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



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NEGROS ORIENTAL HEALTH REFERRAL MANUAL

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FOREWORD

This manual was formulated to provide helpful guidelines concerning Health Care Management and Operations. This was borne out of the collective thoughts, experiences and consensus of its developers.

The health care delivery system is affected by a multiplicity of factors, both intrinsic and extrinsic. There is a strong need to correct some of the aberrations wrought by devolution, one of which is the breakdown of the referral system.

This handbook on the Health Referral System is intended to serve as a guide for the Negros Oriental Health Systems operated by the Local Government Units (LGUs). It shall assist the public health workers and hospital medical and paramedical staff in the provision of accessible, appropriate and prompt health interventions through a smooth operationalization of the referral system.

The health referral system developed in this manual shall enhance the operation of the Inter-Local Health Zone (ILHZ) System and the Sentrong Sigla Program. Standard criteria and procedures of the Bureau of Licensing and Regulations, Hospital Operation and Management, and Public Health Programs of the Department of Health were adopted. Available World Health Organization (WHO) guidelines on health referral were likewise adopted. The rich experiences of the health managers and their staff contributed greatly to the development of strategies for the efficient and effective delivery of health services to the population.

ACKNOWLEDGEMENT

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Likewise, our grateful appreciation to:

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Reserving the best for last, our utmost gratitude to the Almighty, Whose divine providence made all these possible.

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* 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/sophisticated diagnostic/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 have capacities to provide specialized forms of treatment and general surgical procedures.

Second-Level Referral Hospital – provides hospital care to most kinds of diseases and have the capacities 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

ARI	Acute Respiratory Infection
BCG	Bacillus Calmette Guerin
BHS	Barangay Health Station
BHW	Barangay Health Worker
BP	Blood Pressure
CBC	Complete Blood Count
CBRS	Community-Base Referral System
CDD	Control of Diarrheal Diseases
CHD	Center for Health Development
COH	Chief of Hospital
CVD	Cardio-Vascular Diseases
D and C	Dilatation and Curettage
DOA	Dead on Arrival
DPT	Diphtheria Pertussis Tetanus
DOH	Department of Health
DR	Delivery Room
Dx	Diagnosis
EENT	Eye, Ear, Nose and Throat
ER	Emergency Room
FP	Family Planning
HSRA	Health Sector Reform Agenda
ICU	Intensive Care Unit
IDA	Iron Deficiency Anemia
IDD	Iodine Deficiency Anemia
IEC	Information, Education and Communication
ILHZ	Inter-Local Health Zone
IPHO	Integrated Provincial Health Office
IVP	Intravenous Pyelography
KUB	Kidney Ureter Bladder
LCE	Local Chief Executive
LGU	Local Government Unit

LHB	Local Health Board
MHO	Municipal Health Officer
MOA	Memorandum of Agreement
NOD	Nurse on Duty
NOPH	Negros Oriental Provincial Hospital
NTP	National Tuberculosis Program
OPD	Outpatient Department
OPT	Operation Timbang
PHIC	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PHO	Provincial Health Officer
RHM	Rural Health Midwife
RHU	Rural Health Unit
ROD	Resident on Duty
RSI	Rural Sanitary Inspector
SB	Sangguniang Bayan
SP	Sangguniang Panlalawigan
SS	Sentrong Sigla
STD	Sexually Transmitted Disease
TAHBSO	Total Abdominal Hysterectomy Bilateral Salpingo Oophorectomy
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
Tx	Treatment
VAD	Vitamin A Deficiency
WHO	World Health Organization

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INTRODUCTION

In the Inter-Local Health Zone, the Referral System is one of the most important subsystems that should be developed and improved. A standardized Referral System to guide all stakeholders will surely restore order in the delivery of health care services will surely restore order that was disrupted as a result of devolution.

Different levels of care require different packages of services provided by caregivers. All health personnel and the community must be aware and informed of these packages of services.

The spectrum of diseases confronting the health workers ranges from the simplest or most common everyday ailments to the most complicated, complex and life-threatening conditions. Such diversity requires different health services and health care facilities. To be able to respond adequately and efficiently to various conditions or situations, health facilities, coupled with the appropriate capabilities, should be made available.

As a consequence of devolution, Local Government Executives now have the twin responsibilities of political administrator and economic/service manager. This new role requires the use of fresh strategies to keep pace with the growing demand for services. Health care is one of the immediate concerns that need maximization of the local governments' very limited resources. A workable referral system within the context of District or Inter-Local Health Zone System is the most logical strategy to achieve effective quality health care delivery.

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THE REFERRAL SYSTEM

DEFINITION OF REFERRAL SYSTEM

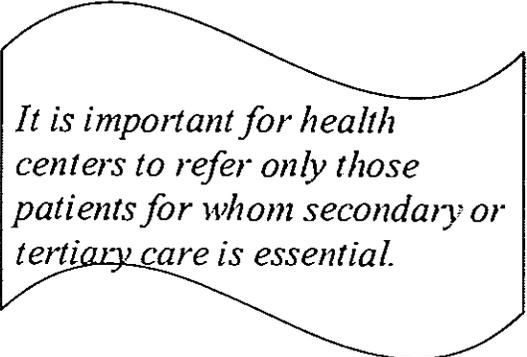
Referral is a set of activities undertaken by a health care provider or facility in response to its inability to provide the necessary intervention of patients' need, whether it is a real or just a perceived need. In its wider context, this includes referral from the community level to the highest level of care and back (*two-way referral system*) and within the health facility internal system (RHUs/CHOs and hospitals). 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 two-tiered 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.

For the referral system to function, the all levels of health facilities 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 based on perceived inadequacy in the lower levels will perpetuate 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.

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 as in extreme emergencies, geographical locations and cost of transportation.

The hospital, on the other hand, shall ensure that referrals coming from health centers receive prompt attention and referred back upon discharge to the referring facility. The two way process in the referral system occurs during admission and patient's discharge where communication and information of patient's condition is known. This also involves cooperation and coordination of health centers and hospitals.

And to ensure continuity of treatment especially in diseases whose etiologies are of public health importance such as communicability or the ones causing disability. For the referral system to be truly functional, the different levels or components of health care delivery must adhere to a set of guidelines agreed upon by all stakeholders in the ILHZ.

TYPES OF REFERRALS

The following are the conventional approaches to referrals:

External –patient/ client referral outside of the health facility to another health facility

Vertical – patient/client referral from lower to higher-level facility such as BHS to RHU, RHU to District Hospital and vice versa.

Horizontal – patient/client referral between same level facilities such as RHU to RHU or District Hospital to another District Hospital. This usually happen when a certain health provider is not available in the referring facility.

Internal – This is usually within the health facility and from one health personnel or hospital department to another (that is, doctor to doctor, resident to specialist, OPD to Laboratory 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 the integrating mechanism of the health facilities in an ILHZ but often identified as one of the weakest links. 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 technically and administratively linked to the Provincial Health Office. The details of such 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 ideal framework for an effective referral system that will create an immediate impact on the delivery of accessible quality health services to the poor.

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 the 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

Figure 1, page 12 shows the participating government and private health care facilities.

