuries
<i>Social Hygiene Clinic</i> – area specific	
<i>Medico-Legal</i>	
<i>Epidemiological Investigation (as the need arises)</i>	
<i>Recording and Reporting</i>	

**Table 9. Complementary Package of Services  
in District Hospitals of Pangasinan**

<b>Clinical/Medical Services</b>	
<b>Surgery</b>	<b>Pediatrics</b>
<b>Minor</b>	<b>OB-GYN</b>
<ul style="list-style-type: none"> <li>• Incision and Drainage</li> <li>• Suturing</li> <li>• Excision</li> <li>• Circumcision</li> </ul>	Dilatation and curettage
<b>Major</b>	<b>Internal Medicine</b>
<ul style="list-style-type: none"> <li>• Exploratory laparotomy</li> <li>• Appendectomy</li> <li>• Caesarian section</li> <li>• Hysterectomy</li> <li>• TAHBSO</li> </ul>	Subspecialties:
	<ul style="list-style-type: none"> <li>• Infectious Diseases</li> <li>• Diabetology</li> </ul>
	Hypertensive clinic
	Asthma and diabetic clinics/clubs
	<b>Psychiatry</b>
	<b>Pathology</b> (referred)
<b>Ophthalmology</b>	<b>Rehabilitation Medicine</b>
Cataract extraction	(UDH and WPDH)
<b>ENT</b>	<b>Reproductive Health</b>
<b>Anesthesiology</b>	(FP, BTL, Vasectomy, MVA, VAW)

Continuation: District Hospitals

<p><b>Medical Ancillary Services</b></p> <p><b>Radiology</b></p> <p>Special procedures</p> <ul style="list-style-type: none"> <li>• Upper GI series</li> <li>• Barium enema</li> <li>• IVP</li> </ul> <p><b>ECG</b></p> <p><b>Endoscopy</b></p> <p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>• CBC, platelet count</li> <li>• Typing, cross-matching</li> <li>• CT, BT</li> <li>• Urinalysis</li> <li>• Stool examination</li> <li>• Occult blood test</li> <li>• Blood Chemistry (FBS, BUN, BUA, creatinine, cholesterol)</li> <li>• SGOT, SGPT</li> <li>• Widal test</li> <li>• Pregnancy test</li> <li>• Sputum examination</li> <li>• Gram staining</li> </ul>	<b>ER</b>
	<b>OPD</b> Public health activities
	<b>Medical Records</b>
	<b>Nursing Services</b>
	<b>Dietetic Services</b> Dietary counseling
	<b>Dental Health Service</b>
	<b>Ambulance Service</b>
	<b>Maintenance, Engineering and Housekeeping Services</b>
	<b>Administrative</b>

**Table 10. Other Services, Western Pangasinan District Hospital**

<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>• <i>Blood collecting unit</i></li> <li>• CBC, Hct, platelet count</li> <li>• Typing, cross-matching</li> <li>• CT, BT</li> <li>• Urinalysis</li> <li>• Fecalalysis</li> <li>• Occult blood test</li> <li>• Blood chemistry (FBS, BUN, creatinine, total cholesterol)</li> <li>• SGOT, SGPT</li> <li>• Widal test</li> <li>• Sputum examination</li> <li>• Pregnancy test</li> <li>• Gram staining</li> </ul> <p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>• Upper GI Series</li> <li>• Barium enema</li> <li>• IVP</li> </ul>	<b>ECG</b>
	<b>Endoscopy, Proctosigmoidoscopy</b>
	<b>Anesthesiology</b>
	<b>Sub-specialties</b>
	<ul style="list-style-type: none"> <li>• Diabetology</li> <li>• Asthma club</li> <li>• Hypertensive clinic</li> </ul>
	<b>EENT</b>
	<b>Rehabilitation Medicine</b> PT clinic
<b>Reproductive Health</b> FP, BTL, MVA	
<b>Violence Against Women, and Battered Husbands and Wives</b>	

**Table 11. Other Services, Urdaneta District Hospital**

<b>Laboratory</b> <ul style="list-style-type: none"> <li>• <i>Blood bank</i></li> <li>• HBsAg</li> <li>• Blood chemistry (FBS, BUN, creatinine)</li> <li>• Widal test</li> <li>• Pregnancy test</li> <li>• Sputum examination</li> <li>• Urinalysis</li> <li>• Fecalalysis</li> <li>• CBC, platelet count</li> <li>• Typing</li> <li>• BT</li> </ul>	<b>Animal Bite Center</b>
	<b>Infectious Diseases</b>
	<b>Psychiatry</b>
	<b>Major surgeries</b>
	<b>Cataract extraction</b>
	<b>Physical Therapy</b>
	<b>Reproductive Health</b> BTL, MVA

**Table 12. Other Services, Bayambang District Hospital**

<b>Surgery</b> <b>Major</b> <ul style="list-style-type: none"> <li>• Cheiloplasty</li> <li>• Cholecystectomy</li> <li>• Thyroidectomy</li> <li>• Mastectomy</li> </ul> <b>Minor</b> <ul style="list-style-type: none"> <li>• Herniorrhaphy</li> <li>• Hemorrhoidectomy</li> <li>• Perineorrhaphy</li> </ul>	<b>Laboratory</b> <ul style="list-style-type: none"> <li>• Hepatitis screening</li> <li>• PHC bottle preparation</li> </ul>
	<b>Family Planning</b> <ul style="list-style-type: none"> <li>• BTL</li> <li>• Vasectomy</li> <li>• Condom</li> <li>• DMPA</li> <li>• IUD insertion</li> <li>• OC pills</li> <li>• Counseling</li> </ul>

**Table 13. Other Services, East Pangasinan District Hospital**

<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>• <i>Blood bank</i></li> <li>• <i>HIV test</i></li> <li>• Typing, cross-matching</li> <li>• CBC, platelet count</li> <li>• Blood chemistry (FBS, BUN, creatinine, BUA, total cholesterol, triglyceride)</li> <li>• SGOT, SGPT, CPK</li> <li>• Albumin/globulin ratio</li> <li>• Widal test</li> <li>• Urinalysis</li> <li>• Fecalalysis</li> <li>• Occult blood test</li> <li>• Pregnancy test</li> <li>• Sputum examination</li> <li>• Gram staining</li> <li>• Sperm count</li> </ul>	<p><b>Surgery</b> <i>Major and Minor</i></p> <ul style="list-style-type: none"> <li>• Exploratory laparotomy</li> <li>• Appendectomy</li> <li>• Hemorrhoidectomy</li> <li>• Cholecystectomy</li> <li>• Tonsillectomy</li> <li>• Caesarian section</li> <li>• TAHBSO</li> <li>• Thyroidectomy (visiting consultants)</li> <li>• Open reduction (visiting consultants)</li> <li>• Cataract extraction (visiting consultant)</li> <li>• Herniorrhaphy</li> <li>• BTL             <ul style="list-style-type: none"> <li>• Excision</li> </ul> </li> </ul> <p><b>Orthopedic Surgery</b></p>
<p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>• IVP</li> <li>• Barium enema</li> <li>• Barium swallow</li> </ul>	<p><b>EENT</b></p> <hr/> <p><b>Disaster Assistance</b></p>

**Table 14. Other Services, Mangataram District Hospital**

<p><b>Laboratory</b></p> <ul style="list-style-type: none"> <li>• CBC, platelet count</li> <li>• Typing, cross-matching</li> <li>• CT, BT</li> <li>• Blood chemistry (FBS, creatinine, BUN, BUA, total cholesterol)</li> <li>• Widal test</li> <li>• Urinalysis</li> <li>• Fecalysis</li> <li>• Occult blood test</li> <li>• Pregnancy test</li> <li>• Sperm count</li> <li>• Gram staining</li> <li>• Sputum examination</li> </ul>	<p><b>Surgery</b> <i>Major and Minor</i></p> <ul style="list-style-type: none"> <li>• Exploratory laparotomy</li> <li>• Appendectomy</li> <li>• Hemorrhoidectomy</li> <li>• Cholecystectomy</li> <li>• Caesarian section</li> <li>• TAHBSO</li> <li>• Cataract extraction</li> <li>• Hemiorrhaphy</li> <li>• Perineorrhaphy</li> <li>• BTL</li> </ul> <p><b>Neurology</b></p>
--	---

