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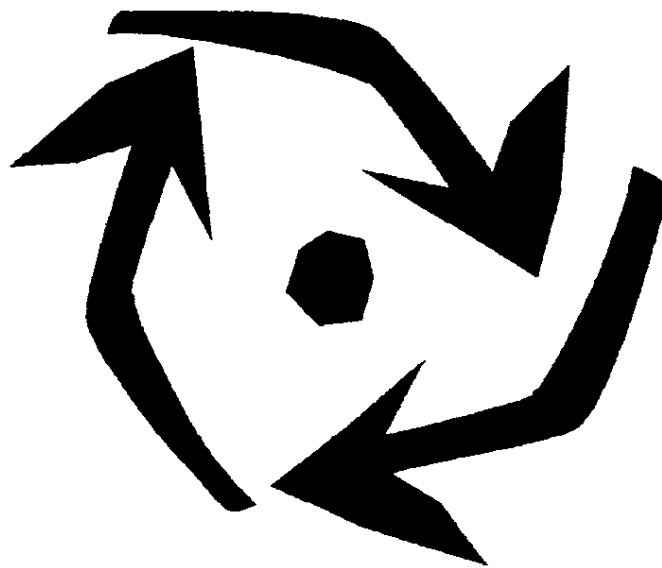
**BULACAN**

**HEALTH REFERRAL MANUAL**

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**MANUAL FOR THE  
UNIFIED LOCAL HEALTH REFERRAL  
SYSTEM IN BULACAN**



**BULACAN PROVINCIAL HEALTH OFFICE  
DEPARTMENT OF HEALTH  
2002**

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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 Bulacan, 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 Unified Local Health System (ULHS) 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 for their illnesses.

## ACKNOWLEDGEMENT

The Provincial Health Office of Bulacan extends its gratitude to the following people who contributed to the development of this manual:

- The participants from the six Unified Local Health System;
- The staff of the Center for Health Development, Department of Health;
- The Management Sciences for Health;
- The health personnel of the Local Government Health Units;
- The members of the Expanded Health Sector Reform Advocates;
- The IPHO Program Coordinators and
- The Bulacan State University, Office of the Vice President for Planning, Research and Extension

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## GLOSSARY

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

**Referral agency.** This is the health agency making the referral.

**Provider of care.** This is the health agency to which a consumer is being referred for care. This is also an accepting agency.

**Outcome of a referral.** This is 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.** This refers to a diagnosis /impression or description of a patient's condition in terms of signs, symptom, physical, emotional and social status, or any other information gathered.

**Health services.** This refers 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.** This 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.** This refers to the participating agencies in the interagency referral system. These are categorized into:

**Primary care center.** This refers to the Rural Health Units (RHUs) and the Barangay Health Stations (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.** This 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.** This 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.** This is operated and maintained either partially or wholly by national, provincial, municipal or city government or other political subdivision or by any department, division, board, or other agency thereof.

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

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

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

**Primary hospital.** This provides hospital care for the more prevalent disease that does not require any specialized form of treatment and major surgical intervention. It is equipped with service capabilities needed to support licensed physicians rendering services in Medicine, Pediatrics, Obstetrics, and Minor Surgery.

**Secondary hospital.** This is 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** – This is 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.** This provides hospital care for the more prevalent diseases and has 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, this has a medical training program and a track record in performing medical research.