Vale Dalan Sa Dacong Bulan Inter-Local Health Zone

Government Facilities

1. Negros Oriental Provincial Hospital
 - Talay Mental Treatment and Rehabilitation Center
 - Diagnostic Center
 - Dialysis Center
2. Dumaguete City Health Office
3. Dauin RHU
4. Bacong RHU

5. Valencia RHU
6. Amlan RHU
7. Sibulan RHU
8. San Jose RHU

Private Facilities

9. Silliman University Medical Center Foundation, Inc., Dumaguete City
10. Holy Child Hospital, Dumaguete City
11. TB Pavilion, Dumaguete City
12. Marina Clinic, Dauin

Siazam Inter-Local Health Zone

13. CLLMMH, Siaton
14. Siaton RHU
15. Zamboanguita RHU

Mama Bata Pa Inter-Local Health Zone

17. Bais District Hospital, Bais City
18. Mabinay Medicare Hospital
19. Inapoy Community Primary Hospital
20. Bais City Health Office
21. Tanjay RHU I
22. Tanjay RHU II
23. Pamplona RHU
24. Manjuyod RHU
25. Mabinay RHU I
26. Mabinay RHU II

CVGLJ Inter-Local Health Zone

26. CVGLJ District Hospital, Guihulngan
27. Canlaon Primary Hospital, Canlaon City
28. Luz-Sikatuna Primary Hospital, Guihulngan
29. Canlaon City Health Office
30. Guihulngan RHU I
31. Guihulngan RHU II

- 32. La Libertad RHU
- 33. Pacuan Primary Hospital, La Libertad
- 34. Jimalalud RHU
- 35. Vallehermoso RHU
- 36. Private – Franciscan Mountain Clinic

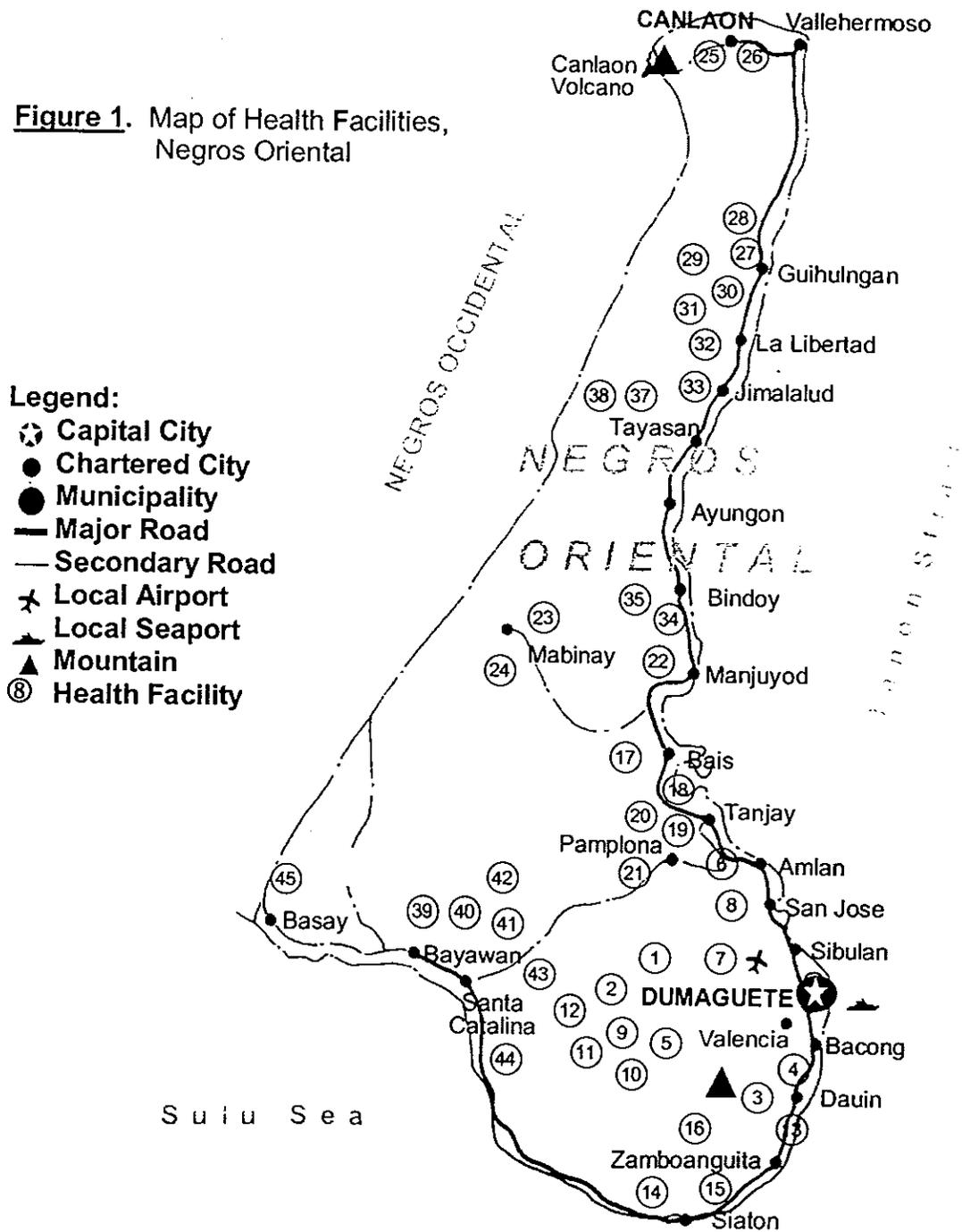
BINATA Inter-Local Health Zone

- 37. Bindoy District Hospital
- 38. Bindoy RHU
- 39. Ayungon RHU
- 40. Tayasan RHU
- 41. Nabilog Primary Community Hospital, Tayasan

STA. BAYABAS Inter-Local Health Zone

- 42. Bayawan District Hospital, Bayawan City
- 43. Bayawan RHU I
- 44. Bayawan RHU II
- 45. Kalumbuyan Primary Community Hospital, Bayawan
- 46. Sta. Catalina RHU
- 47. Amio Primary Community Hospital, Sta. Catalina-
- 48. Basay RHU

Figure 1. Map of Health Facilities, Negros Oriental



Legend:

- ⊛ Capital City
- Chartered City
- Municipality
- Major Road
- Secondary Road
- ✈ Local Airport
- ⚓ Local Seaport
- ▲ Mountain
- Ⓢ Health Facility

PACKAGES OF HEALTH SERVICES
Barangay Health Station (BHS) Level

Services	Programs and Activities
<i>Maternal and Child Care</i>	Prenatal; Childbirth; Postpartum
<i>Immunization</i>	BCG, DPT, OPV, Hepatitis Vaccine, Tetanus Toxoid, Measles, Anti-Rabies Vaccine
<i>Reproductive Health/ Family Planning</i>	IEC Pap smear collection Family planning methods Family planning counseling
<i>Environmental Sanitation</i>	Sanitation and waste disposal; Food safety; Safe water
<i>Nutrition</i>	Operation <i>timbang</i> (OPT); Food/Nutrition supplementation; Micronutrients supplementation; Nutrition education
<i>Essential Individual Clinical Services</i>	Maternal and Child Health – prenatal, childbirth and postpartum Acute childhood and malnutrition-exacerbated illnesses -- Diarrhea, ARI, Measles, Malaria, Dengue Non-communicable – Blindness Prevention Program, CVD Program, Cancer Prevention Control Communicable – Tuberculosis, Leprosy, Rabies Control Dental Health; Mental health
<i>Basic Laboratory Services</i>	Pregnancy Test; Sputum Collection/Examination
<i>Minor Surgeries</i>	Circumcision, Non-life threatening injuries
<i>School-Based Services</i>	Reproductive health Education and information Smoking, alcohol abuse and drug dependence Psychological health Oral health