**Table 15. Personnel Complement, District Hospitals**

<p><b>Clinical/Medical</b>  <b>Chief of Hospital?</b>  <b>Chief of Clinics (EPDH)</b>  <b>Chief of Clinics designate (WPDH)</b>  <b>Medical Specialists (EPDH)</b></p> <ul style="list-style-type: none"> <li>• Anesthesiology</li> <li>• OB_GYN</li> <li>• Pediatrics</li> <li>• ENT</li> <li>• Internal Medicine (EPDH)</li> </ul> <p><b>Medical Officer III, IV</b></p>	<p><b>Nursing Service</b></p> <ul style="list-style-type: none"> <li>• Nurse IV, III, II, I</li> <li>• Nursing Attendant</li> </ul> <hr/> <p><b>Dietetic Service</b></p> <ul style="list-style-type: none"> <li>• Dietician/Nutritionist</li> <li>• Cook</li> <li>• Food Service Worker</li> </ul> <hr/> <p><b>Maintenance, Engineering and Housekeeping</b>  Institutional Worker</p>
<p><b>Ancillary Service</b></p> <ul style="list-style-type: none"> <li>• Radiology Technician</li> <li>• Medical Technologist</li> <li>• Medical Records Officer (except BDH)</li> <li>• Pharmacist V, IV, III, II</li> <li>• Medical Social Service Worker (except BDH)</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Administrative Officer</li> <li>• Accountant (except UDH)</li> <li>• Bookkeeper (except UDH)</li> <li>• Cashier</li> <li>• Medical Records Officer (Statistician designate)</li> <li>• Admitting Clerk (designate)</li> </ul>

**Table 16. Tertiary Package of Services, Pangasinan Provincial Hospital**

<b>Clinical/Medical Services</b>	
<b>Surgery</b> <b>Major Surgery</b> <ul style="list-style-type: none"> <li>• Thyroidectomy</li> <li>• Modified radical mastectomy</li> <li>• Gall bladder</li> <li>• Biliary</li> <li>• Intestinal obstruction</li> <li>• Abdomino-perineal resection (Miles operation)</li> <li>• Bone surgery</li> </ul> <b>Minor Surgery</b> <ul style="list-style-type: none"> <li>• Cyst excision</li> </ul> <b>Sub-specialties</b> <ul style="list-style-type: none"> <li>• Orthopedics</li> <li>• Neurosurgery</li> <li>• Urology</li> <li>• Plastic and reconstructive surgery</li> </ul>	<b>Pediatrics</b> <ul style="list-style-type: none"> <li>• NICU</li> <li>• Pediatric Hematology</li> </ul>
	<b>OB-GYN</b> <ul style="list-style-type: none"> <li>• Caesarian section</li> <li>• TAHBSO</li> <li>• MVA</li> <li>• BTL</li> </ul>
	<b>Internal Medicine</b> <ul style="list-style-type: none"> <li>• Cardiology</li> <li>• Pulmonology</li> <li>• Nephrology</li> </ul>
	<b>Radiology and Ultrasonography</b> <ul style="list-style-type: none"> <li>• Upper GI Series</li> <li>• Barium enema</li> <li>• IVP</li> <li>• UTL guided biopsy</li> </ul>
	<b>Pathology</b>
<b>ENT</b>	<b>Rehabilitation Medicine</b>
<b>Anesthesiology</b>	<b>PT clinic</b>

Continuation: Provincial Hospital

<b>Medical Ancillary Services</b> <b>Laboratory</b> <ul style="list-style-type: none"> <li>• Histopathology</li> <li>• Biopsy</li> <li>• Pap smear</li> <li>• Water analysis</li> <li>• Gonococcal screening</li> <li>• CVS</li> <li>• Blood bank</li> <li>• Blood chemistry</li> <li>• Sputum examination</li> <li>• Mosquito larva examination</li> <li>• Malarial smear</li> <li>• Urinalysis</li> <li>• Fecalysis</li> <li>• CBC, RBS</li> </ul> <b>Radiology and Ultrasonography</b>	<b>Nursing Services</b>
	<b>Dietetic Services</b>
	<b>Dental Health Services</b>
	<b>Ambulance Services</b>
	<b>Maintenance, Engineering and Housekeeping Services</b>
	<b>Provincial Medical Outreach</b> <ul style="list-style-type: none"> <li>• Vitamin A supplementation</li> <li>• BCG for school entrants</li> </ul>
	<b>Public Health Services</b> <ul style="list-style-type: none"> <li>• Immunization</li> <li>• Family planning</li> <li>• Nutrition services</li> <li>• Essential individual clinical services</li> </ul>

**Table 17. Personnel Complement, Pangasinan Provincial Hospital**

<b>Clinical/Medical</b> Chief of Clinics Medical Specialists Medical Officer	<b>Administrative</b> <ul style="list-style-type: none"> <li>• Administrative Officer</li> <li>• Accountant</li> <li>• Bookkeeper</li> <li>• Cashier</li> <li>• Admitting Clerk</li> </ul>
<b>Nursing Service</b> <ul style="list-style-type: none"> <li>• Nurse IV, III, II, I</li> <li>• Nursing Attendant</li> </ul>	
<b>Ancillary Service</b> <ul style="list-style-type: none"> <li>• Radiology Technician</li> <li>• Medical Technologist</li> <li>• Medical Records Officer</li> <li>• Pharmacist</li> <li>• Medical Social Service Worker</li> </ul>	<b>Dietetic Service</b> <ul style="list-style-type: none"> <li>• Dietitian/Nutritionist</li> <li>• Cook</li> <li>• Food Service Worker</li> </ul>
	<b>Maintenance, Engineering and Housekeeping?</b>

# **OPERATION OF THE HEALTH REFERRAL SYSTEM**

---

## **THE HEALTH REFERRAL MODEL**

Figure 2 on page 40 shows the Health Referral Model being applied at present in Pangasinan. It shows the component health facilities at different levels of care, and depicts the relationship between the Biomedical and Alternative/Traditional systems of health care.

## **REFERRAL FLOWS BY LEVEL OF CARE**

The external referral flow begins with the patient/client in the community, and passes through the different health facilities concerned. The internal referral flow deals with the channels within a particular health facility. Figures 3 to 6 on pages 41 – 44 show the referral flows of the various health facilities in the province of Pangasinan. Figure 7 on page 45 shows the referral form to be utilized in the health facilities of Pangasinan.

## **HEALTH REFERRAL MANAGEMENT ACTIVITIES**

1. Social Preparation
  - Orient all stakeholders including the members of ILHZ Board on the policies, procedures and practices regarding the referral system.
  - Advocate for local legislations to support referral system policies and guidelines
2. Training
  - Orientation of health personnel in hospitals, health centers including

- BHWs on the new referral system.
  - Improved competencies of health workers at different levels of health care.
3. Logistic support
    - Ensure availability of forms and logbooks at all levels.
    - Basic requirement for drugs, medical supplies and equipments must be provided.
    - Good maintenance of transport facility such as ambulances
  4. Organize Referral System Monitoring Team at the Provincial and ILHZ level to:
    - Assess the health referral activities/performance
    - Assess coordination mechanisms
    - Assess procedure and guidelines
    - Review standard operating procedures and packages of services
    - Resolve issues and concerns
  5. Development of procedures / manual of operations
    - This will serve as a standard guide in the management and handling of referral cases. Treatment protocols must be included for the information of the health providers.
    - It must be widely disseminated including the private sector to avoid confusion.
  6. Provision of incentives to encourage utilization of the system.
    - Some recommendations included providing express lane in the health facility for patients who follow the appropriate referral flow and a two-way referral slip.
    - Discounted user fees for those who utilize the system and higher fees for those who bypassed the system with no appropriate reasons.