**ACRONYMS**

<b>ABC</b>	Association of Barangay Councils
<b>Adm. Sec.</b>	Admitting Section
<b>AP</b>	Appendectomy
<b>ARI</b>	Acute Respiratory Infection
<b>BCG</b>	Bacillus Calmette Guerin
<b>BHS</b>	Barangay Health Station
<b>BHW</b>	Barangay Health Worker
<b>BP</b>	Blood Pressure
<b>BSE</b>	Breast Self-Examination
<b>BSMP</b>	Blood Smear for Malarial Parasite
<b>CARI</b>	Control of Acute Respiratory Infection
<b>CBC</b>	Complete Blood Count
<b>CBRS</b>	Community- Based Referral System
<b>CCU</b>	Critical Care Unit
<b>CDD</b>	Control of Diarrheal Diseases
<b>CHD</b>	Center for Health Development
<b>COH</b>	Chief of Hospital
<b>CVD</b>	Cardio-Vascular Diseases
<b>D and C</b>	Dilatation and Curettage
<b>DHS</b>	District Health System
<b>DMO</b>	Development Manager Officer
<b>DOA</b>	Dead on Arrival
<b>DPT</b>	Diphtheria Pertussis Tetanus
<b>DOH</b>	Department of Health
<b>DOTS</b>	District Observed Treatment on SCC
<b>DR</b>	Delivery Room
<b>DSWD</b>	Department of Social Welfare and Development
<b>Dx</b>	Diagnosis
<b>ENT</b>	Ear, Nose and Throat
<b>EENT</b>	Eye, Ear, Nose and Throat
<b>EPI</b>	Expanded Program on Immunization
<b>ER</b>	Emergency Room
<b>FP</b>	Family Planning
<b>HEPO</b>	Health Education and Promotion Officer
<b>HP</b>	Health Professional
<b>HR</b>	Heart Rate
<b>HSRA</b>	Health Sector Reform Agenda
<b>ICU</b>	Intensive Care Unit
<b>IDA</b>	Iron Deficiency Anemia
<b>IDD</b>	Iodine Deficiency Disorder
<b>IEC</b>	Information, Education and Communication

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<b>ILHZ</b>	Inter-Local Health Zone
<b>IM</b>	Internal Medicine
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IPHO</b>	Integrated Provincial Health Office
<b>ISO</b>	Isolation
<b>IVP</b>	Intravenous Pyelography
<b>KUB</b>	Kidney Ureter Bladder
<b>LCE</b>	Local Chief Executive
<b>LGU</b>	Local Government Unit
<b>LHB</b>	Local Health Board
<b>MHO</b>	Municipal Health Officer
<b>MO</b>	Medical Officer
<b>MOA</b>	Memorandum of Agreement
<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>OB-GYNE</b>	Obstetrics-Gynecology
<b>OJT</b>	On-the-Job Training
<b>OPD</b>	Outpatient Department
<b>OPT</b>	Operation Timbang
<b>OR</b>	Operating Room
<b>PED</b>	Pediatrics
<b>PHA</b>	Philippine Hospital Association
<b>PHC</b>	Primary Health Care
<b>PHILHEALTH</b>	Philippine Health Insurance Corporation
<b>PHN</b>	Public Health Nurse
<b>PHO I</b>	Provincial Health Officer I (field service)
<b>PHO II</b>	Provincial Health Officer II
<b>PHTO</b>	Provincial Health Team Office
<b>PNP</b>	Philippine National Police
<b>PO</b>	People's Organization
<b>PSWD</b>	Provincial Social Welfare Department
<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>RR</b>	Respiratory Rate
<b>RSI</b>	Rural Sanitary Inspector
<b>SB</b>	Sangguniang Bayan
<b>SCC</b>	Short-Course Chemotherapy

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<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>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>TT</b>	Tetanus Toxoid
<b>Tx</b>	Treatment
<b>ULHS</b>	Unified Local Health System
<b>ULHRS</b>	Unified Local Health Referral System
<b>WHO</b>	World Health Organization
<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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The Province of Bulacan is one of the 16 pilot test sites under the two-year Health Sector Reform Technical Assistance Project (HSRTAP) funded by the United States Agency for International Development (USAID). The project aims to unify efforts of Local Government Units (LGUs), the Department of Health (DOH), and the Philippine Health Insurance Corporation (PHIC) in improving health service equity, coverage, quality, efficiency, and private participation. The direction in the reform process is provided for in the Health Sector Reform Agenda (HSRA) 1999 of the DOH which focused in five areas: Local Health System, Public Health, Hospital Reforms, Drug Management, and Social Health Insurance. The critical health issues in each of these areas were discussed and served as valuable inputs in getting the health sector reforms moving in the province. On December 14, 2001, the Provincial Health Summit was held. The Bulacan Health Situation was discussed and health reform targets for 2004 were set. The highlight of the summit was the signing of the Pledge of Commitment by the participatory LGUs and stakeholders of Bulacan.