Rural Health Unit (RHU) and City Health Office (CHO) Level

Services	Programs and Activities
<i>Immunization</i>	BCG, DPT, OPV, Measles Vaccine, Hepatitis B Vaccine, Tetanus Toxoid, Human Anti-Rabies Vaccine
<i>School-Based Services</i>	Reproductive health education and information Smoking, alcohol abuse and drug dependence; Mental health Oral health; Physical examination of teachers and students Issuance of medical certificates to teachers and students

Continued, Rural Health Unit (RHU) and City Health Office (CHO) Level

Services	Programs and Activities
<i>Reproductive Health/ Family Planning</i>	Treatment of sexually transmitted diseases; Pap smear Family planning methods; Pre-marriage counseling Counseling (troubled couples)
<i>Nutrition</i>	Operation <i>timbang</i> (OPT) Food/nutrition supplement; Micro-nutrients supplement Malnutrition-related disorder identification Mother craft; 20 HH study group
<i>Environmental Health Protection</i>	Sanitation (integrated solid waste management) Food safety – food handlers' class Safe water supply; Toilet construction Coastal management; Air/water/noise pollution control Issuance of Health Certificate and sanitary permit SWPD – solid waste management
<i>Basic Laboratory Services</i>	Urinalysis; BSMP (Blood Smearing for Malaria parasite) CBC; Pregnancy test; Stool examination; Sputum examination Skin slit examination Malarial smear; Gram stain; Wet smear; Pap smear; Sperm analysis
<i>Essential Individual Services</i>	Maternal and Child Health – prenatal, childbirth, post-partum, initiate breast feeding Acute childhood and malnutrition-exacerbated illnesses – Diarrhea, ARI, Measles, Malaria, Dengue, Filariasis Non-communicable – Degenerative Diseases, CVD Program, Nephrology, Cancer Control, Mental Health Communicable – Tuberculosis, Leprosy, Rabies Control
<i>Dental Health</i>	Tooth extraction; Prophylaxis; Fluoridization; Fillings/Sealant
<i>Mental Health</i>	Counseling; Management of violent cases

<i>Social Hygiene Clinic</i>	Monthly check-up of GROs
<i>Minor Surgeries</i>	Circumcision; Non-Life Threatening Injuries
<i>Medico-Legal</i>	
<i>Physical Therapy</i> (Community-Based Rehabilitation Program)	
<i>Morbid Consultation and Treatment</i>	

District Hospitals

<i>Administrative Service</i>	Clinical/Medical Services
<ul style="list-style-type: none"> • <i>Nursing Service</i> • <i>Dietary Service</i> • <i>Ambulance Services</i> • <i>Maintenance, Engineering and Housekeeping Services</i> 	<ul style="list-style-type: none"> • <i>Pediatrics</i> - <i>New Born Screening</i> • <i>Obstetrics and Gynecology</i> • <i>Internal Medicine</i> - <i>Physical Therapy</i>
<i>Ancillary Services</i> Anesthesia Radiology Laboratory (serology, bacteriology, sputum examination, cross-matching) Dental Pharmacy ER/Admitting OPD Medical Records Medical Social Worker	<i>Surgery</i> - major/minor <ul style="list-style-type: none"> • Thoracostomy • Close reduction • Herniorrhaphy • Caesarian section • Dilatation and curettage • Appendectomy • Hemorrhoidectomy • Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO) • Pelvic laparotomy • Exploratory laparotomy • Sterilization - non-scalpel vasectomy - bilateral tubal ligation

Negros Oriental Provincial Hospital (NOPH)
 Authorized bed capacity: 250 ___ beds

<i>Administrative Service</i>	Clinical/Medical Services
<i>Nursing Service</i>	<i>Pediatrics</i>
<i>Dietetic Service</i>	OB-GYN
<i>Dental Health Services</i>	<i>Internal Medicine (Subspecialties: Pulmonary Medicine, Nephrology)</i>
<i>Ambulance Services</i>	
<i>Maintenance, Engineering and Housekeeping Services</i>	<i>Rehabilitation Medicine (Mental Rehabilitation, Physical Therapy)</i>
<i>Medical Ancillary Services</i> Laboratory Radiology Pharmacy Anesthesia ER OPD Medical Records	Pathology
	<i>Anesthesiology</i>
	<i>Surgery - major/minor (Subspecialties: Orthopedics, Urology, Head and Neck Surgery, Neurosurgery, Ophthalmology, EENT)</i>
	<i>Radiology and Ultrasonography (CT Scan, UGIS, IVP, Barium Enema) Diagnostics: Mammography, treadmill, ultrasound, CT-Scan, UGIS, Barium Enema LGIS, Plain KUB, Intravenous Pyelography</i>

Table 1. Infrastructure Component of Participating Health Facilities

Health Facility	Category, Number of Beds	Communication	Transport, Other Remarks
Negros Oriental Provincial hospital (NOPH)	Tertiary 250 beds	Telephone - 8 Radiophone - 1 Computer - 4	Ambulance - 2 Other vehicle - 1 Water not potable in some hospital Source of power fluctuating but there is a standby generator
Silliman University Medical Center	Tertiary 100 beds		Ambulance - 1 Other vehicle - 1
Holy Child Hospital	Tertiary 85 beds		Ambulance - 1 Other vehicle - 1
CLLMMH	Secondary 25 beds	None	Ambulance - 1
Bais District Hospital	Secondary 50 beds	Telephone Radiophone	Ambulance - 1
CVGLJ District Hospital	Secondary 50 beds	Telephone Radiophone	Ambulance - 1
Canlaon Primary Hospital	Primary 10 beds	Radiophone	Ambulance - 1
Pacuan Primary Hospital	Primary 10 beds		Ambulance - 1
Luz-Sikatuna Primary Hospital	Primary 10 beds		Ambulance - 1
Bindoy District Hospital	Secondary 25 beds	Telephone Radiophone Computer	Ambulance - 1
Nabilog Primary Community Hospital	Primary 10 beds	Mobile phone	
Bayawan District Hospital	Secondary 50 beds	Telephone - 2 Computer - 1	Ambulance - 1
Amio Primary Community Hospital	Primary 10 beds		Ambulance - 1
Kalumboyan Primary Community Hospital	Primary 10 beds		Ambulance - 1

