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PN-ACU-514

# **MISAMIS OCCIDENTAL HEALTH REFERRAL MANUAL**

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**MANUAL FOR LOCAL  
HEALTH REFERRAL SYSTEM  
Misamis Occidental**

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## FOREWORD

This document was developed after extensive discussion and collaboration with Management Sciences for Health (MSH), the staff of the DOH Central Office, RPMU 10 WHSMP-PC, the users of the health referral system in the municipalities and cities of the province of Misamis Occidental, field and hospital health personnel and private practitioners, and other stakeholders.

The health referral system developed in this manual is intended to operationalize and strengthen the Inter-Local Health System and the Sentrong Sigla Program. Standard criteria and procedures of hospital operation and management and Public Health programs of the DOH were adopted to institutionalize and implement the Community-Based Referral System. Available WHO guidelines on the Health Referral System were also utilized. The rich experiences of the local health managers and their staff contributed in developing essential strategies in the efficient and effective delivery of quality health services to the population.

This manual serves as a guide for the LGUs, public health workers, and hospital medical and paramedical staff to facilitate the implementation of the health referral system. It shall serve as a common agreed framework for the health workers and shall aid them in arriving at timely and correct decisions and appropriate action on patients' conditions.

It is envisioned that this manual shall help provide accessible, appropriate and efficient quality health interventions to meet the needs of those seeking relief for, and cure of their illnesses.

## ACKNOWLEDGEMENTS

The Integrated Provincial Health Office of Misamis Occidental would like to extend its gratitude to the participants from the four Inter-Local Health Zones for their patience and lively sharing of ideas during the 2-day fruitful workshop.

We would like to thank the facilitators from the DOH – Center for Health Development X, and the Integrated Provincial Health Office of Bukidnon and Misamis Occidental.

We are especially grateful to the Management Sciences for Health (MSH) through Dr. Mary Angeles Pinero for the technical and financial assistance.

We would like to thank the LGUs for allowing their health personnel to attend this activity. Our gratitude is also extended to the members of the expanded Health Sector Reform Advocates (See Annex 1, page 60) for the review and finalization of this manual, and to the IPHO Program Coordinators for their individual assignments.

All our efforts were not in vain. The manual of the referral system is practical, doable and suited for Misamis Occidental.

## 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:

**Primary care center**– the **RHUs** and **BHS**. These are the patients' 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.

**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.

**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** – 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.

## ACRONYMS

ABC	Association of Barangay Councils
Adm. Sec.	Admitting Section
AP	Appendectomy
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
CCU	Critical Care Unit
CGADH	City Government Assistant Department Head
CDD	Control of Diarrheal Diseases
CHD	Center for Health Development
COH	Chief of Hospital
CVD	Cardio-Vascular Diseases
D and C	Dilatation and Curettage
DMDTMH	Dona Marta D. Tan Memorial Hospital
DMO	Development Management officer
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
HEPO	Health Education and Promotion Officer
HP	Health Professional
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
IM	Internal Medicine
IPHO	Integrated Provincial Health Office
ISO	Isolation
IVP	Intravenous Pyelography
KUB	Kidney Ureter Bladder
LCE	Local Chief Executive
LGU	Local Government Unit
LHB	Local Health Board
MHARSRTTH	Mayor Hilarion A. Ramiro, Sr. Regional Training

	and Teaching Hospital
<b>MHO</b>	Municipal Health Officer
<b>MO</b>	Medical Officer
<b>MOA</b>	Memorandum of Agreement
<b>MOPH</b>	Misamis Occidental Provincial Hospital
<b>MRO</b>	Medical Records Officer
<b>MS</b>	Medical Specialist
<b>NGO</b>	Non-Government Organization
<b>NOD</b>	Nurse on Duty
<b>NTP</b>	National Tuberculosis Program
<b>OJT</b>	On-the-Job Training
<b>OPD</b>	Outpatient Department
<b>OPT</b>	Operation Timbang
<b>OR</b>	Operating Room
<b>PHA</b>	Philippine Hospital Association
<b>PHIC</b>	Philippine Health Insurance Corporation
<b>PHN</b>	Public Health Nurse
<b>PHO</b>	Provincial Health Officer
<b>PHT</b>	Provincial Health Team
<b>PO</b>	People's Organization
<b>Pt</b>	Patient
<b>RDC</b>	Regional Development Council
<b>RHM</b>	Rural Health Midwife
<b>RHU</b>	Rural Health Unit
<b>ROD</b>	Resident on Duty
<b>RSI</b>	Rural Sanitary Inspector
<b>SB</b>	Sangguniang Bayan
<b>SP</b>	Sangguniang Panlalawigan
<b>SS</b>	Sentrong Sigla
<b>STD</b>	Sexually Transmitted Disease
<b>TAHBSO</b>	Total Abdominal Hysterectomy Bilateral Salphingo Oophorectomy
<b>TBA</b>	Traditional Birth Attendant
<b>TMH</b>	Tudela Municipal Hospital
<b>TT</b>	Tetanus Toxoid
<b>Tx</b>	Treatment
<b>WHSMP-PC</b>	Women's Health and Safe Motherhood Project – Partnership Component
<b>VAD</b>	Vitamin A Deficiency

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## INTRODUCTION

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Misamis Occidental 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. The Department of Health recognizes the important role of the referral system in the delivery of health services to the people.

In March of the present year, a two-day seminar on the referral system of the province was conducted. The seminar participants were workers from the Barangay Health Stations, Rural Health Units, and primary, secondary and tertiary government hospitals. Its aims were to strengthen the referral system and to develop a prototype manual for the province. A pledge of commitment to the HSRA targets, including the referral system, was later signed (See Annex 2, page 60).

The participants tackled various topics like the "current status of the referral system of the province", "factors contributing/impeding the referral system", "minimum packages of services of health facilities", etc. They also came up with policies and guidelines for the referral system, case management protocols for the ten leading causes of mortality and morbidity of the province, an action plan and other activities related to the referral system.

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## THE REFERRAL SYSTEM

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### 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 who 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 of the 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, and 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 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).

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## THE HEALTH CARE FACILITIES

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### **PARTICIPATING PUBLIC AND PRIVATE HEALTH CARE FACILITIES**

(See Figure 1, page 12)

#### **Oroquieta Inter-Local Health Zone**

##### **Government Facilities**

1. Misamis Occidental Provincial Hospital (MOPH)
2. Oroquieta City Health Office
3. Lopez Jaena RHU and Family Planning Center
4. Aloran RHU and Family Planning Center
5. Panaon RHU and Family Planning Center
6. Jimenez Community Medicare Hospital
7. Jimenez RHU and Family Planning Center

##### **Private Facilities**

8. Dignum Foundation Hospital, Oroquieta City
9. Oroquieta Community Hospital, Oroquieta City
10. St. Therese Hospital, Oroquieta City
11. Holy Family Hospital, Oroquieta City
12. Lopez Jaena Community Hospital
13. Uy Medical Clinic, Jimenez

## **Calamba Inter-Local Health Zone**

### **Government Facilities**

14. Calamba District Hospital
15. Calamba RHU and Family Planning Center
16. Concepcion RHU and Family Planning Center
17. Sapang Dalaga RHU and Family Planning Center
18. Baliangao RHU and Family Planning Center
19. Plaridel RHU and Family Planning Center

### **Private Facilities**

20. Immaculate Concepcion Hospital
21. Tanho Memorial Clinic
22. Lumasag Medical Clinic
23. Dr. Ben Yap Clinic
24. Polyclinic

## **Ozamiz Inter-Local Health Zone**

### **Government Facilities**

25. Mayor Hilarion A. Ramiro, Sr. Regional Training and Teaching Hospital, Ozamiz City (MHARS RTTH)
26. SM Lao Memorial City General Hospital
27. Ozamis City Health Office
28. Sinacaban RHU and Family Planning Center
29. Tudela RHU and Family Planning Center
30. Clarin RHU and Family Planning Center

### **Private Facilities**

31. Misamis University Medical Center
32. Medina General Hospital
33. Faith Hospital
34. Saint Paul Clinic
35. Saint Mary Clinic
36. Ozamiz Doctors Hospital
37. Luis Villa Memorial Hospital
38. Dr. Revelo Medical Clinic

39. Dr. Sen Clinic

**Tangub Inter-Local Health Zone**

**Government Facilities**

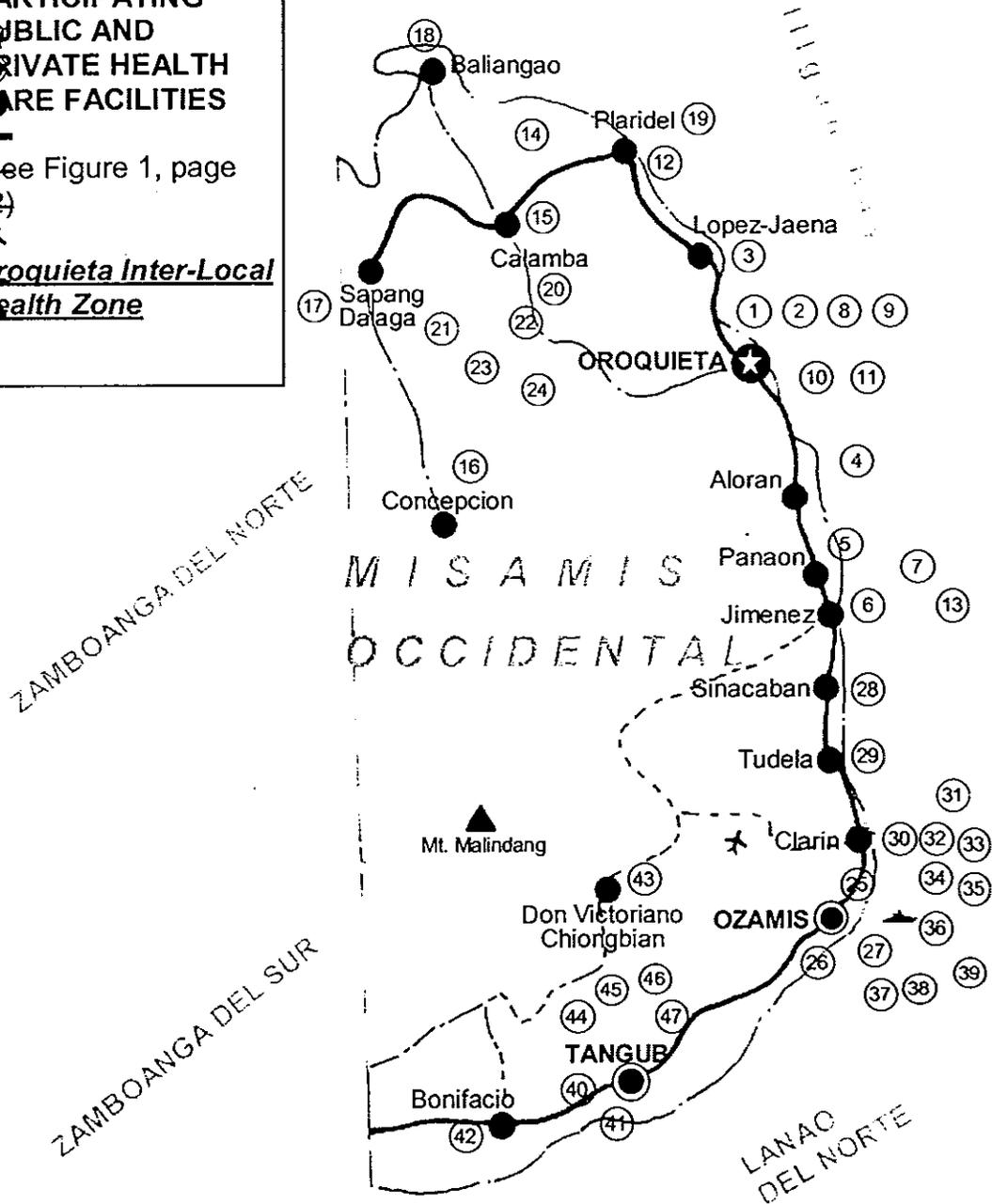
40. Dona Maria D. Tan Memorial Hospital, Tangub City
41. Tangub City Health Office
42. Bonifacio RHU and Family Planning Center
43. Don Victoriano Chiongbian RHU and Family Planning Center