One of the health reform targets is the improvement of the Unified Local Health System (ULHS) through a strengthened local health referral system.

To this end, a seminar workshop was held on April 22-23, 2002 with these accomplishments:

- Reviewed the current status of health referral system in the province;
- Oriented the health staff of the hospitals, RHUs and BHS on the basic concept of referral system in the ULHS and their respective roles;
- Identified critical factors which contributed or impeded effective referral network;
- Identified strategies and activities which could strengthen the current referral network;
- Determined the minimum package of services at the primary facilities and complementary services at the secondary and tertiary facilities
- Developed policies and guidelines for an effective referral system; and
- Formulated recommendations to the DOH prototype referral manual.

This manual for the Unified Local Health Referral System embodies the outputs of the above workshop. With Provincial Governor Josie M. dela Cruz raising the banner “Sulong Pa Bulakan, Para Sa Kalusugan”, the health reforms incorporated into this manual is another foundation in protecting and maintaining the health of the Bulakeños.

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**BULACAN HEALTH SECTOR REFORM AGENDA**

**VISION**

Every Bulakeño has a better quality of life having access to comprehensive health services.

**MISSION**

It is our mission through unified local health system to deliver promotive, preventive, curative, rehabilitative, quality health services in an accessible, affordable, available, efficient, effective, and sustainable manner with adequate health support by multi-sectoral collaboration.

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# 1

## THE REFERRAL SYSTEM

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### 1.0 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 to patient from one facility to another.

Within the Unified Local Health System (ULHS) 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 overburdened 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 center;

- When a patient requires a technical intervention that is beyond the capabilities of the health center; or
- When a patient requires inpatient 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 two-way process that involves **cooperation, coordination, and information transfer** between the health centers and the hospitals.

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

## 2.0 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.



### 3.0 PROFILE OF REFERRALS IN BULACAN

The profile of referrals in the Bulacan Provincial Hospital is shown below:

- Sources
  - RHU
  - Hospital (public and private)
  - Private clinics
  
- Reasons
  - Incoming
    - further evaluation and management
    - X-ray
    - no anesthesiologist
    - explore-lap
    - medico-legal evaluation
    - lack of oxygen gauge
    - per patient request
  - Outgoing
    - CT scan
    - Orthopedic evaluation
    - no ENT surgeon
    - neurosurgical intervention
    - no burn unit
    - further evaluation and management of animal bite
    - dialysis
    - no isolation
    - per patient request

In the Bulacan District Hospitals the reasons for referral are:

- further evaluation and management
- financial constraints
- admission

#### **4.0 FRAMEWORK OF THE REFERRAL SYSTEM IN THE ULHS**

Within the ULHS, 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 ULHS. Self-referral by individuals which 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 ULHS 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 ULHS Manager or its equivalent (concurrent capacity agreed upon by the members of the ULHS 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 ULHS or its equivalent shall provide the framework for integration for a consortium of the different stakeholders for intersectoral collaboration. It will also be responsible for developing an integrated and comprehensive ULHS development plan, through participatory strategic planning.

#### **5.0 REQUISITES OF 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).

# 2

## THE HEALTH CARE FACILITIES

### 1.0 PARTICIPATING PUBLIC HEALTH CARE FACILITIES

ULHS – Unified Local Health Care System (ULHS)\*

#### ULHS 1

Facility	Location	Bed Capacity	Head	Contact No.
Baliuag District Health Zone (Baliuag District Hospital)	Baliuag, Bulacan	75	Dr. Agapito Pascual	(0916) 565-3004 (044) 766-2364