## SUPPORT MECHANISM

### *RHU/BHS Level:*

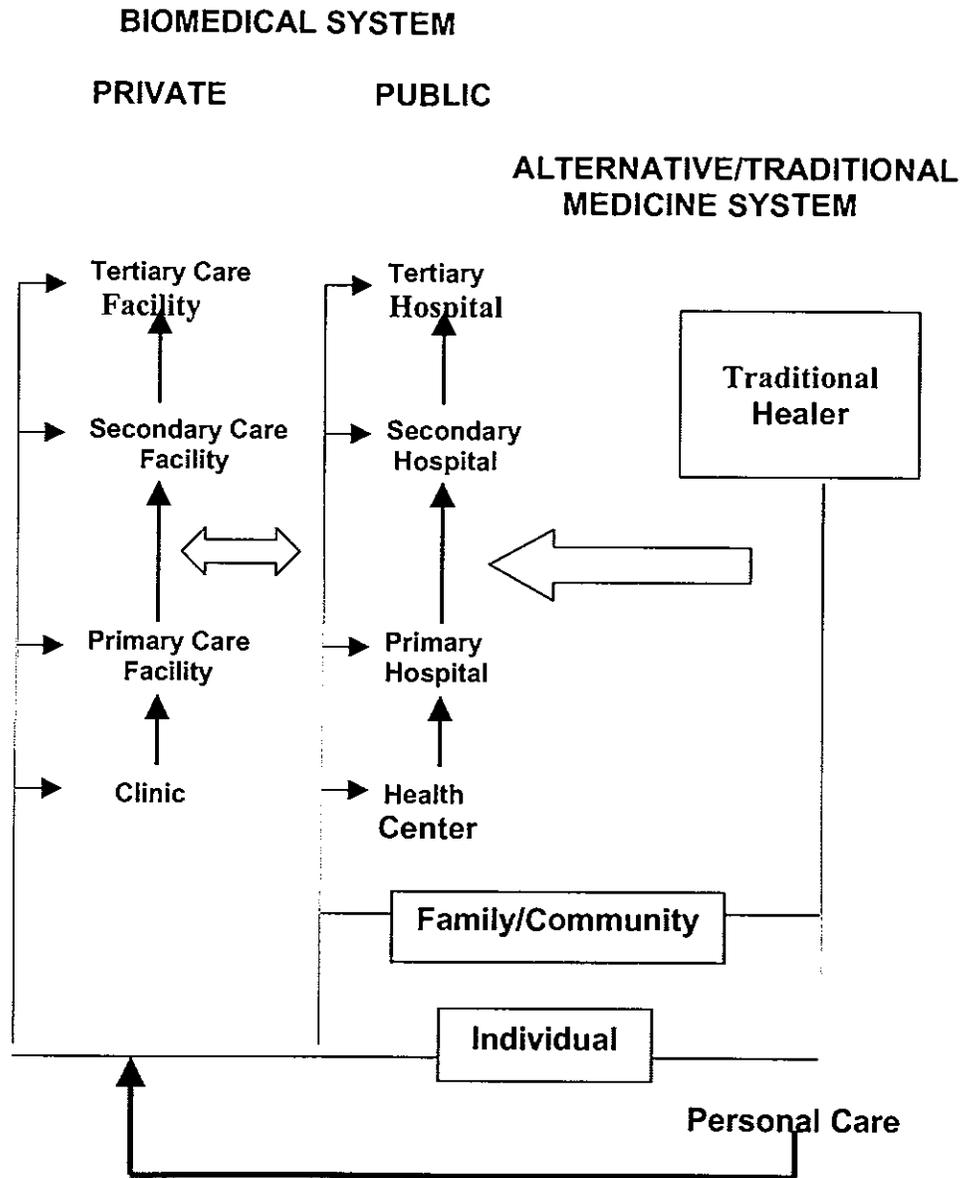
- Orientation and training of BHWs and RHM on the system of referral (referral flow, where, what, who and how)
- Barangay council shall provide support mechanisms (*transport and communication, road maintenance* etc.)
- LGUs provide enough budgets for drugs and medicines and maintenance of health facilities.
- Advocacy and health promotion through IEC team.

### *Hospital Level:*

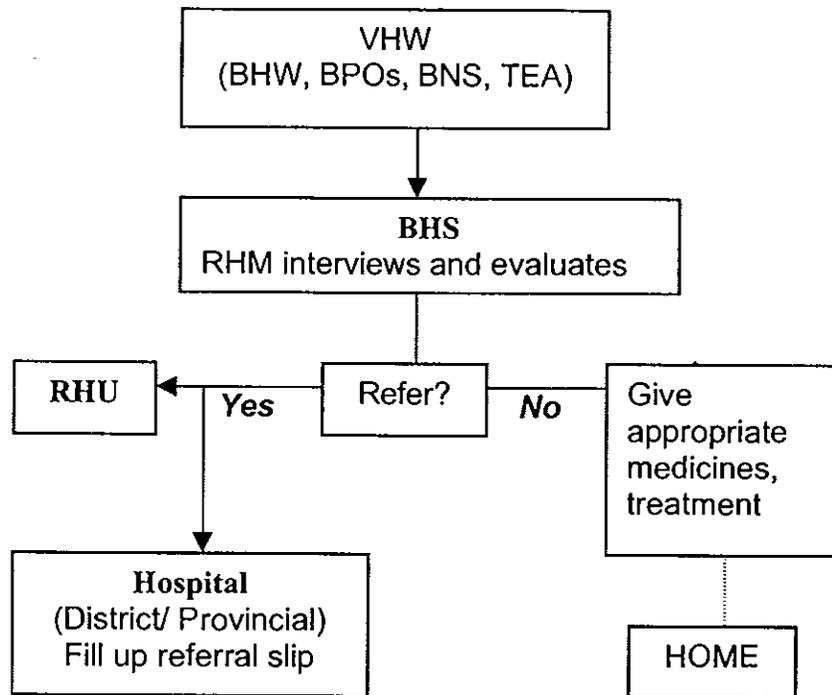
- Ambulance and communication facilities
- Training of hospital staff to handle cases
- Adequate budget for drugs and medicines
- Good maintenance of hospital equipments and facilities
- Provision of forms

Adequate staff, facilities and other resources that support the referral system should be considered. Referral should be in the context of the ILHZ.