**Private Facilities**

44. Aruelo General Hospital
45. Clinica Ozarraga
46. Saint Vincent Hospital
47. Olegario General Hospital

**Figure 1.** Map of Health Facilities, Misamis Occidental

**PARTICIPATING PUBLIC AND PRIVATE HEALTH CARE FACILITIES**  
 (See Figure 1, page 12)  
**Oroquieta Inter-Local Health Zone**



## PACKAGES OF HEALTH SERVICES

### *Barangay Health Station (BHS) Level*

<b>Programs</b>	<b>Activities</b>
<b><i>Maternal Care</i></b>	Prenatal Promotion of breast feeding Postnatal Suturing of 2 <sup>nd</sup> degree laceration Follow-up BHWs and Traditional Birth Attendants (TBAs) IEC
<b><i>Child Care</i></b>	Immunization Integrated Management of Childhood Illnesses (IMCI) – <i>pilot areas</i> CARI, CDD, EPI, Breastfeeding, Nutrition, Measles, Environmental Sanitation, Filariasis, Malaria, Dengue IEC/Counseling
<b><i>Reproductive Health/ Family Planning</i></b>	Family planning methods Counseling
<b><i>Environmental Sanitation</i></b>	Assist referral system/household survey IEC campaign
<b><i>Nutrition Program</i></b>	Operation <i>timbang</i> (OPT) Monthly weighing of underweight children VAD, IDA, IDD case finding
<b><i>Cardiovascular Disease (CVD)</i></b>	BP screening/follow-up Weight taking Referral of unmanageable cases IEC
<b><i>National TB Program (NTP)</i></b>	Sputum collection Case holding Follow-up defaulters/treatment partners Sputum follow-up IEC

<b><i>Leprosy</i></b>	Referral of suspected cases Follow-up defaulters IEC
<b><i>Filariasis</i></b>	Refer Filaria suspects Follow-up IEC
<b><i>Rabies Control</i></b>	Promote responsible pet ownership Refer cases to higher facilities IEC
<b><i>Cancer Control</i></b>	Breast Self Examination/Pap smear Refer cases to higher level IEC
<b><i>Nephrology</i></b>	Refer cases to RHUIEC
<b><i>Other Services</i></b>	Conduct <i>purok</i> /household classes Home visits Linkage with other local organizations & LGU officials Act as resource speaker

**Rural Health Unit (RHU) Level**

<b>Services and Programs</b>	<b>Activities</b>
<b>Immunization</b>	BCG, DPT, OPV, Measles, Hepatitis B vaccine, Tetanus toxoid IEC
<b>Reproductive Health/ Family Planning</b>	Treatment of sexually transmitted diseases Family planning methods Pre-marriage counseling Pap smear/Breast Self Examination (BSE) IEC
<b>Nutrition</b>	Operation <i>timbang</i> (OPT)/Follow-up Growth monitoring Food/nutrition supplement Micro-nutrients supplement Iodized salt testing IEC
<b>Environmental Health Protection</b>	Sanitation Food and safety Safe housing Follow-up safe water supply, safe housing, food safety Food handlers' class
<b>Dental Health</b>	Prophylaxis treatment IEC
<b>Basic Laboratory Services</b>	Urinalysis CBC Pregnancy test Stool examination Sputum examination Skin slit examination
<b>Maternal Health</b>	Prenatal Tetanus toxoid Iron/Vitamin A supplementation Dental Laboratory services Childbirth Postpartum Breastfeeding IEC

Services and Programs	Activities
<b>Communicable</b>	
<b>Dengue Control</b>	Treatment Environmental sanitation Refer to higher level IEC
<b>Filariasis</b>	Environmental sanitation IEC
<b>Malaria</b>	Environmental sanitation Refer to higher level IEC
<b>Tuberculosis</b>	Case finding Sputum collection and examination Treatment and follow-up IEC
<b>Leprosy</b>	Case finding Skin slit smear Treatment and follow-up Surveillance IEC
<b>Rabies Control</b>	Treatment of lesion Refer to higher level for treatment IEC
<b>Non-Communicable</b>	
<b>Cardiovascular Diseases</b>	Master listing Screening, check-up and treatment IEC
<b>Nephrology</b>	Urinalysis Treatment and follow-up IEC
<b>Cancer Control</b>	Refer cases to higher level IEC

Services and Programs	Activities	
<b>Child Health</b>		
<b><i>Integrated Management of Childhood Illness (IMCI) Areas</i></b>	<p>Diarrhea</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Refer to higher level IEC</li> </ul> <p>Pneumonia</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Refer to higher level</li> <li>• IEC</li> </ul> <p>Measles</p> <ul style="list-style-type: none"> <li>• Vitamin A</li> <li>• Treatment</li> <li>• Refer to higher level</li> </ul>	<p>Dengue</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Environmental sanitation</li> <li>• Refer to higher level IEC</li> <li>• Nutrition</li> <li>• Case finding</li> <li>• Food supplementation</li> <li>• IEC</li> </ul>
<b><i>Non-IMCI Areas</i></b>	<p>Control of Acute Respiratory Infection (CARI)</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Refer to higher level</li> <li>• IEC</li> </ul> <p>Control of Diarrheal Diseases (CDD)</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Refer to higher level</li> <li>• IEC</li> </ul> <p>Nutrition</p> <ul style="list-style-type: none"> <li>• Case finding</li> <li>• Food supplementation</li> <li>• IEC</li> </ul>	

<b>Services and Programs</b>	<b>Activities</b>
<b>Schistosomiasis</b>	Case finding and treatment Environmental sanitation IEC
<b>Minor Surgery</b>	Circumcision Incision and drainage Suturing of minor wounds
<b>Other Services</b>	Consultation and treatment Medico-legal certification Post-mortem examination Coordination with LGU, barangays, provincial government unit, People-s Organizations Laboratory Social Hygiene Clinic Pre-marriage counseling Security of sanitary permit

***District Hospital***

<b>Administrative Service</b>	<b>Clinical/Medical Services</b>
Nursing Service	Pediatrics
Dietetic Service	OB-GYN
Dental Health Service	Internal Medicine (except Hemodialysis)
Dental Health Service	Internal Medicine (except Hemodialysis)
Ambulance Service	Anesthesiology
Maintenance, Engineering and Housekeeping Services	Radiology – KUB, IVP

<p><b>Medical Ancillary Services</b></p> <p>Anesthesia Radiology Laboratory Pharmacy ER OPD Medical Records</p>	<p><b>Surgery – major/minor</b></p> <ul style="list-style-type: none"> <li>• Thoracostomy</li> <li>• Close reduction</li> <li>• Herniorrhaphy</li> <li>• Caesarian section</li> <li>• Dilatation and curettage</li> <li>• Appendectomy</li> <li>• Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO)</li> <li>• Pelvic laparotomy</li> <li>• Exploratory laparotomy</li> <li>• Sterilization</li> </ul>
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**Misamis Occidental Provincial Hospital (MOPH)**

Authorized bed capacity: \_\_\_\_\_ beds

<p><b>Administrative Service</b></p> <p>1. Utility / Housekeeping services 2. Records 3. Maintenance (Drivers, Technicians) 4. Laundry</p>	<p><b>Clinical/Medical Services</b></p>
<p><b>Nursing Service</b></p> <p>1. Medical and Surgical Nursing 2. Pediatric Nursing 3. OR/DR Nursing</p>	<p><b>Pediatrics</b></p> <p>1. General Pediatrics 2. NICU</p>
<p><b>Dietetic Service</b></p> <p>1. Diet and dietary counseling</p>	<p><b>OB-GYN</b></p> <p>1. C/S 2. TAHBSO 3. D and C</p>
<p><b>Nutrition Service</b></p>	<p><b>Internal Medicine - ICU (except Hemodialysis)</b></p>
<p><b>Ambulance Service</b></p>	<p><b>Anesthesiology</b></p>