#### ULHS 2

Facility	Location	Bed Capacity	Head	Contact No.
Sta. Maria District Health Zone (Rogaciano Mercado Memorial Hospital)	Sta. Maria, Bulacan	100	Dr. Eduardo Aquino	(0916) 566-5234 (044) 641-3038/ (044) 641-4143

#### ULHS 3

Facility	Location	Bed Capacity	Head	Contact No.
Malolos District Health Zone (Bulacan Provincial Hospital) Provincial Health Office	Malolos, Bulacan	200	Dr. Carlito Santos	(0917) 516-8974 (044) 662-2675

*In Bulacan, ULHS or Unified Local Health System is used instead of ILHZ or Inter-Local Health Zone*

**ULHS 4**

Facility	Location	Bed Capacity	Head	Contact No.
Hagonoy District Health Zone (Emilio G. Perez Memorial District Hospital)	Hagonoy, Bulacan	50	Dr. Raymond Aniag	(0916) 566-5271 (044) 793-0092

**ULHS 5**

Facility	Location	Bed Capacity	Head	Contact No.
Bulacan District Health Zone (Gregorio del Pilar District Hospital)	Bulacan, Bulacan	25	Dr. Homobono Soriano	(0916) 566-0092 (044) 792-0119

**ULHS 6**

Facility	Location	Bed Capacity	Head	Contact No.
San Miguel District Health Zone (San Miguel District Hospital)	San Miguel, Bulacan	50	Dr. Medina Magbitang	(0916) 577-4124

City Hospital (San Jose del Monte)	-	1
Number of Government Hospitals	-	8
Number of Private Hospitals	-	57
Number of Rural Health Units	-	57
Number of Barangay Health Stations	-	318
Number of Social Hygiene Clinic	-	1

1.1 Personnel Profile

Health Facility	Physician	Nurses	Midwife/ Nursing Attendant	Technical	Admin	Others
1 Baliuag District Hospital	14	19	11	2- Medical Technologist 1 - Lab. Aide 1 - Pharmacist 2 - X ray Technician	8	Utility - 13 Dietician - 1 Cook - 2
2. Gregorio Del Pilar District Hospital (Bulacan District)	7	7	4	2 - Med. Tech 1 - Pharmacist 1 - Pharmacy Aide 1 - X ray Technician	5	Driver - 2 Utility - 6 Dietician - 1 Cook - 2
3. Emilio Perez District Hospital (Hagonoy District)	9	11	6	2 - Medical Technologist 1 - Lab. Aide 1 - Pharmacist	6	Driver - 3 Utility - 9 Dietician - 1 Cook - 1
4. Rogaciano M. Mercado Memorial Hospital (Sta. Maria District)	26	37	16	3 - Med. Tech 3 - Pharmacist 3 - X ray Technician	14	Driver - 3 Utility - 21 Dietician - 1 Cook - 2
5. Bulacan Maternity & Children's Hospital (Calumpit District)	5	7	3	2 - Med. Tech 1 - Pharmacist 1 - Pharmacy Aide 1 - X ray Technician	5	Utility - 7 Dietician - 7 Cook - 1
6 San Miguel District Hospital	11	12	6	2 - Med. Tech 1 - Pharmacist 1 - Pharmacy Aide 1 - X ray Technician	7	Driver - 3 Utility - 9 Dietician - 1 Cook - 1

**Personnel Profile – Bulacan Provincial Hospital**

Total No. Of Personnel (Hosp.)	328		
Plantilla Positions	312	Medical Pool (Ms li P.T.)	10
Total No. Of Med. Pool	16	Nurses (Medical Pool)	5
Filled Up Positions	309	Med. Tech. (Med Pool)	1
Doctors	56	Administrative Officer	1
Vacant Position (Anes)	3	Records Officer	1
Nurses (Plantilla)	73	Cashier	1
N.A. (Plantilla)	46	Supply Officer	1
Med. Tech.	7	Clerk	14
Med. Lab. Tech.	4	Accounting Clerk	1
Dentist	5	Comp/Operator	1
Dent. Aide	1	Engineer	1
Midwife (UFC)	1	Medical Officer VI	1
Pharmacist	4	<i>Planning &amp; Monitoring Evaluation Staff</i>	
Utility Worker	56	Midwife	2
Driver	7	Hepo.	1
Social Worker	2	Statistician	1
Nut. Diet	2	Nut. Diet	2
Cook	3	Nurse Iv	2
Rad. Technician	5	Comp. Operator	1
Medical Equipment Technician	1	Engineer	1
		Sanitary Inspector	1