OPERATION OF THE HEALTH REFERRAL SYSTEM

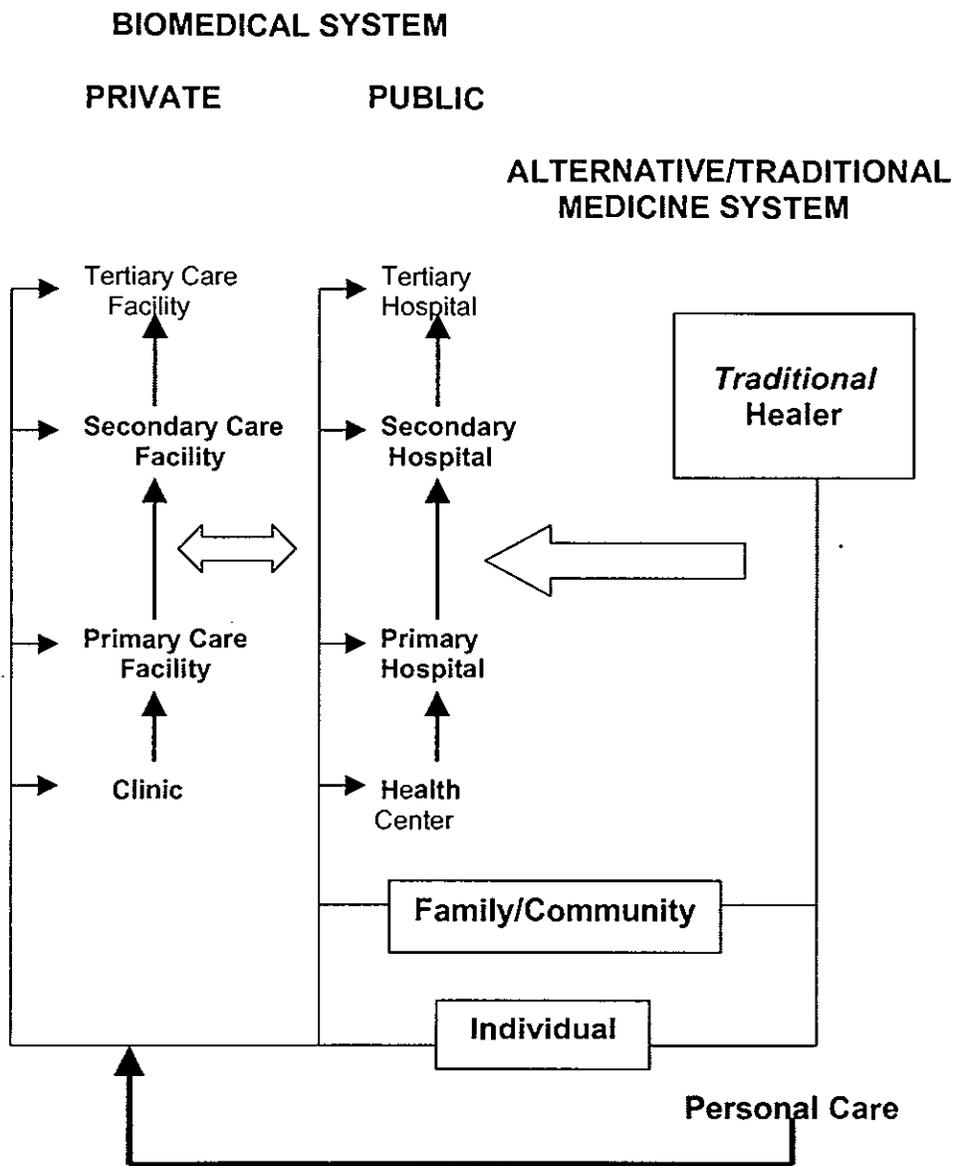
THE REFERRAL MODEL

Figure 2 on page 19 shows the Health Referral Model being applied at present in Negros Oriental.

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 22 to 24 show the referral flows of the various health facilities in the province of Negros Oriental. Figure 7 on page 25 shows the Referral Form to be utilized in the different health facilities in Negros Oriental

Figure 2. The Health Referral Model



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
- Hospital Information System
- ILHZ regular meetings
- Inter-District Hospital Conferences
- 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 3. Internal Referral Flow, BHS and RHU/CHO