<b>Hospital OPD Services</b> 1.Pre /Post Natal 2.Family Planning (IEC, Counselling) 3.Consultation 4.Immunization – BCG,OPD,DPT,Measles, Tetanus Toxoid,ARV	<b>Radiology</b> - Routine X-Ray, UGIS, Barium Enema/IVP, Fistulogram
<b>Environmental Health Protection – hospital waste management</b>	<b>Ultrasonography</b>
<b>Laboratory Services</b> 1.Blood Chemistry 2.Hematology 3.Clinical Microscopy 4.Immunology 5.Blood Banking 6. Microbiology	<b>Neurology</b>  <b>Surgery – major/minor</b> <ul style="list-style-type: none"> <li>• Exploratory laparotomy</li> <li>• Craniotomy</li> <li>• Total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAHBSO)</li> <li>• Herniorrhaphy</li> <li>• Appendectomy</li> <li>• Mastectomy</li> <li>• Thyroidectomy</li> <li>• Pelvic laparotomy</li> <li>• Ortho cases: open/close reduction</li> <li>• Caesarian section</li> </ul>
<b>Dental Health Services</b>	<ul style="list-style-type: none"> <li>• Sterilization</li> <li>• EENT – cataract, pterygium, glaucoma</li> <li>• Subspecialty</li> </ul>
<b>Public Health services</b> Medical Outreach Program	<ul style="list-style-type: none"> <li>-Orthopedic</li> <li>-EENT</li> <li>-Ophthalmology</li> </ul>

**Mayor Hilarion A. Ramiro Sr. Regional Training and Teaching Hospital  
(MHARS-RTTH)**

Authorized bed capacity: \_\_\_\_ beds

<b>Department</b>	<b>Services</b>
<b>Laboratory</b>	Blood Chemistry Hematology <i>Clinical microscopy</i> Immunology – Pregnancy test, HepBAg, HepC, HIV or AIDS test Drug testing Blood banking – blood screening, blood component separation, cross-matching, blood/Rh typing Microbiology – Gram staining, blood culture and sensitivity
<b>Radiology</b>	Routine X-ray Special X-ray Examination – Barium Enema, UGIS, IVP, Urography, GB Series, Myelography <i>Abdominal US, OB, Cranial and Soft Tissue US</i> Transvaginal Ultrasound – infertility, early pregnancy, ectopic pregnancy, gynecology Transrectal Ultrasound – evaluation of prostate, bladder masses and distal ureter <i>Intra-Oral Dental X-ray Examination</i>
<b>Medicine</b>	Bicarbonate Dialysis Acetate DialysisHemodialysis General Medicine and Subspecialty outpatient and inpatient service
<b>Surgery and Anesthesia</b>	General and Cancer Surgeries General Orthopedic Surgeries ENT Surgeries Vascular Access Procedures for Hemodialysis Minor Outpatient Surgeries Outpatient Consultation Skin Grafting – for coverage of burns and other large soft tissue defects Proctosigmoidoscopy Burn Unit

<b>Pediatrics</b>	General Pediatrics NICU PICU
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**MHARS-RTTH, continued**

<b>Department</b>	<b>Services</b>
<b>Obstetrics and Gynecology</b>	Manage all OB-GYN patients Pre-/postnatal check-up Family planning Pap smear Major OB and GYN operations Manage rape victims and battered wives
<b>Public Health</b>	CVD Club organized DACO/Diabetes WCPU Asthma NTP – hospital-based STD/HIV/AIDS STOP Death Family Planning Nutrition Mental Health EPI Community Outreach Program Environmental Sanitation Hospital Preventive Maintenance Program Cancer Awareness Women's Health MBFHI NVBSP Waste Management Preventive Dentistry CARI CDD Preventive Nephrology

**PERSONNEL PROFILE**

(See Tables 1 to 4 on pages 22 to 25)

**Table 1.** Health Facility Personnel Profile,  
Oroquieta Inter-Local Health Zone, 2002

Health Facility	Physicians	Dentists	Nurses	Midwives/ Nursing Attendants	Technical Staff	Administrative Staff
Misamis Occidental Provincial Hospital (MOPH)	19	2	30	27	30 (Med Tech – 2 Pharmacist – 2 Other – 17)	49
Jimenez Community Medicare Hospital	2	0	3 (2 – detailed 1 – MOPH)	0	2 (Med Tech – 1 Pharmacist – 1)	0
Oroquieta City Health Office	4	1 (once a week)	3	14	8 (Med Tech – 1 Lab Aide – 1 RSI – 5)	0
Lopez Jaena RHU	1	1	1	6	3 (Med Tech – 1 RSI – 2)	0
Aloran RHU	1	1	1	6	3 (Med Tech – 1 RSI – 2)	0
Panaon RHU	1	1 (Provincial paid)	1	3	1 (RSI)	0
Jimenez RHU	1	1	1	5	2 (Med Tech – 1 RSI – 1)	0

**Table 2. Health Facility Personnel Profile,  
Calamba Inter-Local Health Zone, 2002**

Health Facility	Physicians	Dentists	Nurses	Midwives/ Nursing Attendants	Technical Staff	Administrative Staff
Calamba District Hospital (CDH)	7	1	10	8	2	24
Calamba RHU	1	1 (Radiating)	1	6	3 (Med Tech - 1 Dental Aide - 1 RSI - 1)	0
Plaridel RHU	1		1	8	2 (Med Tech - 1 RSI - 1 Dental Aide: radiating)	0
Concepcion RHU	0	0	1	1	0	0
Sapang Dalaga RHU	1	1 (Radiating)	1	4	3 (Med Tech - 1 Dental Aide - 1 RSI - 1)	0
Baliangao RHU	1		1	6	2 (Med Tech - 1 RSI - 1 Dental Aide: Radiating)	0
Immaculate Concepcion Hospital	1		?	?		
Tanho Memorial Clinic	11					
Lumasag Medical Clinic	1					
Dr. Ben Yap Clinic	1	1				1
Polyclinic	2				1 (Med Tech)	1

**Table 3.** Health Facility Personnel Profile,  
Ozamiz Inter-Local Health Zone, 2002

Health Facility	Physicians	Dentists	Nurses	Midwives/ Nursing Attendants	Technical Staff	Administrative Staff
Mayor Hilarion A. Ramiro, Sr. Regional Training & Teaching Hospital (MHARS RTTH)	41	2	75	31	16 (Med Tech-6; Radio Tech - 2 Dental Aide - 2 Med Lab Tech - 3 Lab Aide - 1 X-ray Tech - 1 Psychologist - 1)	92
SM Lao Memorial City General Hospital	7	0	14	11	5 (Med Tech - 1 Lab Aide - 2 X-ray Tech - 1 Pharmacist - 1)	30
Sinacaban RHU	1	1 (Radiating )	1	4	2 (Lab Aide - 1 RSI - 1)	0
Ozamiz City Health Office	5	1	11	20	17 (Med Tech - 2 Nutrition Officer - 1 Dental Aide - 1 RSI - 13)	0
Tudela RHU	1	1	1	7	3 (Med Tech - 1 Lab Aide - 1 RSI - 1)	0
Clarin RHU	1	2	1	10	5 (Med Tech - 1 Dental Aide - 2 RSI - 2)	0

**Table 4.** Health Facility Personnel Profile,  
Tangub Inter-Local Health Zone, 2002

Health Facility	Physicians	Dentists	Nurses	Midwives/ Nursing Attendants	Technical Staff	Administrative Staff
Dona Maria D. Tan Memorial Hospital	9	1	10	7	3 (Med Tech – 1 Dental Aide – 1 Pharmacist – 1)	20
Tangub City Health Office	3	1	3	18	6 (Med Tech – 1 Dental Aide – 1 Lab Aide – 1 RSI – 3)	0
Bonifacio RHU	1	1	1	7	3 (Med Tech – 1 Dental Aide – 1 RSI – 1)	0
Don Victorino Chiongbian RHU	1	1 (Radiating )	1	4	1 (RSI)	0
Aruelo General Hospital	20 beds					
Clinica Ozarraga	20 beds					
Saint Vincent Hospital	20 beds					
Olegario General Hospital	10 beds					

# 3

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## OPERATION OF THE HEALTH REFERRAL SYSTEM

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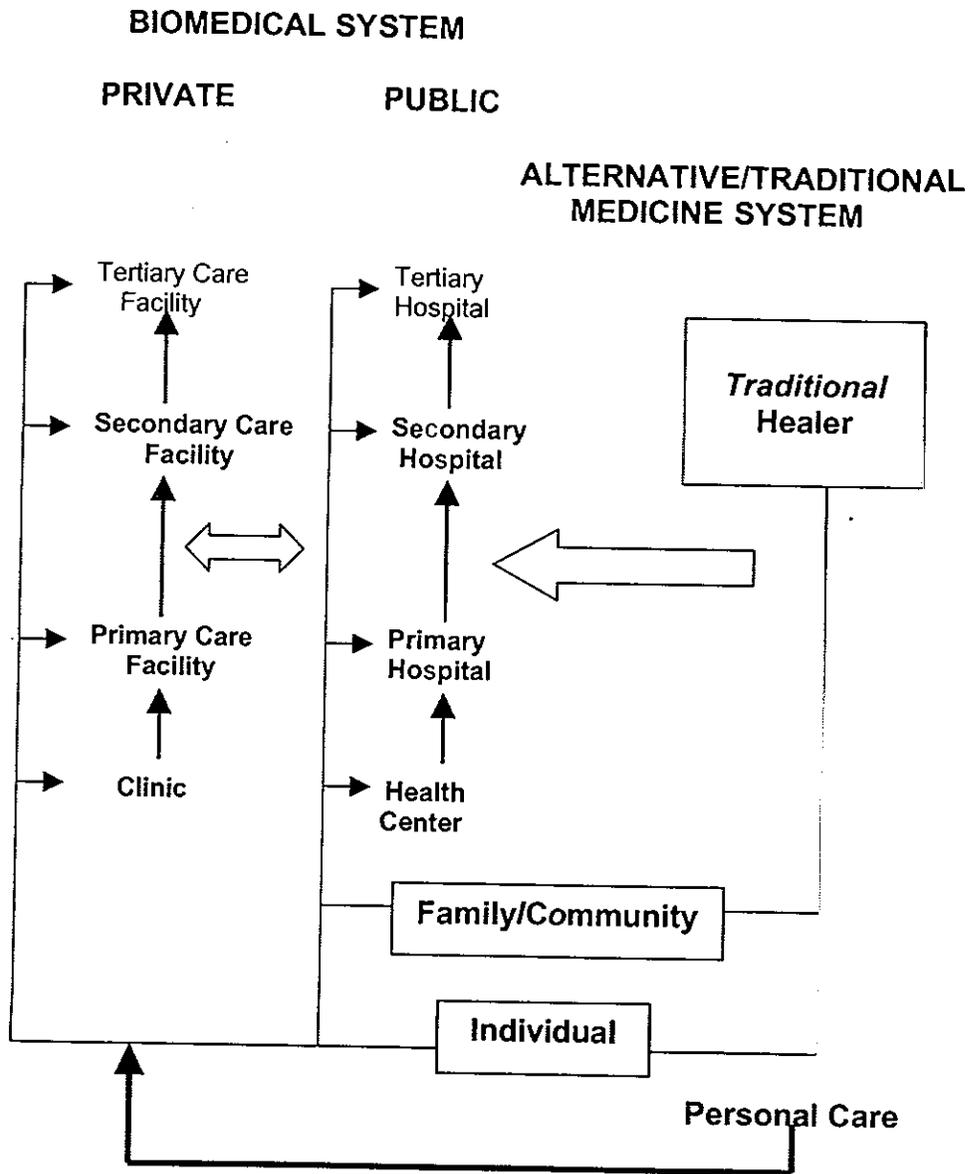
### HEALTH REFERRAL MODEL

Figure 2 on page 28 shows the Health Referral Model being applied at present in Misamis Occidental. 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.