**Figure 2. The Health Referral Model**



**Figure 3. Referral Flow, Barangay Health Station**



**Figure 4. Referral Flow, Municipal/RHU**

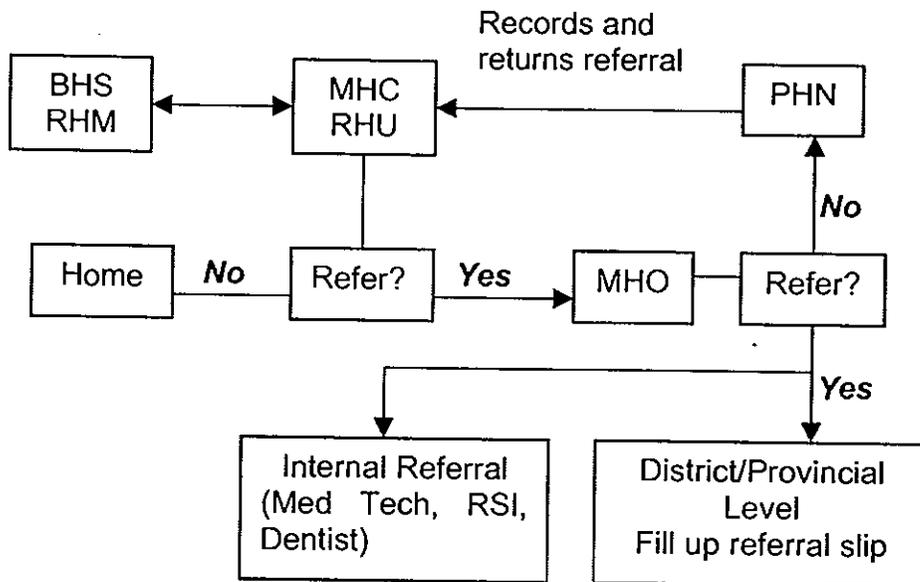


Figure 5. Referral Flow, District Hospital

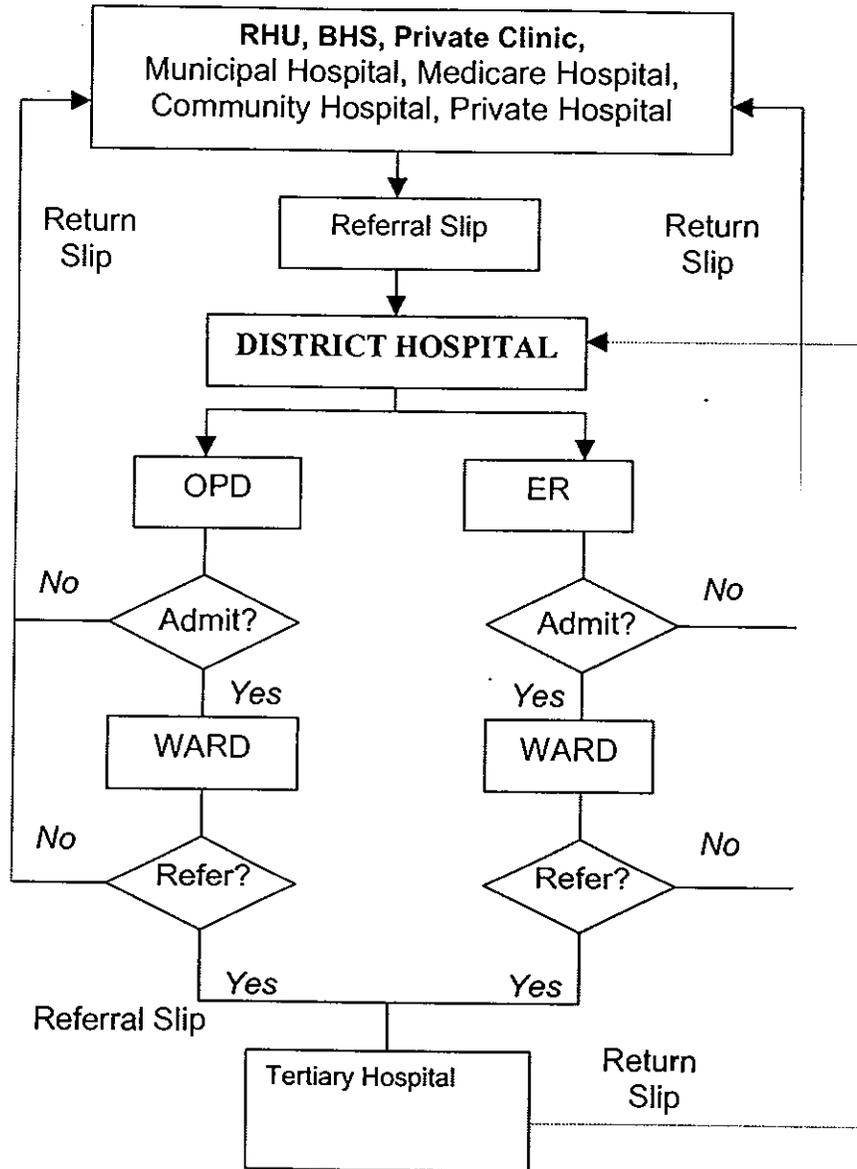
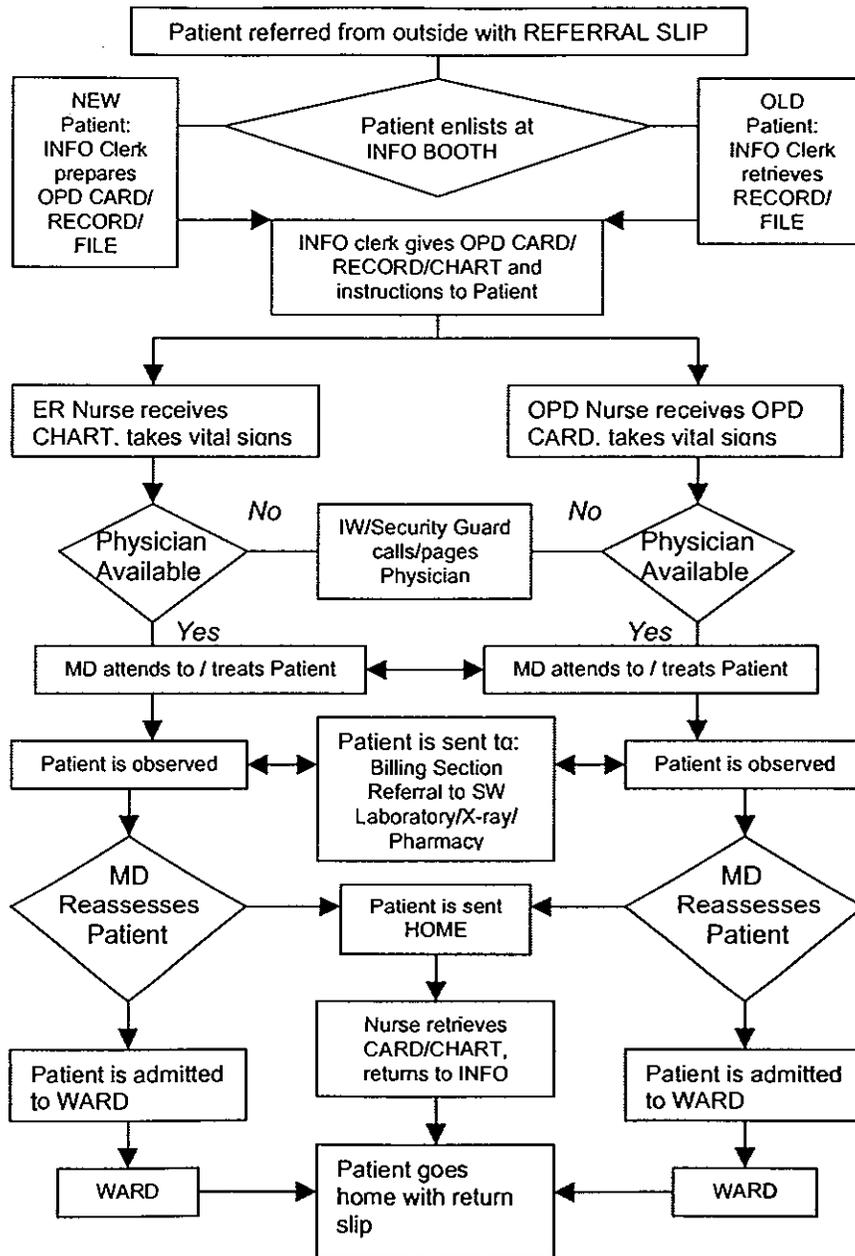


Figure 6. Referral Flow, Pangasinan Provincial Hospital



### Specific task at each level of Health Referral Facility

#### Provincial Hospital Level (District Hospital, RHU to Provincial Hospital)

Responsible Person	Action
Patient OPD Nurse	1. Presents referral slip from RHU/BHS/District Hospital
OPD Physician-in-charge	2. a. Enters patient's data on referral registry; accomplishes and gives OPD ID. b. Makes OPD chart of patient, gets vital signs and chief complaint, including reason for referral. c. Refers patient and gives OPD Chart to physician-in-charge.
OPD Nurse	3. a. Reviews referral slip. Gets patient's history, examines, evaluates and does work-up, diagnose and treats patient. b. Fills out return referral slip including clinical summary, work-ups done, medications and special instructions to the patient. c. Gives return referral slip and OPD records to OPD Nurse
OPD Physician-in-charge	4. a. Records findings in the referral registry. b. Explains instructions to patient and advises him/her to give return referral slip to referring health facility. c. Sends return referral slip to all health facilities bypassed by the patient.
Physician-in-charge	5. a. If the patient needs to be confined, accomplishes admitting history and PE, findings, doctor's order sheet and forwards it to the admitting section with the referral slip.
Ward Nurse	6. a. Upon discharge, prepares clinical summary to include special instructions, follow-up needed and accomplishes return referral slip. b. If patient is admitted due to notifiable disease, fills out referral form for epidemiologic surveillance/investigation and gives it to Ward Nurse.
Ward Nurse	a. Gives discharge instructions and advise to give back return slip to the referring facility b. Brings referral form to Provincial Epidemiologic Surveillance Unit (PESU) for notifiable diseases.