**Demographic Report for the Province of Bulacan for Year 2001**

MUNICIPALITY	NUMBER OF HEALTH WORKERS IN LGU										
	MD	DENTIST	PHN	RHM	NUTRIONIST	SI	MED. TECH	BHW	DENTAL AIDE	TRAINED BIRTH ATTENDANT	NON-TECHNICAL
Angat	2	1	1	11		1	1	32		5	3
Balagtas	2	1	2	7	1	1	1	82	1	11	1
Baliuag	4	1	4	20		3	1	89	1	9	3
Bocaue	2	1	2	13	1	1	1	15	1		2
Bulacan	1	1	2	10		2	1	86	1		
Bustos	1	1	1	13		1	1	276	1	6	
Calumpit	2	1	2	15	1	3	1	298	1	7	1
Guiguinto	2	2	2	10		2	1	63	1	2	1
Hagonoy	3	1	4	15		2	1	161	1	10	1
Malolos	4	4	11	35	4	6	3	289	3	6	10
Marilao	1	1	2	11		1	1	15			1
Meycauayan	4	5	5	32		3	3	63	1	4	2
Norzagaray	2	2	1	13		1	2	21	1	10	5
Obando	1	1	2	5		1	1	45		1	
Pandi	2	1	1	4		1		114		10	
Paombong	2	1	2	7		1	1	99		3	4
Plaridel	2	1	2	14		3	2	102	2	5	
Pulilan	1	1	2	9	1	2	1	142		1	
San Ildefonso	2	1	7	14		1	1	235		30	2
SJDM	5	2	8	27		4	1	340	1	36	
San Miguel	4	1	4	16		2	1	285	1	15	
San Rafael	1	0	2	7		2	1	110		3	1
Sta. Maria	3	1	3	16		3	1	51		4	1
DRT	1	0	2	4		1	1	64	1	54	1
<b>TOTAL</b>	<b>54</b>	<b>32</b>	<b>74</b>	<b>328</b>	<b>8</b>	<b>48</b>	<b>29</b>	<b>3077</b>	<b>18</b>	<b>232</b>	<b>39</b>