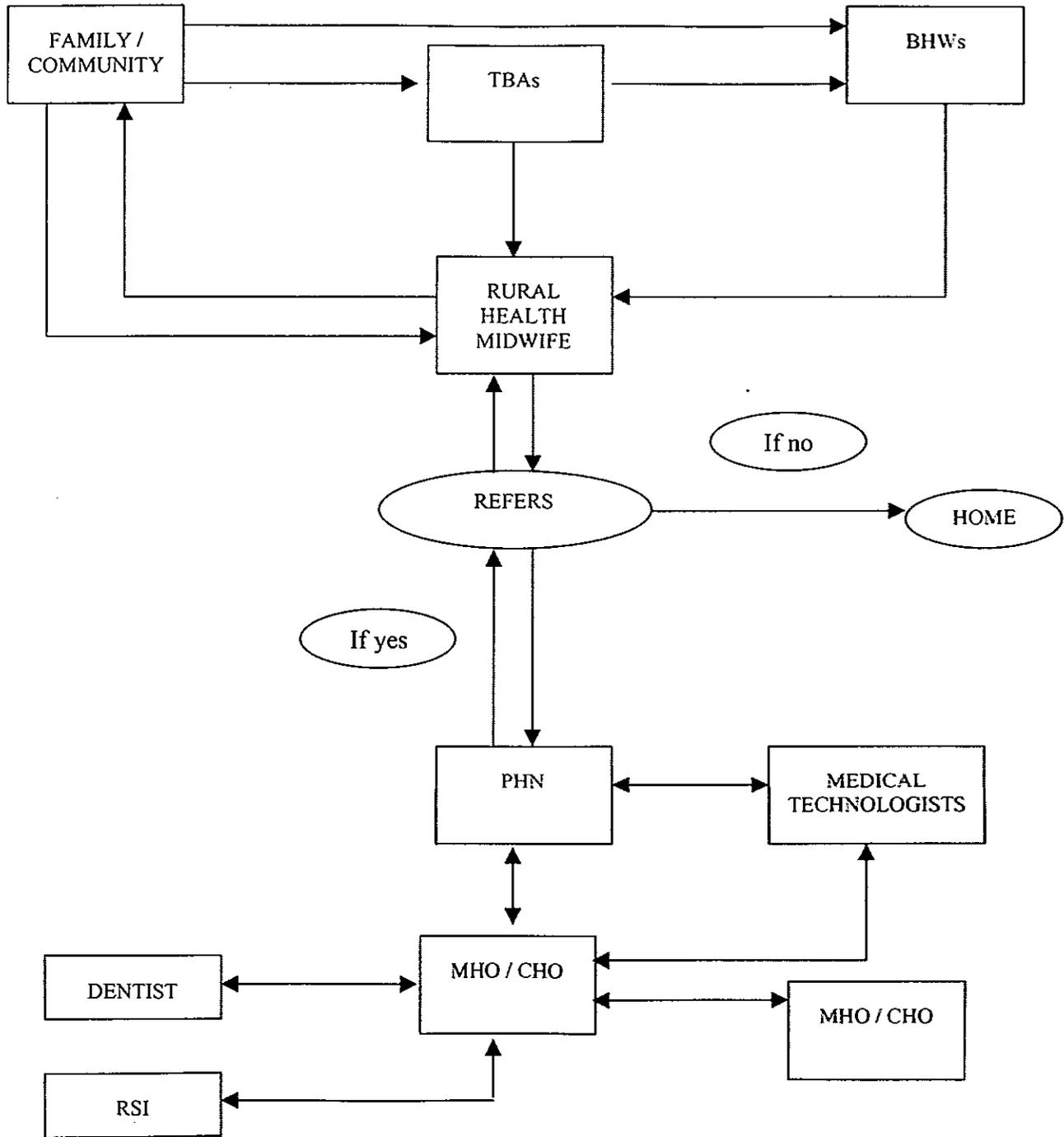
### REFERRAL FLOWS BY LEVEL OF CARE

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 9 on pages 31 to 37 show the referral flows of the various health facilities in the province of Misamis Occidental. Figures 10 A and B in pages 38 and 39 show the referral form to be utilized in the health facilities of Misamis Occidental.