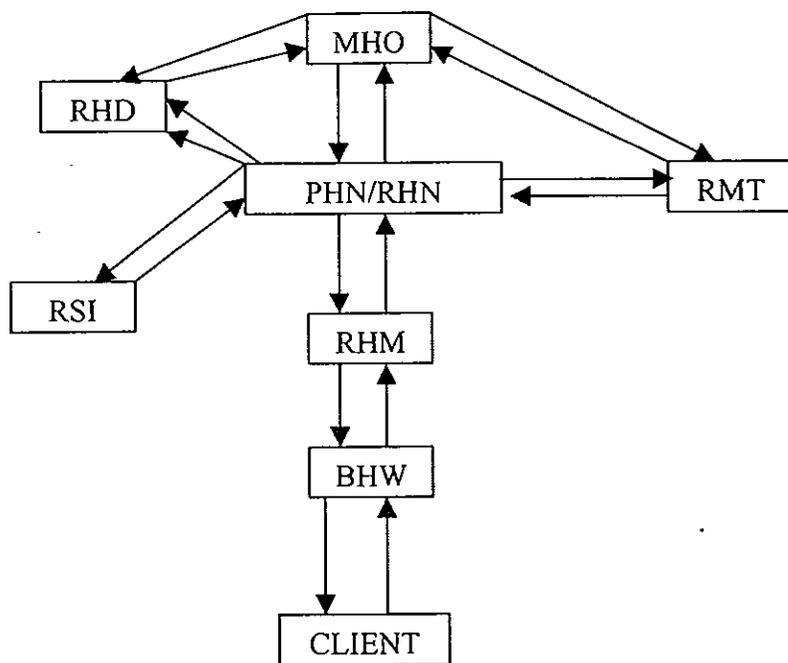


Figure 4. External Referral Flow, BHS and RHU/CHO

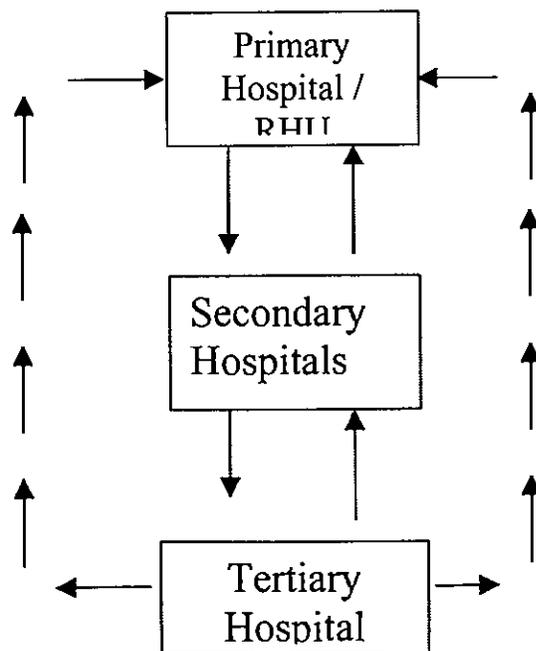


Figure 5. Flow of Patients in an ILHZ,
Negros Oriental

District Group

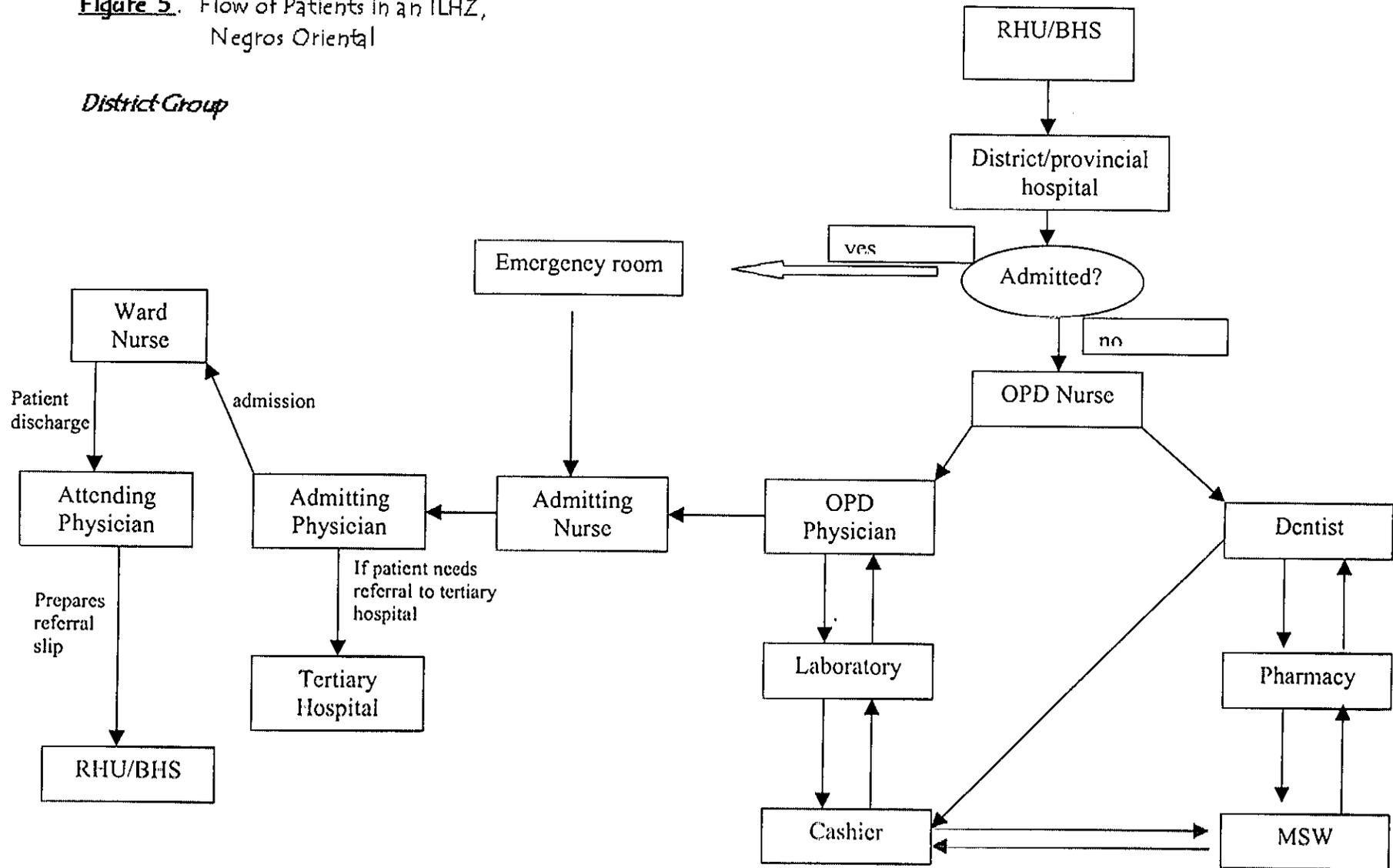
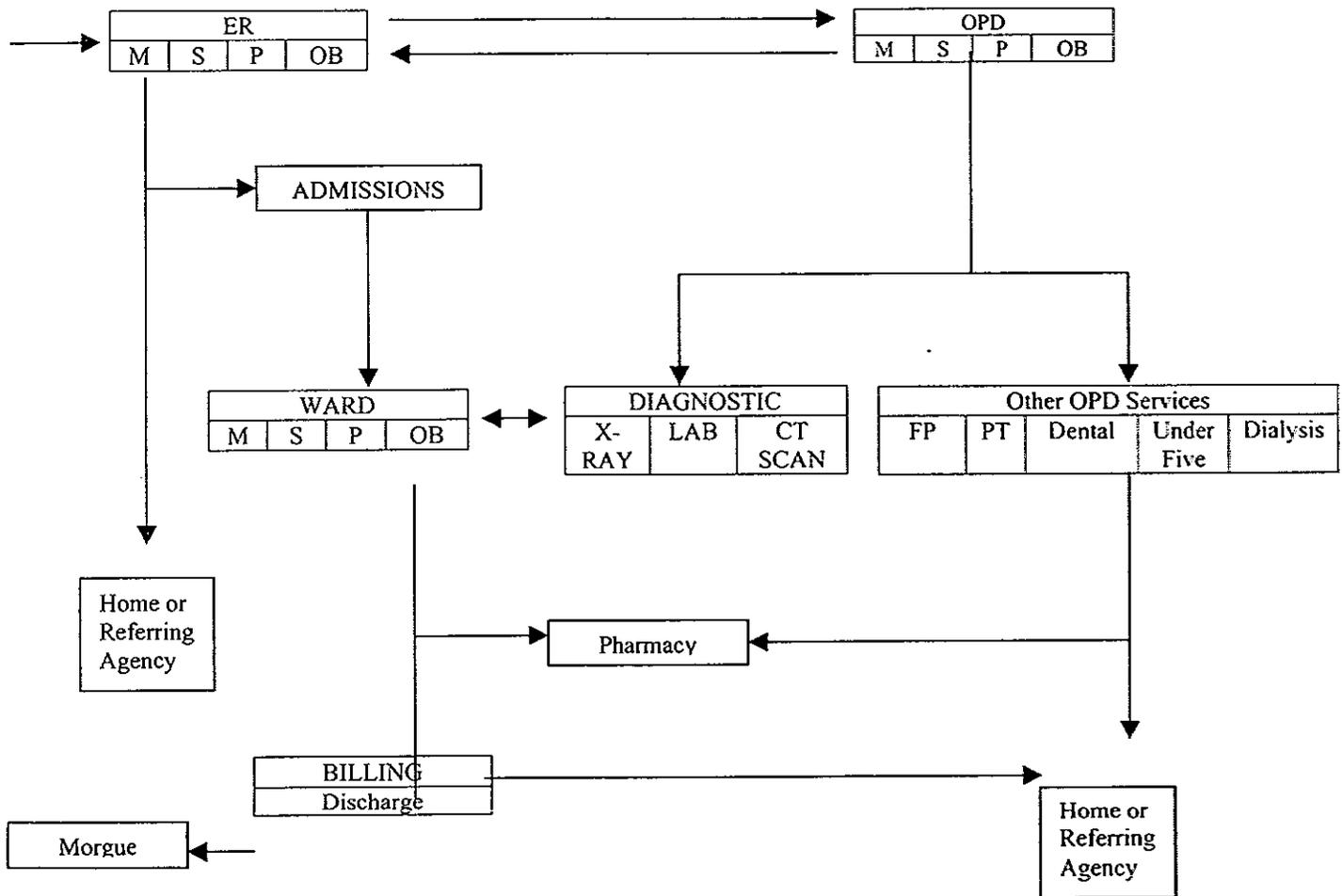


Figure 6. Internal Referral Flow,
Negros Oriental Provincial Hospital



Specific Task at Each Level of Referral Facility:

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

Responsible Person	Action
Patient OPD Nurse	<ol style="list-style-type: none"> 1. Presents referral slip from RHU/BHS/District Hospital 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 Physician-in-charge	<ol style="list-style-type: none"> 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 Nurse	<ol style="list-style-type: none"> 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.
OPD Physician-in-charge	<ol style="list-style-type: none"> 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.
Physician-in-charge	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 7. a. Gives discharge instructions and advise to give back return slip to return slip to referring facility b. Brings referral form to Provincial Epidemiologic Surveillance Unit (PESU) for notifiable diseases.