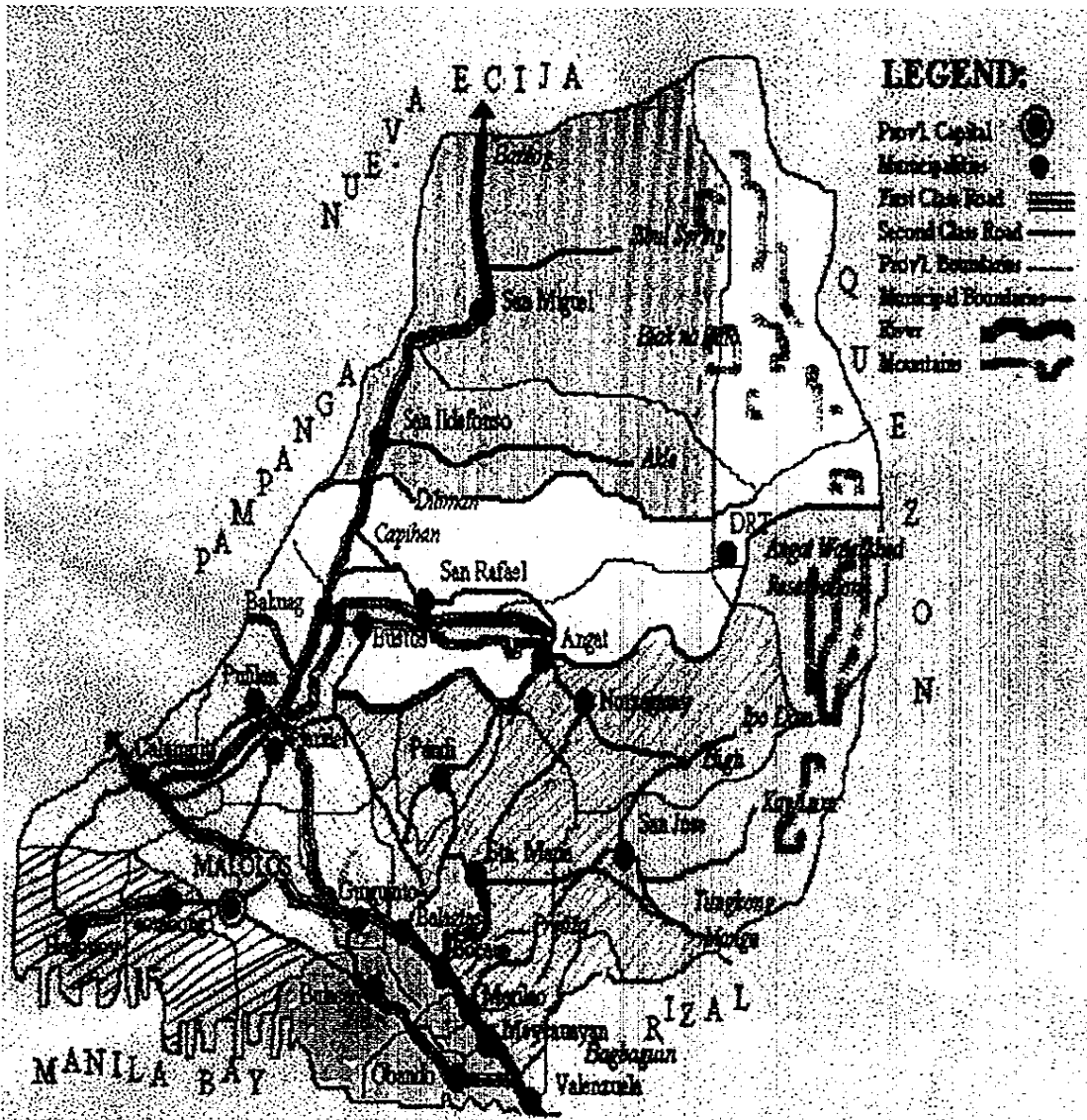








## 1.3 List of Municipal Health Offices

MUNICIPALITY	MHO/RHP	TEL/FAX/CEL NO.
<b>ULHS 1</b>		
Angat	Dr. Marilyn Cruz-MHO	(044) 671-1147
Baliuag	Dr. Guillerma Bartolome	
	Dr. Ma. Rosario Esguerra (RHU 3) MHO	(044) 766-3260
	Dr. Ma. Carmencita Perez (RHU 2)	(044) 766-0638
	Dr. Orpha Patawaran (RHU 4)	(044) 766-0554
Bustos	Dr. Editha dela Cruz (RHU 1)	
DRT	Dr. Emmanuel Hilario - MHO	(044) 617-1340
	Dr. Rodelia Vardeleon - MHO	(044) 7641038/ (0919) 340-5270
San Rafael	Dr. Ma. Cristina Vergel de Dios – MHO	(044) 492-1119 (044) 677-0975
<b>ULHS 2</b>		
Bocaue	Dr. Corazon del Rosario (RHU 1) MHO	(044) 692-0148
	Dr. Zosimo Sagana (RHU 2)	(044) 692-1194
Marilao	Dr. Cecille Fuellas - MHO	(044) 2487454/ (02) 711-0805
Meycauayan	Dr. Teresa Rivera (RHU 1)	(044) 228-2537
	Dr. Lourdes Santiago (RHU 2) – MHO	(044) 840-4957
	Dr. Laila Mae Uage (RHU 3)	(044) 721-1131
	Dr. Emmanuel Gino-Gino (RHU 4)	(044) 840-7473
Norzagaray	Dr. George Peppard Paitim - MHO	(044) 694-1284
	Dr. Francis Jun Pascual (RHU 2)	(044) 694-1071
Pandi	Dr. Imelda Santos-Atal – MHO	(044) 661-0347/ (0917) 449-4185
Sta. Maria	Dr. Estelita Mendoza – MHO	(044) 641-3372/4073
	Dr. Ma. Consuelo Feliciano	(044) 794-0362
	Dr. Beda Benneth Mendoza	(044) 677-0975
	Dr. Marciela Jose	(044) 641-3372
<b>ULHS 3</b>		
Calumpit (BMCH)	Dr. Jesame Dionisio – MHO	(044) 202-4326
Guiguinto	Dr. Rizallie Lucas	(044) 202-4783
	Dr. Eduardo Yu (RHU 1) – MHO	(044) 690-0220
	Dr. Prima Lea Chua (RHU 2)	(044) 690-1234