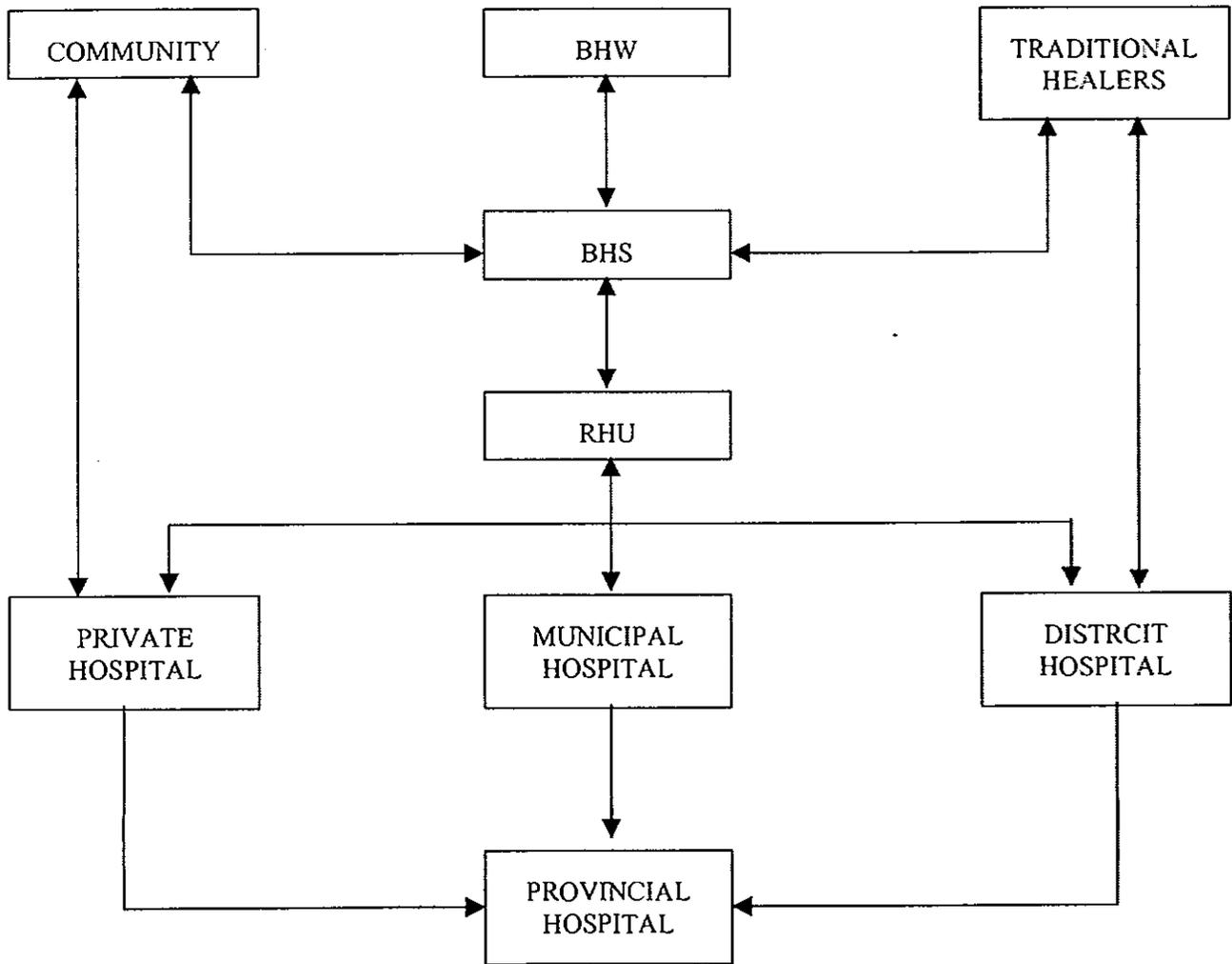
**Figure 2.** The Health Referral Model



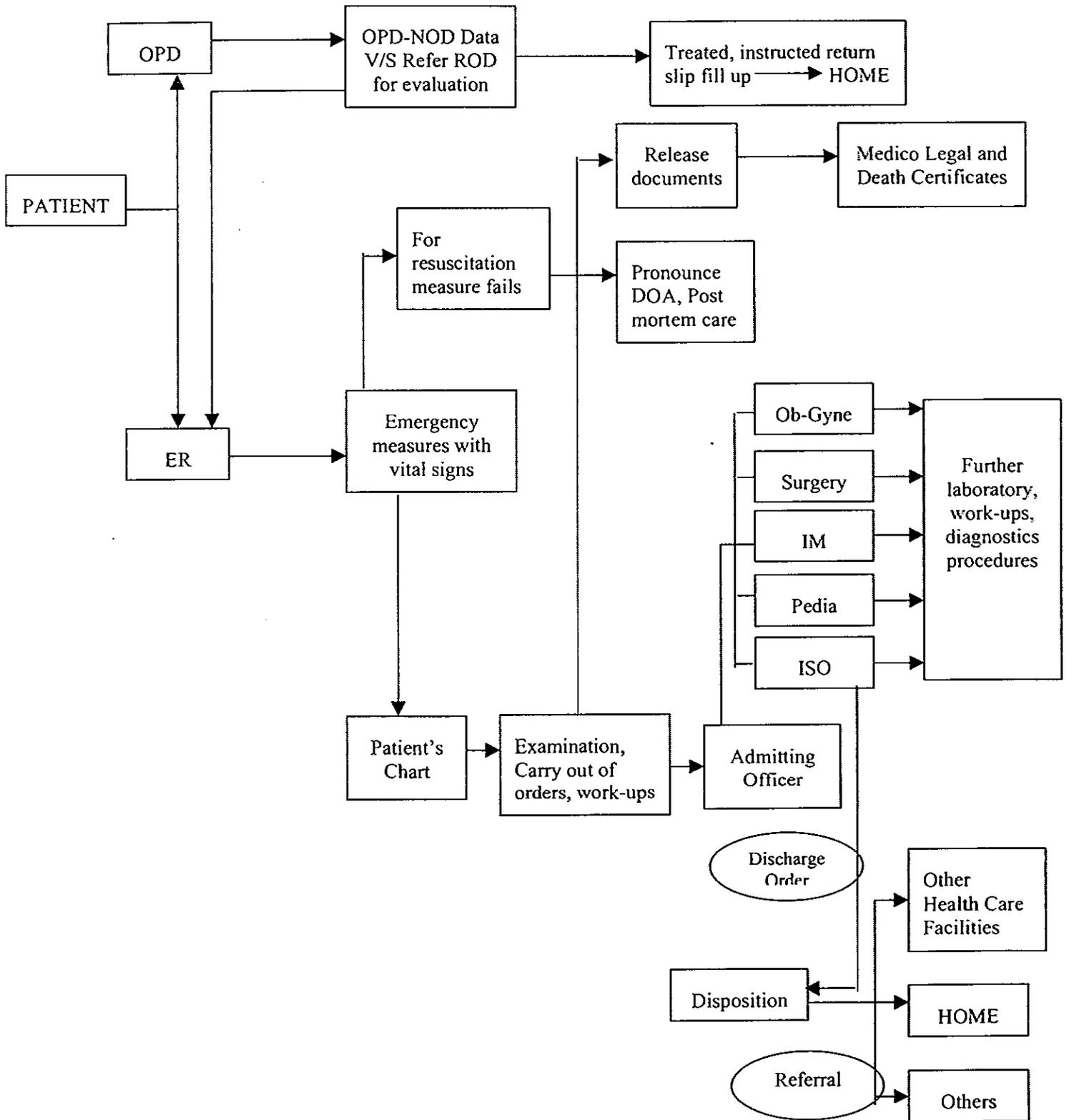
**Figure 3.** BHS and RHU Internal Referral Flow Chart



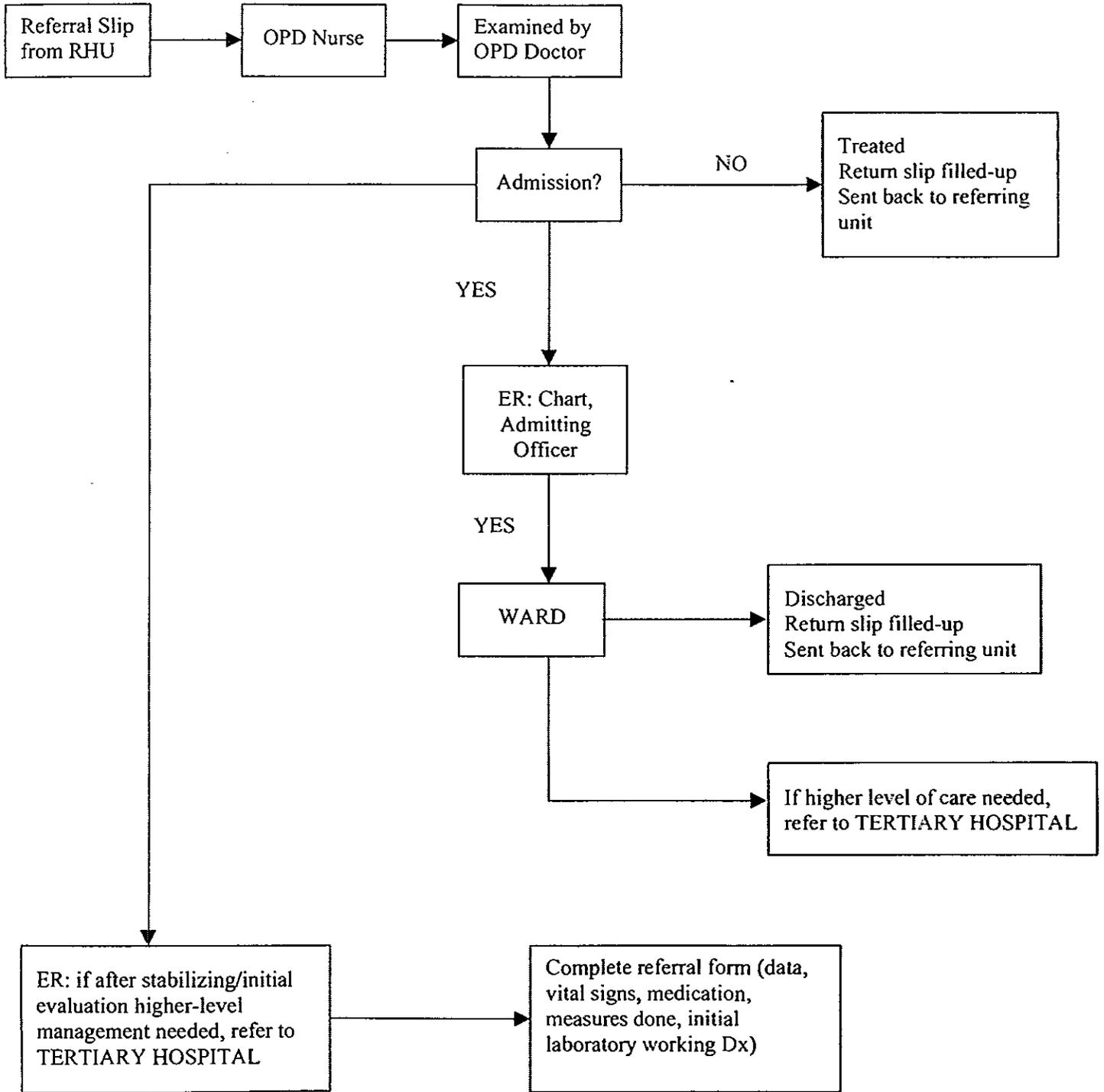
**Figure 4.** BHS and RHU External Referral Flow Chart



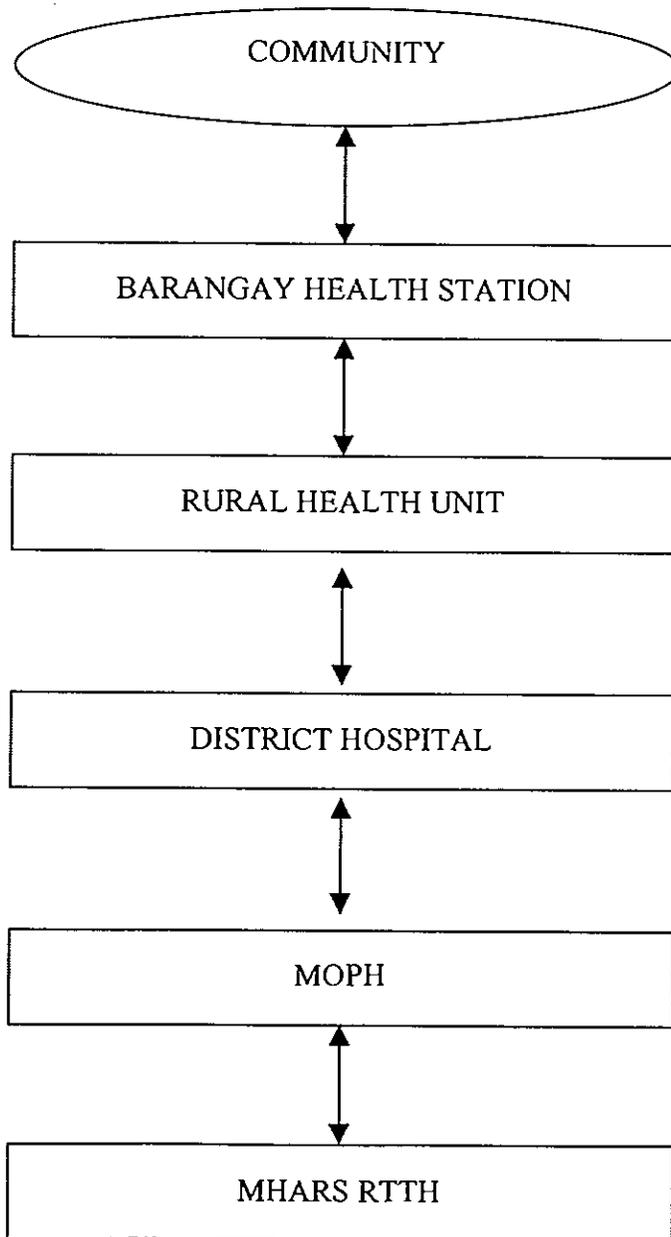
**Figure 5.** District Hospital Internal Referral Flow Chart