Responsible Person	Action
PESU Records Officer	8. a. Performs investigation, notifies Physician-in-charge of results and attaches official report to patient's record. b. Notifies/sends official result of disease investigation including actions to be undertaken by MHO/RHP concerned and BHS concerned. c. Enters patient's data in notifiable disease registry. 7. a. Does summary of daily OPD and admitted cases seen b. Records all outgoing and incoming referred cases in the referral logbook c. Accomplishes the quarterly monitoring report for referred cases.

District Hospital Level (RHU, BHS to District Hospital)

Person Responsible	Action
patient	1. Gives referral slip to OPD nurse/nurse aid
OPD nurse /nurse aid	2. a. Interviews patient, gets vital signs, prepares clinical record and give it to Resident on duty.
Resident on duty	b. Record referred case to the referral logbook.
	3. 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.
	b. If OPD, manages patient accordingly, fill up return slip and give it to the OPD nurse.
	c. If for admission, fills up admitting orders and endorse to OPD nurse.
OPD Nurse	4. a. If OPD case, give treatment instructions per doctor's orders and advise to give return slip to the referring facility.
	b. If for admission, carries out initial physician's order, attach referral slip to chart and transport to ward.
Attending Resident Physician	5. a. Manages the patient in the ward.
	b. Upon discharge, accomplishes return referral slip together with a complete clinical summary and special instructions. Give it to the ward nurse.
	b. If referral to higher facility, inform patient, fills up referral slip and inform the next facility.

Person Responsible	Action
Ward Nurse.	6. a. If for discharge, gives discharge instructions to include giving of return referral slip to the referring facility. b. If for referral to higher facility, give instructions and arrange for ambulance service
Medical Records Officer	7.a. Records incoming and out-going referrals. b. Accomplishes quarterly report of referrals.

RHU Level (BHS to RHU)

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

Responsible Person	Action
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.
	8. Advises and explains instructions to patient/patient's companion.
Nursing Attendant	9. Brings patient's chart to billing section.
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.
Specialty Hospital/Higher Facility Physician	12. Upon discharge, accomplishes return referral slip together with the detailed, complete clinical summary including special instructions.
Patient	13. Gives return referral slip/clinical summary to the referring hospital.
Referring hospital's physician	14. Advises patient regarding follow-up.
	15. Sends back referral slip to RHU/BHS concerned.

Intra-Hospital Referral (Inter-Departmental Referral)

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

Responsibility	Action
Resident Physician) Referring department's physician Referring department's ward nurse Receiving department's Ward Nurse Receiving Department's Resident Physician Resident Physician in-charge	8. Records findings in the referral slip. 9. Makes appropriate suggestions/recommendations. 10. Seeks approval of 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. 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. Records in inter-departmental registry logbook.

Figure 7. Referral Form

Republic of the Philippines
Province of Negros Oriental

Priority/Emergency Referral Outpatient Referral Hospital Case #: _____

Referred to: _____ Referral from: _____
Date & Time: _____ Date & Time: _____

Name of Patient: _____ Sex: _____ Age: _____
(surname) (first) (middle name)

Parent/Guardian (in case of minor) _____
Address _____
(#, Street) (Barangay) (Municipality/City)

Civil Status _____ Religion _____ Occupation _____

PHIC ID # _____ Non-PHIC

Mode of Transportation: _____
Chief Complaint & Brief History: _____

Pertinent Physical Examination Findings:
BP _____ HR _____ RR _____ Temp _____ Wt _____

Impression/Diagnosis: _____

Action Taken/Treatment Given: _____

Reason for Referral: Further Evaluation & Management Per Patient's Request
 For Work-Up No Doctor Available
 Medico-Legal Other _____

Referred By: _____
(Printed Name & Signature) (Designation)

Note: Please retain this part at referred level

RETURN SLIP

Date & Time: _____

To: _____

Name of Patient: _____ Sex: _____ Age: _____
(surname) (first) (middle name)

Parent/Guardian (in case of minor) _____
Address _____
(#, Street) (Barangay) (Municipality/City)

Diagnosis-Impression: _____

Action Taken: _____

Recommendation/Instructions: _____

(Printed Name & Signature) (Designation)

Figure 8. Referral Form 2

Republic of the Philippines
Province of Negros Oriental

Priority/Emergency Referral

Outpatient Referral

Hospital Case #: _____

Referring Institution		Date/Time	Receiving Institution		Date/Time
Referring MD (Printed name, signature and designation)		Contact #	Receiving MD (Printed name, signature and designation)		Contact #
Name (Surname, First Name, Middle Name) Parent/Guardian (in case of minor)			Address (#, Street, Barangay, Municipality/City)		
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status Religion	<input type="checkbox"/> PHIC ID # <input type="checkbox"/> Non-PHIC	Occupation	Date/Time Admitted (for hospital only)
Chief Complaint and History			Physical Examination BP _____ HR ____ RR ____ Temp ____ Wt ____		
Impression/Diagnosis			Action Taken/Treatment Given		
Reason for Referral <input type="checkbox"/> further evaluation & management <input type="checkbox"/> for work-up <input type="checkbox"/> no MD available				Mode of Transport <input type="checkbox"/> ambulance <input type="checkbox"/> other: _____	
				<input type="checkbox"/> medico-legal <input type="checkbox"/> per patient's request <input type="checkbox"/> other: _____	

Note: Please retain this part at referred level



RETURN SLIP

Referred To	From: (Printed name, signature & designation)	Date/Time	
Name (Surname, First Name, Middle Name)	Parent/Guardian (in case of minor)	Age	Sex
Address (#, Street, Barangay, Municipality/City)			
Impression/Diagnosis		Action Taken (for followup cases)	
Recommendation/Instructions (for followup cases)			

4

RELEVANT POLICIES AND GUIDELINES

ADMINISTRATIVE POLICIES

1. Coordination and teamwork among all health workers shall serve as a common approach to attain goals and objectives.
2. Task at any level of health care facility shall be spelled out and mutually understood, reasonably quantified and actual performance evaluated regularly.
3. Hospital and field health personnel are expected to maintain *proper decorum* at all times in their relationship with patients, relatives and with each other.
4. 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.
5. Services to be rendered to a patient shall depend on the facilities and their capabilities.