MUNICIPALITY	MHO/RHP	TEL/FAX/CEL NO.
Malolos     Plaridel  Pulilan	Dr. Victor Batanes – MHO Dr. Eva Aves (RHU 1)  Dr. Minerva Santos Dr. Corazon Eugenio Dr. Sylvia Santos (RHU 4) Dr. Macario Manicad (RHU 1) – MHO Dr. Wilma Victoria (RHU 2) Dr. Concepcion Antonio – MHO (RHU 1) (RHU 2)	(044) 791-2449-Mun.Hall (044)791-44693 (044) 791-4791 none (044) 791-4525 (044) 795-2225 (044) 791-9678 (044) 910-1219 (044) 215-6102/ (044) 676-0929
<b>ULHS 4</b> Hagonoy Paombong	Dr. Rommel Pajela (RHU 1) MHO Dr. Purificacion Pulumbarit (RHU 3) RHP Dr. Julio Garvida (RHU 1) - MHO	(044) 793-0013/ (0917) 435-9335 (044) 665-1202
<b>ULHS 5</b> Balagtas Bulacan  Obando	Ms. Benilda Faraon Dr. Ma. Theresa Rodrigo (RHU 1) Dr. Elisa Villanueva (RHU 2) – MHO Dr. Michael Angelo Raymundo - MHO	(044) 693-5808 (044) 668-0346 (044) 792-1301 (02) 299-0408/ (02) 277-2137/ (02) 294-4170
<b>ULHS 6</b> San Miguel   San Ildefonso	Dr. Agnes Carpio (RHU 1) Dr. Evelyn Vera (RHU 2) Dr. Edgar Ernie (RHU 3) Dr. Edwin Tecson (RHU 4) – MHO Dr. Mercedita Galvez (RHU 1) – MHO Dr. Madelaine Wenceslao (RHU 2)	(044) 678-7250   (044) 678-0063 (044) 901-1226
San Jose del Monte City	Dr. Leonardo Astete – CHL I Dr. Arlize Manicad – CHC II Dr. Betzaida Banaag - MHO	(044) 691-2584 (044) 691-2971

2.0 MAP OF HEALTH FACILITIES IN BULACAN



- |   |                  |   |                     |   |                     |
|---|------------------|---|---------------------|---|---------------------|
|  | Malolos District |  | Bulacan District    |  | Sta. Maria District |
|  | Baliuag District |  | San Miguel District |  | Hagonoy District    |

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### **3.0 PACKAGE OF HEALTH SERVICES**

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

- EPI
  - BCG OPV 1-3, DPT 1-3
  - Measles, Hepa B Vaccine
  - TT 1-5
  - BCH
  
- PTB
  - Case-finding of sputum collection
  - Treatment of + sputum through DDTS
  - IEC campaign
  - Recording/reporting
  
- Family Planning/Reproductive Health
  - Physical Assessment
  - Provide different FP methods
  - Counseling and motivation
  - IEC
  - Pap smear
  - Follow-up/ next visit
  