District Hospital Level (RHU, BHS to District Hospital)

Person Responsible	Action
Patient OPD nurse /nurse aid Resident on duty  OPD Nurse	<ol style="list-style-type: none"> <li>1. Gives referral slip to OPD nurse/nurse aid</li> <li>2.                         <ol style="list-style-type: none"> <li>a. Interviews patient, gets vital signs, prepares clinical record and give it to Resident on duty.</li> <li>b. Record referred case to the referral logbook.</li> </ol> </li> <li>3.                         <ol style="list-style-type: none"> <li>a. Get patient's history, do physical examination and workups and decide whether to admit or managed as OPD case, or referred to higher facility.</li> <li>b. If OPD, manages patient accordingly, fill up return slip and give it to the OPD nurse.</li> <li>c. If for admission, fills up admitting orders and endorse to OPD nurse.</li> </ol> </li> </ol>

Person Responsible	Action
Attending Resident Physician	<p>4 a. If OPD case, give treatment instructions per doctor's orders and advise to give return slip to the referring facility.</p> <p>b.If for admission, carries out initial physician's order, attach referral slip to chart and transport to ward.</p> <p>5.a. Manages the patient in the ward.</p> <p>b.Upon discharge, accomplishes return referral slip together with a complete clinical summary and special instructions. Give it to the ward nurse.</p> <p>b. If referral to higher facility,inform patient, fills up referral slip and inform the next facility.</p> <p>6. a.If for discharge,gives discharge instructions to include giving of return referral slip to thereferring facility.</p> <p>b. If for referral to higher facility, give instructions and arrange for ambulance service</p> <p>7.a. Records incoming and out-going referrals.</p> <p>b.Accomplishes quarterly report of referrals</p>
Ward Nurse.	
Medical Records Officer	

RHU Level (BHS to RHU)

Person Responsible	Action
Patient	<p>1. Gives referral slip to RHU midwife.</p> <p>2. Records patient in the referral logbook, gets vital signs and refer to the Public Health Nurse.</p>
RHU Midwife	
PHN	

Person Responsible	Action
MHO	3. Assess patient and manages if capable otherwise refer to the MHO. If capable treats patients, fills up return slip and instruct patient to give back to BHS midwife.
PHN	4. a. Assess patient and treats. Fills up return slip and give it to the PHN. b. If for referral to higher facility, fills up referral slip and give it to the PHN. 5. a. If manage by the MHO, give treatment instructions and to give return slip to the BHS. b. If for referral, instruct patient, inform next facility, arrange for transportation and somebody to accompany patient if necessary. c. Records all referrals d. Accomplish quarterly report of referrals. e. Submit report to IPHO.

#### Tertiary Level Hospital

Responsible Person	Action
Medical Specialist/ Department Head	4. Evaluates and decides to refer patient (note: <i>may coordinate with other health facility for networking</i> )
Resident Physician-in-charge	5. Prepares detailed and complete clinical summary, accomplishes referral slip including reason for referral and gives to the Ward Nurse.
Ward Nurse	6. Transcribes in nurse's notes and records in referral registry. 7. If necessary, arranges for ambulance conduction of the patient.
Nursing Attendant	8. Advises and explains instructions to patient/ patient's companion.

Responsible Person	Action
Billing Section	9. Brings patient's chart to billing section. 10. Computes bill of patient and refer patient to the cashier. 11. If patient is unable to pay, part or in full, refers patient to medical social worker. 12. Upon discharge, accomplishes return referral slip together with the detailed, complete clinical summary including special instructions. 13. Gives return referral slip/clinical summary to the referring hospital. 14. Advises patient regarding follow-up. 15. Sends back referral slip to RHU/BHS concerned.
Specialty Hospital/Higher Facility Physician	
Patient	
Referring hospital's physician	

Intra-Hospital Referral (Inter-Departmental Referral)

Responsibility	Action
Resident Physician-in-charge Senior Resident	1. Accomplishes inter-departmental referral slip. 2. Attaches laboratory and other diagnostic results, i.e. ECG, ultrasound, x-rays, etc. 3. Reviews referral slip and gives provisionary and differential diagnosis and reason for referral. 4. Approves referral slip. 5. Records referral in Patient's Chart (Nurses' notes). 6. Sends referral slip to the department's physician to whom the patient is being referred to. 7. Reviews referral slip/history of present illness, examines patient and evaluates together with the referring physician. 8. Records findings in the referral slip. 9. Makes appropriate
Medical Specialist	
Ward Nurse	
Resident Physician/Senior Resident	
Department to whom the patient is being referred to (Resident Physician or Senior Resident Physician)	

Responsibility	Action
Referring department's physician Referring department's Ward nurse	suggestions/recommendations. 10. Seeks approval suggestion/recommendation from medical specialist concerned. 11. Returns inter-departmental referral slip to referring department. 12. Notifies his/her Senior Resident/Medical Specialist of the result. 13. Carries out suggestions/recommendations and orders in the patient's chart. 13.a If patient needs to be transferred to the referred department, carries out physician's order. 13.b Records in patient's nurses notes. 13.c Notifies Senior Nurse. 13.d Transfers patient and does necessary endorsement of nurses' notes. 13.e Records patient in list of ward discharges.
Receiving department's Ward Nurse Receiving Department's Resident Physician Resident Physician in-charge	13.f Receives patient, enters in daily census, carries out physician's order and notifies resident physician. 13.g Reviews patient's records and notifies his/her senior resident/medical specialist. 14.h Records in inter-departmental registry logbook.



## RELEVANT POLICIES AND GUIDELINES

---

### GENERAL POLICIES AND GUIDELINES ON REFERRAL SYSTEM

1. Hospital and field health personnel are expected to maintain *proper decorum* at all times in their relationship with patients, relatives and with each other.
2. All employees/staff both in hospital and field health units shall be given proper *orientation and training* in the operationalization of the comprehensive referral system in the context of Local Area Health Zone.
3. Coordination and teamwork among all health providers shall serve as a common approach to attain overall goals and objectives. Referrals must have a *prior communication* in any form to the receiving facility (landline phone, mobile phone, radiophone).
4. Task at any level of health care facility shall be spelled out and mutually understood, reasonably quantified and actual performance evaluated regularly.
5. All patients shall be immediately attended to upon arrival, giving preference to emergency cases or seriously ill patients, at all levels.
6. A clear, written health referral policies and guidelines handbook shall be available at all levels of health facilities.

7. A two-way referral form/slip shall accompany patient being referred to next level of health facilities.
8. Essential drugs and medicines shall be available at any given time at all levels of health facilities.
9. A separate *logbook* shall be maintained for monitoring and evaluation of records of all patients.
10. Each level of health care unit shall maintain life saving equipment, drugs, medicines and supplies.
11. Services to be rendered to a patient shall depend on the facilities, capabilities and human resources.
12. Cases/patients that need services outside of identified services in the area should be referred to the next level of care where the services needed are available.
13. Referred patients are referred back to services/facilities where services are also available for follow-up and disposition.
14. Referral slip shall accompany the patient for referral. Vital data or information should be written on the referral slip.
15. Cluster BHSs and RHUs must refer to the core referral hospital of the ILHZ where they belong, unless again services are not available in the facility.
16. Patients may be conducted to and from health facilities using a service ambulance or whatever means of transportation is available. Ambulance fee must be determined and charged according to the capacity of the user/patient to pay

17. Referral may be facilitated through the use of radio communication, telephones, mobile phones, etc. Prior information of the referral must be communicated to the facility where the patient will be referred.
18. Two-way referral system must be observed. Return slips must be filled up completely and sent back to the referring facility upon patient's discharge, or after the patient was seen and managed.
19. In areas or ILHZ where there is no government hospital, networking with the private hospital facilities shall be done. Available services are determined and MOA between the private institution, municipal and provincial government should be undertaken.
20. Referral system shall take into consideration the general welfare of the patient and the referral facilities.
21. Continuous training and updating of capabilities of the health service providers shall be of utmost consideration.
22. The health districts / health zones shall impose the tax revenue code of the province.