6. All ambulances with priority/emergency patients referred should have either a physician or trained paramedical personnel while in transit. Referrals must have a *prior communication* in any form to the receiving facility (landline phone, mobile phone, radiophone).
7. All patients must be immediately attended to upon arrival, giving preference to emergency cases or seriously ill patients, at all levels.
8. Clear, written health referral policies and guidelines shall be available at all levels of health facilities.
9. A two-way referral form/slip shall accompany patient being referred to next level of health facilities. This should have complete data/information written legibly, duly signed by the referring physician or any health personnel.
10. Essential drugs and medicines shall be available at any given time at all levels of health facilities.
11. A separate logbook shall be maintained for monitoring and evaluation of referral records of all patients.
12. Each level of health care unit shall have a list of essential equipment.
13. 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.
14. Referred patients are referred back to services/facilities of origin for follow-up.
15. Cluster barangay and municipal health care units shall refer cases to the core referral hospital of the ILHZ.
16. Patients may be conducted to and from health facilities using a service ambulance or whatever means of transportation is available..
17. Advance information of a patient to be referred may be facilitated through the use of any means of communication.
18. Continuous training and updating of capabilities of the health service providers shall be of utmost consideration.
19. Referred emergency cases that need blood transfusion must bring along qualified blood donors.

20. All referrals from private hospitals referred for diagnostic purposes should be registered as Outpatient and charged accordingly.
21. There must be no substitution of prescription issued by private physicians of private hospitals.

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 case
- Alcohol verification
- Drug test policy
- Autopsy for medico-legal cases
- Medical/physical examination
- Conduct of autopsy
 - a) Autopsy examination
 - b) Post-mortem examination

MEDICO-LEGAL POLICIES

1. All MHOs are considered medico-legal officers of their own areas of responsibility.
2. All requests for medico-legal examinations must be accompanied by an official request from the Fiscal, Judge or police authorities of the municipalities or barangays concerned.
3. Medico-legal request not within the capability of the MHO concerned should be immediately referred to the NBI together with corresponding reasons for referral.

4. All medico-legal records must contain complete data such as date and time of incidence, findings including anatomical chart.
5. All medico-legal certificates must be signed by either the attending MHOs, CHOs, hospital medical staff and COH.
6. The attending physician must sign the medico-legal certificate. However, for referrals for further management, the referred physician must sign another medico-legal certificate.
7. For death occurring in transit, the death certificate should be signed by the MHO/CHO or attending hospital physician of the place where the patient came from, or the place where the cadaver will be buried.
8. In the hospital, the death certificate must be issued by the attending Physician or Resident on duty.
9. For medico-legal cases requiring surgery (in the absence of a companion), consent will be signed by the attending physician/department head (Surgery and OB-Gyne) or COH.
10. Blood transfusion will not be given where it becomes a religious issue. (Patient should sign waiver)
11. Rape cases should be handled by MHO/CHO in their areas of responsibility except during holiday, weekends, and off-office hours, in which case these should be handled by the hospital resident on duty.
 - All medico-legal cases 48 hours after the incident should be the responsibility of the MHOs, unless the patient would need the services of the hospital for further evaluation and treatment..
 - During weekends and holidays, rape cases more than 48 hours after the incident may be handled by the hospital, depending on the severity of the case/upon the discretion of the resident on duty /Chief of Hospital.
12. 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
13. Transport vehicle to fetch the MHO must be provided by the requesting parties concerned.

14. Medico-legal fees shall be paid to the MHO based on the rates provided by the Magna Carta for Public Workers.
15. 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 on official business, or otherwise incapacitated.
16. All other policies not included herein in relation to the above-mentioned subject matter shall be referred to the Provincial Health Office/HSRA advocates for evaluation and approval and subsequent inclusion in this general policy guideline on referral of medico-legal cases.

5

CASE MANAGEMENT PROTOCOLS

HEALTH STATISTICS

Total Population	:	1,072,618
Population Density	:	198 / square kilometer
Crude Birth Rate	:	20.6 per 1,000 population
Crude Death Rate	:	3.7 per 1,000 population
Infant Mortality Rate	:	13 per 1,000 live births
Maternal Mortality Rate	:	0.81 per 1,000 live births
Life Expectancy at Birth	:	65 to 67 years old
Malnutrition Rate	:	9.3

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*.

- Anemia, iron deficiency and nutritional
- Anxiety reactions
- Allergic reactions
- Acid peptic disease, mild
- Bronchial asthma, mild; acute bronchitis
- Diarrheal diseases, controllable
- Gastritis, acute
- Influenza
- Intestinal parasitism
- Migraine, tension headache
- Myalgias
- Pulmonary tuberculosis
- Scabies
- Sexually transmitted diseases
- Upper respiratory tract infection, mild
- Glomerulonephritis
- Mild hypertension
- Viral exanthems without complications
- Pulmonary tuberculosis
- Uncomplicated pregnancies
- Dilatation and Curettage
- Minor surgeries

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.

- Acid peptic disease, uncontrolled
- Acne
- Alcoholic cirrhosis
- Amoebiasis
- Anemia, etiology undetermined
- Angina pectoris
- Arthritis
- Completed strokes
- Chronic lung disease
- Exfoliative dermatitis
- Malaria
- Obesity/underweight
- Psoriasis
- Diabetes mellitus, uncomplicated
- Fever of unknown origin
- Schistosomiasis
- Viral hepatitis
- Pneumonia
- Severe diarrhea
- STD
- HPN with complications
- PTB with complications
- COPD
- Glomerulonephritis
- General surgical and Obstetrical Interventions

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.

- Arrhythmias
- Arteriosclerotic health disease
- Bell's palsy
- Blood dyscrasia
- Bleeding peptic ulcer
- Bronchogenic carcinoma
- Bronchial asthma, severe or status asthmaticus
- Cholera
- Cerebrovascular disorders, in evolution
- Congenital health disease
- Congestive heart failure, all causes
- Cor pulmonale
- Diffuse non-toxic goiter
- Diffuse toxic goiter
- Diabetes mellitus, with complications
- Glomerulonephritis, with complications
- Hepatoma
- Hypertension, uncontrolled
- Hypertensive heart disease
- Hyperthyroidism
- Malignancy
- Poisoning
- Pott's disease

- Pyelonephritis
 - Salmonellosis, complicated
 - Nodular non-toxic goiter
 - Nodular toxic goiter
 - Rheumatic heart disease
 - Seizure disorder
 - Urinary tract infection, complicated, severe
 - Endocrine metabolic disorders
 - Cases requiring sub-Specialty Surgical, Obstetrical and Medical Interventions
 - Diagnostic services
 - Rehabilitation Services
- Mental Health treatment and rehabilitation
- Physical Therapy

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.

6

MONITORING AND EVALUATION

MONITORING AND EVALUATION ACTIVITIES

The implementation of the referral system will be 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/City Health Office – Public Health Nurse or Rural Health Midwife
- Hospital – Chief Nurse and Medical Records Officer
- ILHZ – Technical Management Committee
- IPHO – Supervising Public Health Nurse

An *information system* is developed to track movement of patients from health facility or department (in case of intra-hospital referrals in tertiary hospital). The data

may be recorded in checklists, logbooks and reports. See Figures 9 to 14 on pages 42 to 47 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, periodic meetings and field visits for validation.