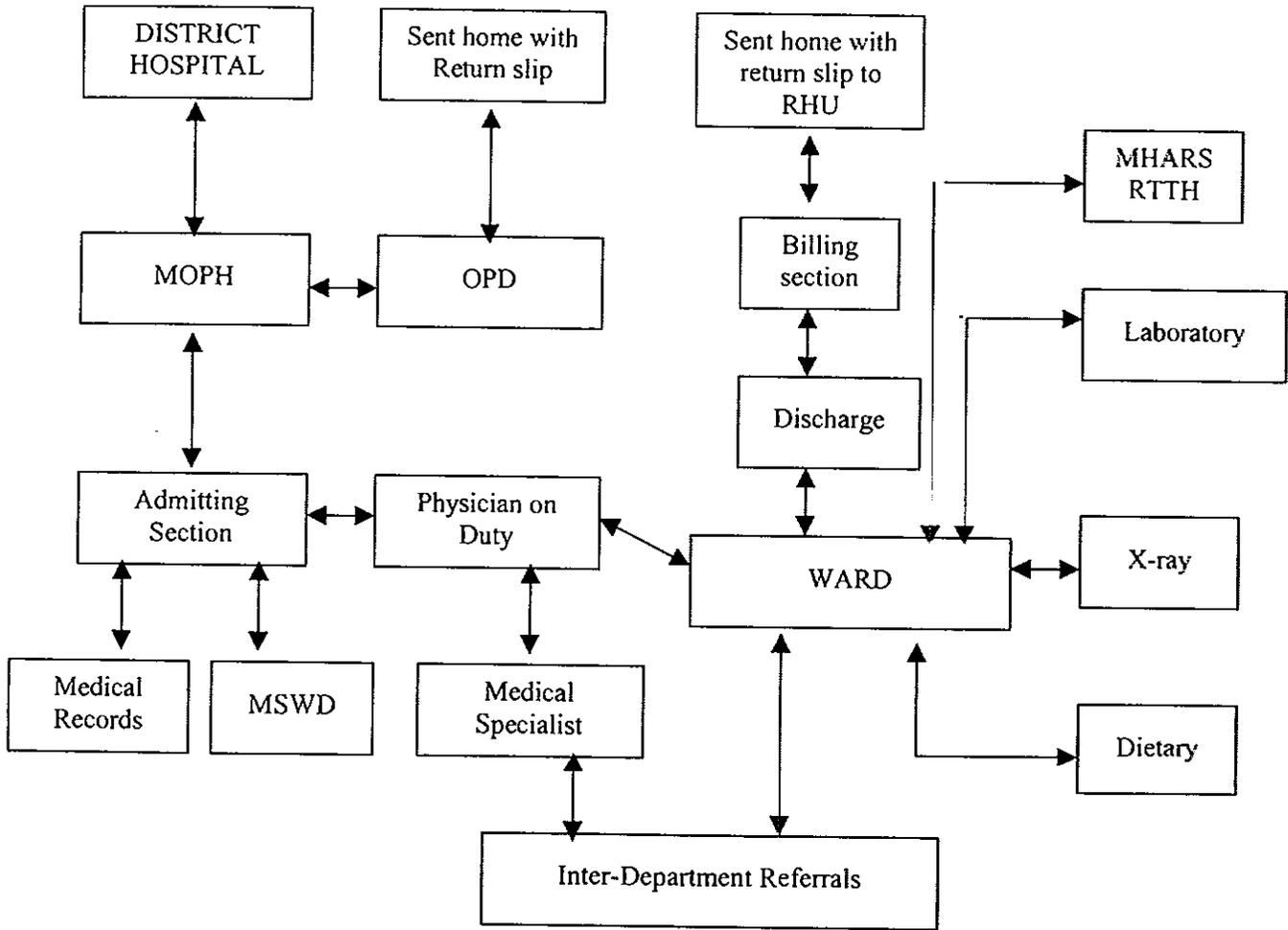
**Figure 6.** District Hospital External Referral Flow Chart



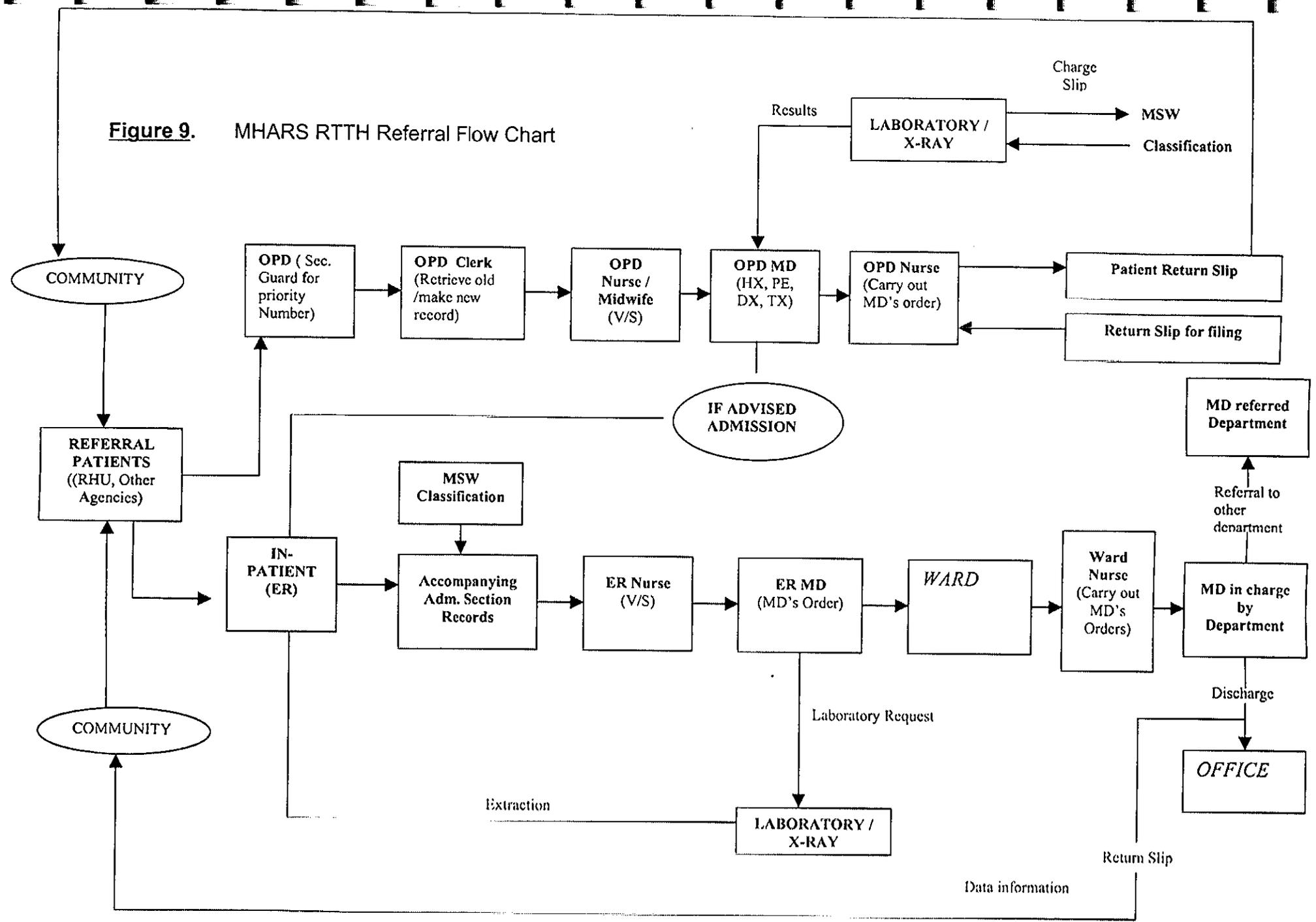
**Figure 7.** Misamis Occidental Provincial Hospital  
External Referral Flow



**Figure 8.** Misamis Occidental Provincial Hospital Internal Referral Flow Chart



**Figure 9.** MHARS RTTH Referral Flow Chart



## 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.
Physician-in-charge	c. Sends return referral slip to all health facilities bypassed by the patient.
Ward Nurse	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.
PESU	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.
PESU	7. 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.
	8. a. Performs investigation, notifies Physician-in-

Responsible Person	Action
Records Officer	<ul style="list-style-type: none"> <li>charge of results and attaches official report to patient's record.</li> <li>b. Notifies/sends official result of disease investigation including actions to be undertaken by MHO/RHP concerned and BHS concerned.</li> <li>c. Enters patient's data in notifiable disease registry.</li> </ul> <p>7.</p> <ul style="list-style-type: none"> <li>a. Does summary of daily OPD and admitted cases seen.</li> <li>b. Records all outgoing and incoming referred cases in the referral logbook.</li> <li>c. Accomplishes the quarterly monitoring report for referred cases.</li> </ul>

District Hospital Level (RHU, BHS to District Hospital)

Person Responsible	Action
patient	<ol style="list-style-type: none"> <li>1. Gives referral slip to OPD nurse/nurse aid</li> <li>2. <ul 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> </ul> </li> <li>3. <ul 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> </ul> </li> <li>4. <ul style="list-style-type: none"> <li>a. If OPD case, give treatment instructions per doctor's orders and advise to give return slip to the referring facility.</li> <li>b. If for admission, carries out initial physician's order, attach referral slip to chart and transport to ward.</li> </ul> </li> <li>5. <ul style="list-style-type: none"> <li>a. Manages the patient in the ward.</li> <li>b. Upon discharge, accomplishes return referral slip together with a complete clinical summary and special instructions. Give it to the ward nurse.</li> </ul> </li> <li>6. <ul style="list-style-type: none"> <li>a. If for discharge, gives discharge instructions to include giving of return referral slip to the referring facility.</li> <li>b. If referral to higher facility, inform patient, fills up referral slip and inform the next facility.</li> </ul> </li> </ol>
OPD nurse /nurse aid	
Resident on duty	
OPD Nurse	
Attending Resident Physician	
Ward Nurse.	

Person Responsible	Action
Medical Records Officer	b. If for referral to higher facility, give instructions and arrange for ambulance service 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. 2. Records patient in the referral logbook, gets vital signs and refer to the Public Health Nurse. 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. 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.
RHU Midwife	
PHN	
MHO	
PHN	

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> ) 5. Prepares detailed and complete clinical summary, accomplishes referral slip including reason for referral and gives to the Ward Nurse. 6. Transcribes in nurse's notes and records in referral registry. 7. If necessary, arranges for ambulance
Resident Physician-in-charge	
Ward Nurse	

Responsible Person	Action
Nursing Attendant Billing Section	<p>conduction of the patient.</p> <p>8. Advises and explains instructions to patient/ patient's companion.</p> <p>9. Brings patient's chart to billing section.</p> <p>10. Computes bill of patient and refer patient to the cashier.</p>
Specialty Hospital/Higher Facility Physician	<p>11. If patient is unable to pay, part or in full, refers patient to medical social worker.</p> <p>12. Upon discharge, accomplishes return referral slip together with the detailed, complete clinical summary including special instructions.</p>
Patient	<p>13. Gives return referral slip/clinical summary to the referring hospital.</p>
Referring hospital's physician	<p>14. Advises patient regarding follow-up.</p> <p>15. Sends back referral slip to RHU/BHS concerned.</p>