#### **TECHNICAL POLICIES**

Issuances should be available on the following areas agreed upon by the Local Health Board:

- Accidents
- Gunshot wounds

- Stab wounds
- Action on rape cases
- Alcohol verification
- Drug test policy
- Autopsy for medico-legal cases
- Medical/physical examination
- Conduct of autopsy
  - a. Autopsy examination
  - b. Post-mortem examination

### **ADMINISTRATIVE POLICIES**

- Networking of health facilities within the ILHZ
- Use of transport – ambulance
- Transport of patient
- Extension of services outside the catchment area
- Attendance to medico-legal cases
- Issuance of medical certificate
- Attendance of court hearing of medico-legal cases

### **MEDICO-LEGAL POLICIES**

1. All requests for medico-legal examinations and issuances of Medico-Legal Certificate must be accompanied by an official request from the police authorities of the municipalities or barangays concerned.
2. In the absence of the medico-legal officer at the province, as a general rule, the MHOs are considered medico-legal officers of their own areas of responsibility.
3. Cases of rape and child abuse must be coordinated with the police authorities and DSWD.

4. All Resident Physicians and MHOs should be trained to handle rape cases.
5. All rape cases should be immediately referred to health facilities with physicians trained to handle rape cases.
6. Medico-legal request not within the capability of the MHO concerned should be immediately referred to the NBI together with corresponding reasons for referral.
7. In cases where the MHO of the area concerned is out of town and after all efforts to locate him/her have been exhausted, the MHO of the nearest municipality within the ILHZ must perform the examination requested, or the nearest accessible municipality not within the ILHZ, provided that there is an approval of the respective LGU.
8. All medico-legal cases 48 hours after the incident should be the responsibility of the MHO, unless the patient would need the services of the hospital for further evaluation and treatment.
9. Transport vehicle to fetch the MHO must be provided by the requesting parties concerned.
10. Medico-legal fees shall be paid to the MHO based on the rates provided by the Magna Carta for Public Health Workers, subject to the availability of funds, and the usual accounting and auditing rules and regulations from the municipality.
11. In some instances where there are no MHOs available in the area or ILHZ concerned, the Provincial Health Officer may, upon prior notice, direct any government physician, preferably with expertise on the case presented, to perform the required

examination. This is, however, subject to the presentation of a certification from the Office of the Local Chief Executive concerned that the subject MHOs are out of town or on official business.

12. All other policies not included herein in relation to the above-mentioned subject matter shall be referred to the Provincial Health Office/City Health Officer for evaluation and approval and subsequent inclusion in this general policy guideline on referral of medico-legal cases.

## MONITORING AND EVALUATION

---

### MONITORING AND EVALUATION ACTIVITIES

The manner by which the referral system is being implemented is monitored and evaluated periodically.

It is important to determine the proper persons responsible for this particular task. The following health personnel may be designated for the corresponding level of health facility:

- Barangay Health Station – Rural Health Midwife
- Rural Health Unit – Public Health Nurse or Rural Health Midwife
- Hospital – Emergency Room Nurse on duty and Ward Nurse on duty

An *information system* is developed to track movement of patients from health facility or department (in case of intra-hospital referrals in tertiary hospital). See Figures 8 – 11 on pages 55 – 58 for the monitoring forms.

These reports will be submitted to the ILHZ or District Health Team, or to the Provincial Health Office where a *Monitoring and Evaluation Team* has been organized and designated to review and assess referrals. The mode of review is up to the discretion of the Monitoring and Evaluation Team. This may be through random review and field visits for validation. Other teams may suggest periodic conferences for participating health facilities where they can meet and socialize.

## CRITERIA FOR EVALUATION

Some *qualitative* parameters to gauge the referral system are:

- Efficiency
- Effectiveness
- Accessibility
- Appropriateness
- Responsiveness
- Good interpersonal relationship

Three *objective indices* of the referral system's success or failure may be utilized:

- **Volume** of referrals – the number of referrals to and from the various participating health care facilities.
- **Outcome** of the referrals – the proportion of satisfactory outcomes compared to inadequate and unsatisfactory outcomes.
- The **nature of problems** and **services** extended to patients referred in the participating agencies.
- Increased **utilization rate** of the health facilities (especially the lower levels)





**Figure 10. Quarterly Report Form for Outgoing Referrals**

AGE	SEX		MUNICI- PALITY/ BARANGAY	REFERRED TO	SPECIFIC REASON FOR REFERRAL						CLASSIFICATION OF CASE			RE- MARKS
	M	F			MEDICO - LEGAL	ADMIS- SION (for hospital only)	OPD CASE	O T H E R	M E D	P E D	OB- GYNE	SUR- GERY	O T H E R	
Below 1 yr														
1 - 4 yr														
5 - 14 yr														
15 - 19 yr														
20 - 64 yr														
65 yr & above														

**TOP TEN LEADING REFERRED CASES (For All Facilities)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**No. of Cases**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Total Number of Referred Cases: \_\_\_\_\_  
 Total Number of PHIC Patients: \_\_\_\_\_

Prepared By: \_\_\_\_\_  
 (Printed name and signature)

Approved By: \_\_\_\_\_  
 (Printed name and signature)

**Figure 11. Quarterly Report Form for Incoming Referrals**

AGE	SEX		MUNICI- PALITY// BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE					R E M A R K S
	M	F			MEDICO - LEGAL	ADMIS- SION (for hospital only)	OPD CASE	O T H E R	M E D	P E D	OB- GYNE	SUR- GERY	O T H E R	
Below 1 yr														
1 - 4 yr														
5 - 14 yr														
15 - 19 yr														
20 - 64 yr														
65 yr & above														

TOP TEN LEADING REFERRED CASES (For All Facilities)

No. of Cases

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Total Number of Referred Cases: \_\_\_\_\_

Total Number of PHIC Patients: \_\_\_\_\_

Prepared By:

\_\_\_\_\_  
(Printed name and signature)

Approved By:

\_\_\_\_\_  
(Printed name and signature)

**Annex 1.**

**Workshop on Strengthening Referral System  
Leisure Coast Resort, Dagupan City  
July 22-23, 2002**

**LIST OF PARTICIPANTS**

<b>Name</b>	<b>Office/Designation</b>
Dr. Nemesia Y. Mejia	PHO II
Ms. Flordeliza Bernabe	Nurse II – PHO
Ms. Ruby Doria	Nurse II – PHO
Ms. Luzviminda Muego	PPO
Ms. Doris Caronongan	PPO
Dr. Nicolas Guiang	Municipal Health Officer – Burgos
Ms. Rosita Vilano	Rural Health Midwife – Alaminos City
Dr. Glorioso Maramba	Chief of Hospital – WPDH
Ms. Jessica Lim	DNS – MDH
Ms. Evelyn Bimbo	Clerk – WPDH
Dr. Antoinette Rico	Municipal Health Officer – Labrador
Dr. Wilma Peralta	Municipal Health Officer – Aguilar
Ms. Evelyn Villanueva	Rural Health Midwife – Aguilar
Ms. Cynthia Rosario	DNS – MDH
Ms. Amelia Jaray	Clerk – MDH
Dr. Ofelia Rivera	Municipal Health Officer – Mangaldan
Ms. Vicky Sotto	Population Officer – Mangaldan
Ms. Joy Mendoza	Public Health Nurse – Calasiao
Ms. Anselma Nabua	Rural Health Midwife – San Fabian
Dr. Edwin Guinto	CHO – San Carlos City
Dr. Marion De Guzman	Chief of Hospital – PPH
Ms. Estrella Frias	Chief Nurse – PPH
Ms. Jean Babalu	Clerk - PPH