CRITERIA FOR EVALUATION

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

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

Objective indicators to gauge the functional referral system may include:

- Number of appropriate/eligible referrals
- Number of inappropriate referrals
- Number of referrals with referral and return slips
- Number of facilities maintaining referral registries
- Number of facilities with quarterly monitoring reports submitted

Figure 11. OUTPATIENT RECORD OF SERVICES

DATE / TIME	CASE NUMBER	NAME OF PATIENT	ATTENDING PHYSICIAN	NATURE OF COMPLAINTS	NATURE OF SERVICES	REMARKS	INCOMING REFERRAL				OUTGOING REFERRAL									
							Referred from	Reason for Referral	Mode of transport/ communication	Referral Slip				Referred to	Reason for Referral	Mode of transport/ communication	Status upon Referral			
										With	With out	Returned	Not Returned							

Figure 13. Quarterly Report Form for Outgoing Referrals

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED TO	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE				
	M	F			MEDICO- LEGAL	ADMISSION (for hospital only)	OPD CASE	OTHER	MED	PED	OB- GYNE	SUR- GERY	OTHER
0 — 11 mo.													
1 — 4 m. o.													
5 — 14 y. o.													
15 — 19 y. o.													
20 — 64 y. o.													
Above 64 y. o.													

TOP TEN LEADING REFERRED CASES (For All Facilities)

1. _____
2. _____
3. _____
4. _____
5. _____

No. of Cases

- _____
- _____
- _____
- _____
- _____

Total Number of Referred Cases: _____

Prepared By: _____
(Printed Name & Signature)

Approved By: _____
(Printed Name & Signature)

Figure 14. Quarterly Monitoring Report of Incoming Referrals

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE				
	M	F			MEDICO- LEGAL	ADMISSION (for hospital only)	OPD CASE	OTHER	MED	PED	OB- GYNE	SUR- GERY	OTHER
0 — 11 mo.													
1 — 4 m. o.													
5 — 14 y. o.													
15 — 19 y. o.													
20 — 64 y. o.													
Above 64 y. o.													

TOP TEN LEADING REFERRED CASES (For All Facilities)

1. _____
2. _____
3. _____
4. _____
5. _____

No. of Cases

- _____
- _____
- _____
- _____
- _____

Total Number of Referred Cases: _____

Prepared By: _____
(Printed Name & Signature)

Approved By: _____
(Printed Name & Signature)

ANNEXES

Annex 1. Directory of Participating Health Care Facilities

Health Facility	Address	Contact Person	Contact Number
Negros Oriental Provincial Hospital (NOPH)	Piapi, Dumaguete City	Ely Villapando, MD (Chief of Hospital)	(035) 225-0960
Dumaguete City Health Office	Dumaguete City	Erlinda Cabrera, MD (CHO)	(035) 225-2535
Dauin RHU	Poblacion, Dauin	Melpha Yee, MD (MHO)	(035) 425-2314
Bacong RHU	Poblacion, Bacong	James Jed Rosales, MD (MHO)	0918-3210319
Valencia RHU	Poblacion, Valencia	Fe Besario, MD (MHO)	0917-6065417 (PHN cell)
Amlan RHU	Poblacion, Amlan	Anita Ygonia, MD (MHO)	(035) 417-0693
Sibulan RHU	Poblacion, Sibulan	Merlina Papas, MD (MHO)	(035) 419-8547
San Jose RHU	Poblacion, San Jose	Bienvenida Palong- palong, MD (MHO)	(035) 417-0703
Silliman University Medical Center Foundation	Aldecoa Road, Dumaguete City	Erlinda Lim-Juan, MD (Medical Director)	(035) 225-0831
Holy Child Hospital	Legaspi Street, Dumaguete City	Sr. Gloria Ibaleo	(035) 225-0247
TB Pavilion	Talay, Dumaguete City	Noel de Jesus, MD	
Talay Rehabilitation Center	Talay, Dumaguete City	Mrs. Aurora Flores	
Marina Clinic	Masaplod Norte, Dauin	Ma. Lourdes Ursos, MD	(035) 425-2157

continued, *Directory of Participating Health Care Facilities*

Health Facility	Address	Contact Person	Contact Number
CLLMMH	Siaton	Sozelun Zerrudo, MD(Chief of Hospital)	
Siaton RHU	Siaton	Mitylene Tan, MD (MHO)	0917-4567833
Zamboanguita RHU	Zamboanguita	Delia Futalan, MD (MHO)	
Bais District Hospital -Mabinay Medicare Hospital -Inapoy Primary Community Hospital	Bais City	Virgilio Sienes MD (Chief of Hospital)	
Bais City Health Office	Bais City	Chuchita R.Villapando, MD (CHO)	(035) 402-8253
Tanjay RHU I	Tanjay City	Virginia Kadile, MD	(035) 415-8462
Tanjay RHU II	Tanjay City	Elizabeth Sedillo, MD	(035) 541-5883
Pamplona RHU	Poblacion, Pamplona	Rogelio Kadile, MD (MHO)	(035) 415-8462
Manjuyod RHU	Poblacion, Manjuyod	Inofredita Sibul, MD(MHO)	
Mabinay RHU I	Mabinay	Resanie Emperado, MD	0917-7897177
Mabinay RHU II	Mabinay	Carmencita Uy, MD	
Canlaon Primary Hospital	Canlaon City	Edgardo Pialago, MD	
Canlaon City Health Office	Canlaon City	Edgardo Barredo, MD(COH)	
CVGLJ District Hospita -Pacuan Primary Community Hospital -Luz Sikatuna Primary Hospital	Guihulngan	Bevito Gonzaga, MD (Chief of Hospital)	(035) 410-3017
Guihulngan RHU I	Poblacion, Guihulngan	Fe Mercado, MD	
Guihulngan RHU II	Hibalyo, Guihulngan	Elmer Empielas, MD	
La Libertad RHU	La Libertad	Lillian Zoila Estacion, MD	
Jimalalud RHU	Jimalalud	Nancy Diago, MD	

continued, *Directory of Participating Health Care Facilities*

Health Facility	Address	Contact Person	Contact Number
Bindoy District Hospital	Bindoy	Gervacio Salatandre, MD(Chief of Hospital)	0917-4764143
Bindoy RHU	Bindoy	Rolando Herrera, MD	
Ayungon RHU	Ayungon	Irving Dingcong, MD	
Tayasan RHU	Tayasan	Rogelio Kho, MD	
Nabilog Primary Community Hospital	Nabilog, Tayasan	Sylvia Mae Barrera, MD	
Bayawan District Hospital	Bayawan City	Fidencio Aurelia, MD(Chief of Hospital)	(035) 531-0169
Bayawan RHU I	Bayawan City	Stephen Estacion, MD	
Bayawan RHU II	Baisan, Bayawan City	Edelin Dacula, MD	
Sta. Catalina RHU	Santa, Catalina	Victor Nuico, MD	
Basay RHU	Basay	Jacqueline Valencia, MD	
Amio Primary Community Hospital	Amio, Santa, Catalina	Jenny Rose Tigbao, MD	
Kalumboyon Primary Community Hospital	Kalumboyon, Bayawan	Jose Amante, MD	

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