#### Intra-Hospital Referral (Inter-Departmental Referral)

Responsibility	Action
Resident Physician-in- charge Senior Resident	<p>1. Accomplishes inter-departmental referral slip.</p> <p>2. Attaches laboratory and other diagnostic results, i.e. ECG, ultra-sound, x-rays, etc.</p> <p>3. Reviews referral slip and gives provisional and differential diagnosis and reason for referral.</p>
Medical Specialist Ward Nurse	<p>4. Approves referral slip.</p> <p>5. Records referral in Patient's Chart (Nurses' notes).</p>
Resident Physician/Senior Resident Department to whom the patient is being referred to (Resident Physician or Senior Resident Physician)	<p>6. Sends referral slip to the department's physician to whom the patient is being referred to.</p> <p>7. Reviews referral slip/history of present illness, examines patient and evaluates together with the referring physician.</p> <p>8. Records findings in the referral slip.</p> <p>9. Makes appropriate suggestions/recommendations.</p> <p>10. Seeks approval of suggestion/recommendation from medical specialist concerned.</p>

Responsibility	Action
Referring department's physician Referring department's Ward nurse	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.
Receiving department's Ward Nurse  Receiving Department's Resident Physician Resident Physician in-charge	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 10 A. Referral Form**

Republic of the Philippines  
Province of Misamis Occidental  
Inter-Local Health Zone

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 10 B. Referral Form**

Republic of the Philippines  
 Province of Misamis Occidental  
 \_\_\_\_\_ Inter-Local Health Zone

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

Note: Please retain this part at referred level

*[Signature]*

**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 follow-up cases)		
Recommendation/Instructions (for follow-up cases)					

## 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.

### ***Community Level:***

- Walking blood bank/blood directory
- Health saving scheme
- Barangay referral coordinating committee

# 4

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## RELEVANT POLICIES AND GUIDELINES

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The *ILHZ Health Board* shall issue administrative and technical policies agreed upon regarding the health referral system.

The administrative policies may pertain to networking of health facilities, use of transport (ambulance), transport of patient, extension of services outside the catchment area, attendance of medico-legal cases, issuance of medical certificate, and attendance of court hearing of medico-legal cases.

The technical policies may deal with accidents, gunshot wounds, stab wounds, action on rape case, alcohol verification, drug test policy, autopsy for medico-legal cases, and conduct of autopsy.

### ADMINISTRATIVE POLICIES

1. Hospital 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. The ER/OPD nurses must officially receive referrals to the hospital to be immediately evaluated by the doctor.
9. Essential drugs and medicines shall be available at any given time at all levels of health facilities.
10. A separate logbook shall be maintained for monitoring and evaluation of records of all patients both at the ER and OPD, regularly updated by the nurse concerned, to be consolidated by the medical records officer.
11. Each level of health care unit shall have a list of essential equipment and their status.
12. Services to be rendered to a patient shall depend on the facilities, capabilities and human resources.
13. Patients referred/transferred to other hospital using the hospital ambulance shall be accompanied by a physician or trained paramedic. In instances when no accompanying physician or health personnel are available, the patient/watcher/companion should sign a waiver.
14. 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.
15. Referred patients are referred back to services/facilities where services are also available for follow-up and disposition.
16. Referral slip shall accompany the patient for referral. Vital data or information should be written on the referral slip.
17. Cluster barangay and municipal health care units should refer to the core referral hospital of the ILHZ where they belong, unless again services are not available in that area.

18. 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.
19. Referral may be facilitated through the use of radio communication or transport services such as ambulances.
20. Two-way referral system must be observed.
21. In areas or ILHZ where there is no government hospital, networking shall be done with the private hospital facilities with available services.
22. Available services shall be determined and MOA between the private and municipal and provincial government should be undertaken.
23. Referral system shall take into consideration the general welfare of the patient and the referral facilities.
24. Continuous training and updating of capabilities of the health service providers shall be of utmost consideration.
25. Referral should be written legibly and completely.
26. Instruction for follow-up and intervention to referred facility and from refereeing level must be specified.
27. Referral slip must be attached to patient's chart from admission to the ward.
28. Attending physician must prepare the referral slip. The referred health facility should make **2 copies** of returned referral slips. The Hospital Record Officer retains one copy, and the other copy will be brought by patient/watcher to be given to the referring facility.
29. Address of patient written on the referral slip should be specific (if possible, with landmarks).
30. Referred emergency cases that need blood transfusion should bring along possible donors.
31. Ambulances should not be used to transport COD (?).
32. The hospital physician on duty shall issue death certificate of DOA patient.

## 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 requests for medico-legal examinations 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. 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 records must be signed by the attending MHOs, CHOs, and hospital medical staff.
6. The attending physician must sign the medico-legal certificate. However, both Medical Officers must sign the referral for further management.
7. For death occurring in transit, the MHO or medical officer who has last seen the patient must sign the death certificate. For death of a self-referred patient in transit, the death certificate should be issued by the MHO of the area where the patient came from, or the place where the cadaver will be buried.
8. Death certificate must be issued immediately.

9. The attending physician must sign consent for medico-legal cases requiring surgery.
10. Blood transfusion will not be given where it becomes a religious issue.
11. Medico-legal 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, but only cases within the catchment's area of the hospital. These cases will be coordinated with the DSWD and PNP. In areas without a medical technologist, only laboratory examination will be performed, and the medical certificate will be signed by the MHO/CHO concerned.
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, or the nearest accessible municipality not within the ILHZ, provided that there is an approval of the respective LGU. But in the case where all MHOs are out of town, the cadaver shall be brought to the nearest government hospital for post-mortem examination.
13. 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. This is, however, subject to the presentation of a certification from the Office of the Local Chief Executive concerned that the concerned MHO was out on official business or otherwise.
14. Transport vehicle to fetch the MHO must be provided by the requesting parties concerned and the LGU to conduct medico-legal examination within and outside the area of responsibility, respectively.
15. During weekends and holidays, medico-legal cases more than 48 hours after the incident may be handled, depending on the severity of the case, or upon the discretion of the Chief of Hospital or resident-on-duty.
16. Medico-legal fees shall be paid to the MHO based on the rates provided by the Magna Carta for Public Workers, and subject to the usual accounting and auditing rules and regulations.
17. 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.

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## CASE MANAGEMENT PROTOCOLS

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### HEALTH STATISTICS

**Table 5.** Leading Causes of Morbidity, Province/Cities/4 ILHZs of Misamis Occidental, 2001 (Number and Rate per 100,000 Population)

Causes	No.	Rate
ARI/Bronchitis	42876	8651.17
Influenza	12225	2466.66
Wounds/Injuries	5763	1162.81
Diarrhea	5335	1076.45
CVD/HPN	5008	1010.47
Pneumonia	4997	1008.25
UTI	2671	538.93
PTB	1385	279.45
Accidents/Violence	1202	242.52
Peptic Ulcer Disease	1015	204.79

**Table 6.** Leading Causes of Mortality, Province/Cities/4 ILHZs of Misamis Occidental, 2001

<b>Causes</b>	<b>Number</b>	<b>Rate</b>
1. CVD/CHD	838	169.08
2. Pneumonia	321	64.76
3. Cancer	256	51.65
4. Accidents/Violence	218	43.98
5. PTB	183	36.92
6. Renal Disease/Failure	120	24.21
7. Septicemia	106	21.38
8. Diabetes Mellitus	66	13.31
9. Bleeding Peptic	49	9.88
10. Ulcer/Liver Disease/Cirrhosis	11	3.80

(Number and Rate per 100,000 Population)

**Table 7.** Leading Causes of Infant Mortality, Province of Misamis Occidental, 2001

<b>Causes</b>	<b>Number</b>	<b>Rate</b>
1. Pneumonia	16	3.6429
2. Congenital Anomalies	5	1.1384
3. Diarrheal Diseases	4	0.9107
4. Neonatal Death	4	0.9107
5. Accidents	2	0.4553
6. Meningitis	1	0.2276
7. Asphyxia	1	0.2276
8. Malnutrition	1	0.2276
9. RDS	1	0.2276
10. Chicken Pox	1	0.2276

## EMERGENCY/ESSENTIAL DRUGS

### Misamis Occidental Provincial Hospital

Essential Drugs	Emergency Drugs
Amoxicillin	Hydrocortisone
Paracetamol	Sodium Bicarbonate
Rifampicin	Atropine
INH	Epinephrine HCL or Adrenaline
Pyrazinamide	Diazepam
Nifedipine	Diphenhydramine HCL
ORESOL	Dopamine
Cotrimoxazole	Dexamethasone

### Mayor Hilarion A. Ramiro, Sr. Regional Training and Teaching Hospital (MHARSRTTH)

Dopamine 200 mg/250 ml	Digoxin ampD-50% vial	Paracetamol amp
Dolbutamine HCl premixed/vial	Epinephrine HCl	Sodium Bicarbonate
Dextran 70% in 5 % Dextrose	Furosemide amp	Tranexamic amp
Mannitol 10% 800 amp	Hydrocortisone 100 mg	Potassium Chloride
Atropine Sulfate	Hydrocortisone 250 mg	Salbutamol nebule
Amikacin 125 mg/ml	Hydralazine amp	Terbutaline inj.
Aminophylline amp	Hyoscine N-butyl Br amp	Nizatidine amp
Biperidin amp	Haloperidol amp	Nitroglycerin patch
Captopril tab	Magnesium Sulfate vial	Calcium Gluconate amp
Chlorpheniramine Maleate amp	Metoclopramide amp	Oxytocin amp
Dexamethasone amp	Midazolam amp	Methylethergometrine amp
Diazepam amp	Nalbuphine amp	Naloxone amp
	Nifedipine 5 mg	Prostigmin amp
	Promethazine HCl amp	Phenobarbital amp
		Phenytoin amp

## 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 **BHS** and **RHUs/CHOs**.

- 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

**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

*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 heart disease
- Bell's palsy
- Blood dyscrasia
- Bleeding peptic ulcer
- Bronchogenic carcinoma
- Bronchial asthma, severe or status asthmaticus
- Cholera
- Cerebrovascular disorders, in evolution
- Congenital heart 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

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.

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## MONITORING AND EVALUATION

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### MONITORING AND EVALUATION ACTIVITIES

The manner of the implementation of the referral system in Misamis Occidental will be monitored and evaluated periodically.

The following health personnel are recommended or suggested to be designated for the tasks of recording, monitoring and evaluation of the referral system at the corresponding level of health facility:

- Barangay Health Station – Rural Health Midwife
- Rural Health Unit – Public Health Nurse or Senior 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 11 to 14 on pages 56 to 59 for the monitoring forms). Data will include referred cases, number of referrals, proper filling up of forms, return slips and areas where referrals came from. These data may be recorded in checklists, logbooks and reports. The reports will be submitted to the ILHZ or District Health Team, or to the Provincial Health Office.