Continuation: Annex 1

Name	Office/Designation
Dr. Alfredo Laguardia	Municipal Health Officer – Bautista
Mr. Joey Abiang	Public Health Nurse – Alcala
Ms. Rosie Rivera	Rural Health Midwife – Sto. Tomas
Dr. Nicolas Miguel	Chief of Hospital – BDH
Ms. Nelly Reginaldo	Chief Nurse – BDH
Ms. Myrna Payumo	Clerk – BDH
Dr. Hian Kiat Dy	Municipal Health Officer – Villasis
Ms. Luzviminda Calimlim	Public Health Nurse – Pozorrubio
Ms. Cristina Trinidad	Rural Health Midwife – Urdaneta City
Dr. Edwin Murillo	Chief of Hospital – UDH
Ms. Mariell Mayo	Chief Nurse – UDH
Ms. Erlinda Barrientos	Clerk – UDH
Dr. Ingrid Gancia	Municipal Health Officer – Rosales
Ms. Grace Romero	Public Health Nurse – San Quentin
Ms. Analiza Pastillero	Rural Health Midwife – Natividad
Dr. Jovencio Tumbaga	Chief of Hospital – EPDH
Ms. Sally Mateo	Chief Nurse – EPDH
Ms. Lourdes Navarro	Clerk – EPDH
Dr. Jackson Soriano	Chief of Clinics – RIMC
Ms. Marlene Manalo	Medical Records Officer – RIMC
Ms. Adelyn Narvas	Clerk – PPO
Mr. Eugenio Carlos Paragas	Nurse I – PHO
Ms. Regilina Perez	SI – PHO
Ms. Loida Episcope	PPO
Mr. Henry Mellido	PPO

**Annex 2:**

**DIRECTORY OF PARTICIPATING HEALTH FACILITIES**

*Palaris Health Zone*

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Pangasinan Provincial Hospital	---, San Carlos City	-----, MD (Chief of Hospital)	
Binmaley Rural Health Unit 1			
Binmaley Rural Health Unit 2			
Calasiao Rural Health Unit 1			
Calasiao Rural Health Unit 2			
Mangaldan ural Health Unit 1			
Mangaldan ural Health Unit 2			
San Fabian Rural Health Unit 1			
San Fabian Rural Health Unit 2			
San Jacinto Rural Health Unit			
Mapandan Rural Health Unit			
Sta. Barbara Rural Health Unit 1			
Sta. Barbara Rural Health Unit 2			

(continuation, Palaris Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Malasiqui Rural Health Unit 1			
Dagupan City Health Office (?)			
Dagupan City Health Office (?)			
San Carlos City Health Office (?)			

*Manleluag Health Zone*

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Mangatarem District Hospital	---, Mangatarem	-----, MD (Chief of Hospital)	
Aguilar Rural Health Unit			
Bugallon Rural Health Unit 1			
Bugallon Rural Health Unit 2			
Labrador Rural Health Unit			
Lingayen Rural Health Unit 1			
Lingayen Rural Health Unit 2			
Lingayen Municipal Hospital			

(continuation, Manleluag Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Mangatarem Rural Health Unit 1			
Mangatarem Rural Health Unit 2			
Urbiztondo Rural Health Unit			

*Hundred Islands Health Zone*

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Western Pangasinan District Hospital		----, MD (Chief of Hospital)	
Agno Rural Health Unit 1			
Agno Rural Health Unit 2			
Alaminos Rural Health Unit 1			
Alaminos Rural Health Unit 2			
Anda Rural Health Unit			
Bani Rural Health Unit 1			
Bani Rural Health Unit 2			

(continuation, Hundred Islands Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Bolinao Rural Health Unit 1			
Bolinao Rural Health Unit 2			
Bolinao Medicare Hospital			
Burgos Rural Health Unit			
Dasol Rural Health Unit			
Dasol Community Hospital			
Infanta Rural Health Unit			
Mabini Rural Health Unit			
Sual Rural Health Unit			
Figueroa's Clinic	---, Agno		
C.M. San Juan Clinic	---, Agno		
<i>Alaminos Doctors Hospital</i>	---, Alaminos		
Blessed Mother Maternity Clinic,	---, Alaminos		
Alaminos Mother and Child Clinic	---, Alaminos		

(continuation, Hundred Islands Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Oudlmed Clinic	---, Alaminos		
Children's Clinic	---, Alaminos		
Perpetual Clinic	---, Alaminos		
Ranoy's Maternity	---, Alaminos		
Diego EENT Clinic	---, Alaminos		
C and H Medical- Surgical Clinic	---, Alaminos		
Radoc's Children's Clinic	---, Alaminos		
Comprehensive Chld Clinic	---, Alaminos		
Pangan's Clinic	---, Alaminos		
LM Physical Therapy Clinic	---, Alaminos		
De Castro Clinic	---, Alaminos		
Montemayor's Diagnostic Clinic	---, Alaminos		
Formento's EENT Clinic	---, Alaminos		
Cuison's Clinic	---, Alaminos		
Mendoza's Clinic	---, Alaminos		

*Mangabul Health Zone*

<b>Health Facility</b>	<b>Address (Postal, Email)</b>	<b>Contact Person(s)</b>	<b>Contact # (Landline, Mobile)</b>
Bayambang District Hospital		---, MD (Chief of Hospital)	
Bayambang Rural Health Unit 1			
Bayambang Rural Health Unit 2			
Basista Rural Health Unit			
Bautista Rural Health Unit			
Alcala Rural Health Unit			
Sto. Tomas Rural Health Unit			
Sto. Nino Hospital			
San Juan Bautista Hospital			

*Layug Health Zone*

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Eastern Pangasinan District Hospital		---, MD (Chief of Hospital)	
Balungao Rural Health Unit			
Umingan Rural Health Unit 1			
Umingan Rural Health Unit 2			
Umingan Medicare Hospital			
Rosales Rural Health Unit			
Sta. Maria Rural Health Unit			
Natividad Rural Health Unit			
San Nicolas Rural Health Unit			
Zambrano Medical Clinic			
Acosta Dental Clinic			
San Antonio de Padua General Hospital			
Maling Medical Clinic			
Fabros Medical Clinic			

*(continuation, Layug Health Zone)*

<b>Health Facility</b>	<b>Address (Postal, Email)</b>	<b>Contact Person(s)</b>	<b>Contact # (Landline, Mobile)</b>
Eastern Medical Clinic			
Del Carmen Hospital			
Banez Clinic			
Posadas Clinic			
Segui Clinic			
Subido- Posadas Clinic			
Cabanayan Clinic			
Camba Clinic			
Mendoza- Castaneto Clinic			
Mercado Clinic			
Reyes Clinic			
Doria Clinic			
Mellanes Clinic			
Abellanes Clinic			
Arqueros Clinic			
Holy Family Clinic			
Polyclinic Hospital			

(continuation, Layug Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Polyclinic Hospital			
Saint Claire Clinic			
Badua-Carlos Clinic			
Fernandez Clinic			
Ordonez Clinic			
Gudal Clinic			
Tayug Parry Clinic			

***Pilgrims Health Zone***

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Urdaneta District Hospital		---, MD (Chief of Hospital)	
Asingan Rural Health Unit 1			
Asingan Rural Health Unit 2			
Asingan Medicare Hospital			
Binalonan Rural Health Unit			
Laoac Rural Health Unit			

(continuation, Pilgrims Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Manaoag Rural Health Unit			
Manaoag Community Hospital			
Pozorrubio Rural Health Unit			
Pozorrubio Community Hospital			
San Manuel Rural Health Unit			
Sison Rural Health Unit			
Urdaneta City Health Office, Health Center 1			
Urdaneta City Health Office, Health Center 2			
Villasis Rural Health Unit			
Don Amadeo Perez Memorial General Hospital			
St. Tomas Aquinas Hospital			
Rosario Raballa Hospital			

(contuniation, Pilgrims Health Zone)

Health Facility	Address (Postal, Email)	Contact Person(s)	Contact # (Landline, Mobile)
Farnacio Family Clinic			
Prudencio Hospital			
Castaneto Family Clinic,			
C and D Family Clinic			
Don Laureano Perez, Sr. Memorial Clinic			
F.B. Asuncion Medical Clinic			
Urdaneta Sacred Heart Hospital	---, Urdaneta City		
Divine Mercy Polyclinic			
Torbela Clinic			
Holy Child Hospital			
Francisco Clinic			
Villasis Polymedic Trauma Center	---, Villasis		
Dr. Reynaldo Ordong Memorial Clinic			
Nario Clinic			

### Annex 3. CLASSIFICATION OF DISEASES

**Primary care** – refers to services rendered to an individual in fair health and the patient with a disease in the early symptomatic stage. There is really no need for consultation with the specialists unless a problem arises in the diagnosis and treatment. This type of service may be rendered by *health centers*.

<b>Medical</b>	<b>Minor Operations</b>
<ul style="list-style-type: none"> <li>• Anemia, iron deficiency and nutritional</li> <li>• Anxiety reactions</li> <li>• Allergic reactions</li> <li>• Acid peptic disease, mild</li> <li>• Bronchial asthma, mild; acute bronchitis</li> <li>• Diarrheal diseases, controllable</li> <li>• Gastritis, acute</li> <li>• Influenza</li> <li>• Intestinal parasitism</li> <li>• Migraine, tension headache</li> <li>• Myalgias</li> <li>• Pulmonary tuberculosis</li> <li>• Scabies</li> <li>• Sexually transmitted diseases</li> <li>• Upper respiratory tract infection, mild</li> <li>• Glomerulonephritis</li> <li>• Mild hypertension</li> <li>• Viral exanthems without complications</li> </ul>	<ul style="list-style-type: none"> <li>• Excision</li> <li>• Excision biopsy</li> <li>• Incision biopsy</li> <li>• Incision and drainage</li> <li>• Suturing</li> <li>• Circumcision</li> <li>• Extraction of foreign body</li> <li>• Cauterization of wart</li> <li>• Ungiectomy</li> <li>• Episiotomy and repair</li> </ul>

**Secondary care** – refers to service rendered to patients in the symptomatic stage of disease, which requires moderately specialized knowledge and technical resources for adequate treatment.

<b>Medical</b>	<b>Medium Operations</b>
<ul style="list-style-type: none"> <li>• Acid peptic disease, uncontrolled</li> <li>• Acne</li> <li>• Alcoholic cirrhosis</li> <li>• Amoebiasis</li> <li>• Anemia, etiology undetermined</li> <li>• Angina pectoris</li> <li>• Arthritis</li> <li>• Completed strokes</li> <li>• Chronic lung disease</li> <li>• Exfoliative dermatitis</li> <li>• Malaria</li> <li>• Obesity/underweight</li> <li>• Psoriasis</li> <li>• Diabetes mellitus, uncomplicated</li> <li>• Fever of unknown origin</li> <li>• Schistosomiasis</li> <li>• Viral hepatitis</li> <li>• Pneumonia</li> </ul>	<ul style="list-style-type: none"> <li>• Chest tube thoracostomy</li> <li>• Revision of thoracostomy</li> <li>• Thoracentesis</li> <li>• Paracentesis</li> <li>• Herniorrhaphy</li> <li>• Appendectomy (uncomplicated)</li> <li>• Hemorrhoidectomy</li> <li>• Proctosigmoidoscopy (with or without biopsy)</li> <li>• Closed reduction</li> <li>• Closure of wound dehiscence</li> <li>• Debridement</li> <li>• Caesarian section</li> <li>• Dilatation and curettage</li> <li>• BTL</li> <li>• Vasectomy</li> <li>• Exploratory laparotomy</li> </ul>

**Tertiary care** – includes the levels of disease, which are seriously threatening the health of the individual and require highly technical and specialized knowledge, facilities and personnel.

<b>Medical</b>	<b>Major Operations</b>
<ul style="list-style-type: none"> <li>• Arrhythmias</li> <li>• Arteriosclerotic heart disease</li> <li>• Bell's palsy</li> <li>• Blood dyscrasia</li> <li>• Bleeding peptic ulcer</li> <li>• Bronchogenic carcinoma</li> <li>• Bronchial asthma, severe or status asthmaticus</li> <li>• Cholera</li> <li>• Cerebrovascular disorders, in evolution</li> <li>• Congenital health disease</li> <li>• Congestive heart failure, all causes</li> <li>• Cor pulmonale</li> <li>• Diffuse non-toxic goiter</li> <li>• Diffuse toxic goiter</li> <li>• Diabetes mellitus, with complications</li> <li>• Glomerulonephritis, with complications</li> <li>• Hepatoma</li> <li>• Hypertension, uncontrolled</li> <li>• Hypertensive heart disease</li> <li>• Hyperthyroidism</li> <li>• Malignancy</li> </ul>	<p><b>General Surgery</b></p> <ul style="list-style-type: none"> <li>• Head and Neck</li> <li>• Breast</li> <li>• Esophagus, Stomach, Duodenum and Small Intestine</li> <li>• Colon, Rectum and Anus</li> <li>• Complicated Appendix</li> <li>• Hepatobiliary, Gall Bladder, Pancreas, Spleen, and Portal Hypertension</li> <li>• Trauma</li> <li>• Catheter Insertion (CVP, subclavian, femoral/jugular)</li> <li>• Cutdown (peripheral, jugular)</li> <li>• Peritoneal dialysis catheter insertion/revision/removal</li> <li>• Percutaneous aspiration of abscess</li> <li>• Upper GI Endoscopy (with or without biopsy)</li> <li>• Revision of Scar</li> </ul> <p><b>Neurosurgery</b>  <b>Thoraco-Vascular Surgery</b>  <b>Plastic and Reconstructive Surgery</b></p>

<b>Tertiary Care</b>	
<b>Medical</b>	<b>Major Operations</b>
<ul style="list-style-type: none"> <li>• Poisoning</li> <li>• Pott's disease</li> <li>• Pyelonephritis</li> <li>• Salmonellosis, complicated</li> <li>• Nodular non-toxic goiter</li> <li>• Nodular toxic goiter</li> <li>• Rheumatic heart disease</li> <li>• Seizure disorder</li> <li>• Urinary tract infection, complicated, severe</li> <li>• Endocrine and metabolic disorders</li> </ul>	<p><i>Pediatric Surgery</i>  <i>Orthopedic Surgery</i>  <i>Urology</i>  <i>Hernia</i>  <b>Complicated Hernias and Retroperitoneum</b>  <b>Anal Surgery</b>  <b>OB-GYN Surgery</b>  <b>EENT Surgery</b></p>

A patient in secondary or tertiary care may be reclassified to primary care when controlled, all workup done and there is no more perceived problem.

## REFERENCES

---

Manual of the Local Health Referral System, 2001, Department of Health Integrated Community Health Services Project (ICHSP), Manila, Philippines.

Health Referral System Strengthening Workshop in Pangasinan, 2002, Management Sciences for Health – Health Sector Reform Technical Assistance Project (MSH – HSRTAP), Manila.

The Referral System Researches Volume 2 (Creating Models: A Health Referral System Study), 2001, Pasay City Health Office, Pasay City General Hospital, UP – Philippine General Hospital, ARCI Cultura e Sviluppo, Italian Cooperation for Development, Manila.

Ugnayan para sa Kalusugan: The Philippine General Hospital Networking Manual, 1999, University of the Philippines – Philippine General Hospital, Manila.