The members of the expanded Health Sector Reform Agenda Advocates in every ILHZ will also monitor and evaluate periodically. At the provincial level, the IPHO team, together with some members of the expanded HSRA Advocates from the ILHZs will validate the monitoring and evaluation reports. The group may decide to give awards at the end of each year.

## CRITERIA FOR EVALUATION

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

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

The *objective indicators* to gauge the functional referral system are:

1. Number of appropriate/eligible referrals
2. Number of inappropriate referrals
3. Number of referral slips with return slips filled up and returned
4. Number of properly filled up referral slips
5. Number of satisfactory feedback from patients, particularly the women

Feedback from the community, particularly the women, should reach and be heard at the higher levels. Women leaders are included in the Expanded Health Sector Reform Agenda Advocates.





**Figure 13. Quarterly Report Form for Outgoing Referrals**

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED TO	SPECIFIC REASON FOR REFERRAL	ADMISSION (for hospital only)	OPD CASE	OTHER	CLASSIFI CATION OF CASE					REMARKS
	M	F							MED	PED	OB- GYNE	SUR- GERY	OTHERS	
Below 1 yr														
1 - 4 yr														
5 - 14 yr														
15 - 19 yr														
20 - 64 yr														
65 yr & above														

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

No. of Cases

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_  
(Printed Name & Signature)

Approved By: \_\_\_\_\_  
(Printed Name & Signature)

**Figure 14. Quarterly Report Form for Incoming Referrals**

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL	ADMISSION (for hospital only)	OPD CASE	OTHER	CLASSIFICA TION OF CASE					REMARKS
	M	F							MED	PED	OB- GYNE	SUR- GERY	OTHERS	
Below 1 yr														
1 – 4 yr														
5 – 14 yr														
15 – 19 yr														
20 – 64 yr														
65 yr & above														

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

No. of Cases

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

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

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

Prepared By: \_\_\_\_\_  
(Printed Name & Signature)

Approved By: \_\_\_\_\_  
(Printed Name & Signature)

# ANNEXES

## Annex 1. MEMBERS OF THE EXPANDED HEALTH SECTOR REFORM ADVOCATES

Name	Designation	Office
Calamba Inter-Local Health Zone		
Annie B. Bacarro	MHO	RHU – Calamba
Rodolfo L. Nazareno	COH	Calamba District Hospital
Naomi B. Jumalon	Nurse IV/Chief Nurse	Calamba District Hospital
Estela Armada	PHN II/DOH Rep	RHU – Baliangao
Lolita Libetario	RHM II	RHU – Plaridel
Oroquieta Inter-Local Health Zone		
Betty Masayon	RHM II	RHU – Lopez Jaena
Viclemar C. Evidente	Nurse IV/DOH Rep	IPHO Technical Staff, Oroq. City
Eleanor Malifier	Records Officer II	MOPH, Oroquieta City
Adonis Dantes	HEPO II	IPHO – MOPH
Felipe M. Romero, Jr.	MS IV/DOH Rep	PHT – Misamis Occidental
Renato R. Junio	PHN III	MOPH, Oroquieta City
Blanche B. Flores	CHO I/DOH Rep	CHO, Oroquieta City
Livera A. Amil	MS II	MOPH, Oroquieta City
Rachel T. Micarandayo	PHO	IPHO, Oroquieta City
Neil F. Mondoy	Nurse II	JMCH, Jimenez

Annex 1, continued

Name	Designation	Office
<b>Ozamiz Inter-Local Health Zone</b>		
Marivic G. Dapitan Wynona R. Vega Churieta B. Colcol Charita O. Alunan Mila P. Gamaya Anita A. Flores Themistocles L. Obenza Emma B. Cagaanan Nilo Caballo Lynn O. Mugar Marlene S. Awayan	RHM II CGADH I PHN II Medical Social Worker II Nurse III/HEPO II Desig. DOH Rep COH PHN III/Chief Nurse MS II MRO II MHO	RHU – Clarin SM Lao Hospital SM Lao Hospital MHARSRTTH, Ozamiz City MHARSRTTH, Ozamiz City RHU – Tudela TMH – Tudela TMH – Tudela MHARSRTTH, Ozamiz City MHARSRTTH, Ozamiz City RHU – Sinacaban
<b>Tangub Inter-Local Health Zone</b>		
Oscar Tagalog Ma. Theresa Mercader Gregorio Regidor Juanita A. Timtim Jose L. Pantoja, Jr. Leonora M. Cabatana	MHO Nurse III/DOH Rep CHO II RHM III OIC – COH PHN/Chief Nurse	RHU – Bonifacio RHU – Bonifacio CHO – Tangub City RHU – Don V. Chiongbian DMDTMH, Tangub City DMDTMH, Tangub City

**Annex 2.**

**Referral System Strengthening Workshop  
Plaza Beatriz Hotel  
Misamis Occidental  
March 20-21, 2002**

**DIRECTORY OF PARTICIPANTS**

<b>Name</b>	<b>Designation</b>	<b>Office</b>
Leah Agnes P. ValdezRicardo L. ReyesEditha L. AbocejoAntonio A. Arnaiz, Jr.Edna R. EugenioThelma L. TacbasLolita N. Libetario	DOH Rep/Nurse IV MS IV/PHT WHSMP-PC Co-Manager DMO II MS III Statistician III RHM II	DOH – Bukidnon DOH – Bukidnon CHD X PHIC X CHD X – DOH/RHO CHD X/RHO RHU – Plaridel
<b>Calamba Inter-Local Health Zone</b>		
Magdalena T. Lorejo Naomi B. Jumalon Rodolfo L. Nazareno Julieta P. Villanueva Estel Armada	RHM II Nurse IV/Chief Nurse COH RHM II PHN II/DOH Rep	RHU – Concepcion Calamba District Hosp Calamba District Hosp RHU – Sapang Dalaga RHU – Baliangao
<b>Oroquieta Inter-Local Health Zone</b>		
Bernardita M. GasparBetty M. MasayonRoland PaesteViclemar C. EvidenteErlinda O. MaturanFe. L. MabugnonAdonis L. DantesVenus A. BodionganFelipe M. Romero, Jr.Renato R. JunioRafael G. PayeBlanche B. FloresSagrada Therese N. RoaLivera A. AmilRachel T. MicarandayoDelilah S. MaghanoyCarolyn Q. GallerosNeil F. Mondoy	DTTB RHM II PHN II Nurse IV/DOH Rep PHN II RHM II HEPO II PHN III MS IV/DOH Rep PHN III PHN IV/DOH Rep CHO I/DOH Rep PHN II MS II PHO I HEPO II MHO Nurse II	RHU – DTTB, Lopez Jaena RHU – Lopez Jaena RHU – Panaon IPHO Tech. Staff, Oroq.City CHO – Oroquieta City RHU – Panaon IPHO – MOPH IPHO Technical Staff PHT – Misamis Occidental MOPH, Oroquieta City IPHO – Technical Staff CHO – Oroquieta City RHU – Aloran MOPH, Oroquieta City IPHO – Oroquieta City IPHO – Technical Staff RHU – Jimenez JMCH, Jimenez

Annex 2, continued

Name	Designation	Office
<b>Ozamiz Inter-Local Health Zone</b>		
Marivic G. Dapitan	RHM II	RHU – Clarin
Wynona R. Vega	CGADH	SM Lao Hospital
Churieta B. Colcol	IPHN II	SM Lao Hospital
Charita O. Alunan	Medical Social Worker II	MHARS-RTTH
Mila P. Gamaya	Nurse III HEPO II Desig.	MHARS-RTTH
Anita A. Flores	DOH Rep	RHU – Tudela
Rosalinda A. Rodriguez	PHN III	CHO, Ozamiz City
Lalaine B. Barroga	MO III	MHARS-RTTH
Isaac N. Pala, Jr.	MS II	MHARS-RTTH
Themistocles L. Obenza	COH	TMH – Tudela
Gerlie S. Alema	PHN III	MHARS-RTTHT
Emma B. Cagaanan	PHN III/Chief Nurse	MH – Tudela
Nilo Caballo	MS II	MHARS-RTTH
Daniel T. Medina	CHO II	CHO – Ozamiz City
Lynn O. Mugar	MRO II	MHARS-RTTH
Marlene S. Awayan	MHO	RHU – Sinacaban
Anita I. Tiu	Microscopist	RHU – Sinacaban
Patricenia P. Atienza	PHN II	RHU - Clarin
<b>Tangub Inter-Local Health Zone</b>		
Juanita A. TimtimJ	RHM III	RHU – Don V. Chiongbian
Jose L Pantoja, Jr	OIC – COH	DMDTMH, Tangub
Leonora M. Cabatana	PHN IV/Chief Nurse	CityDMDTMH, Tangub
Edil C. Agnes	PHN III	CityCHO – Tangub
Oscar Tagalog	MHO	CityMHO – Bonifacio
<b>Documentors</b>		
Fernando Q. Buensalida	Documentor	MODICE, Oroquieta City
Noel T. Lumasag	Documentor	MODICE, Oroquieta City
Leticia F. Conol	Documentor	MODICE, Oroquieta City
Axel Joseph L. Binaoro	Documentor	MODICE, Oroquieta City
Analyn Burlat	Documentor	MODICE, Oroquieta City

Annex 3.

**PLEDGE OF COMMITMENT TO THE  
POLICIES AND GUIDELINES ON THE HEALTH REFERRAL SYSTEM  
OF MISAMIS OCCIDENTAL**

**COMMITTED** to the national vision of providing quality, equitable and accessible health services for all as a fundamental right of every person, especially the underprivileged sectors of our society;

**RESPONSIVE** to the changing needs of the time and challenges brought about by devolution of health services;

**SUPPORTIVE** of our output of the Strengthening Referral System Workshop held at Plaza Beatriz, Ozamiz City, Misamis Occidental on March 20-21, 2002.

We, the participants, in partnership with the DOH, MSH and PHIC, do hereby pledge our solemn commitment to the Standard Policies and Guidelines of the Health Referral System and affix our signatures as a sign of support.

(Signed by all participants during the closing ceremony of the Referral System Strengthening Workshop held on March 20-21, 2002, at the Plaza Beatriz Hotel, Ozamiz City, Misamis Occidental)

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## REFERENCES

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