- Nutrition Services
  - OPT (under five clinics) high risk case 0-18 months
  - Food supplementation on 2<sup>o</sup> and 3<sup>o</sup>
  - Micronutrient supplementation
  - Nutrition Education (IEC)
  - July-month of nutrition contest on food preparation
  - Salt-testing
  - Deworming
  - Iron supplementation Vit. A
  - Kiddie toothbrushes
  - Recording/reporting

- Laboratory Services
  - Pregnancy test and pap smear
  - Diabetes screening
- Maternal and Child Health
  - Pre-natal
    - Iron supplementation Vit. A
    - Referral to Dentist
    - Referral to Med Tech Urinalysis
    - Referral to MHO for high risk
    - Breast feeding advocacy
  - Childbirth
    - Post Partum (home visit)
    - Giving of Vit. A and Iron
  - After birth
    - Motivation on FP and EPI
    - IEC
    - Recording and Reporting
- Medical Consultation
  - Consultation of all ages for common illness
  - Treatment
  - Referral of referable cases to PHN/MHO
  - IEC and follow-up
  - Recording and Reporting
- Minor Surgery
  - First aid Treatment
  - Ear holing (newborn)
- CARI
  - Treatment of mild pneumonia, N pneumonia (cold and cough)
  - Consultation
  - Pneumonia

- 
- N Pneumonia
  - Referral of severe pneumonia to higher level
  - IEC and follow-up
  
  - Leprosy
    - Assessment of cases
    - Referral to PHN/MHDMDT-MB/PB
    - IEC and follow-up
  
  - CVD
    - B/P check-up and monitoring
    - IEC and follow-up
  
  - School-based services
    - Reproductive Health Education and Information
    - Smoking, alcohol abuse and drug dependence
    - Psychosocial and Oral Health
  
  - Environmental Health Protection
    - Sanitation and Waste Disposal
    - Food Safety
    - Safe Water
    - Safe Housing
  
  - Administrative
    - Consolidation of reports
    - Submit weekly, monthly, quarterly and annual report
    - Monthly meeting to BHW LLN mother leaders
    - Linkages to others
    - Maintenance of clinic set-up

### 3.2 Rural Health Unit (RHU) Level

#### 1. Public Health Service: Primary Care RHU Level

- Immunization
  - BCG, DPT, DPV, Measles Vaccine, Hepa - B Vaccine, Tetanus Toxoid
- School-based services
  - Reproductive Health Education and Information
  - Smoking, Alcohol
  - Dental and Oral Health
- Environmental Health Protection
  - Sanitation
  - Food Safety
  - Safe Water Supply
  - Food Handlers Class
  - Solid Waste Management
- Family Planning/Reproductive Health
  - Education
  - Pap Smear
  - STD
  - Family Planning Methods
  - Breast Examination
- Nutrition Service (Including Growth Monitoring)
  - Operation "Timbang"
  - Food/ Nutrition Supplementation
  - Nutri home
  - Malnutrition- related disease identification
  - Micronutrients Supplementation

#### 2. Essential Individual Clinical Services

- Maternal and Child Health
  - Pre-natal > Breastfeeding- BF
  - Childbirth > NSD
  - Post Partum (4-6 weeks Post Partum visits by midwives)
  - Child Care UFC
  - Acute childhood and malnutrition, Diarrhea, Dengue, Measles, Malaria, etc.

- 
- Basic Laboratory Services
    - Urinalysis
    - CBC
    - Blood Typing
    - Pregnancy Test
    - Stool Exam
    - Sputum Exam
    - ECG (by schedule)
    - FBS
  
  - Minor Surgeries
    - Circumcision, Non-life threatening injuries
  
  - Herbal Garden
  
  - Mental Health
  
  - Dental Health
  
  - Disease Surveillance
    - Communicable Diseases
      - \* Tuberculosis
      - \* Leprosy
      - \* Hepatitis Prevention
      - \* Malaria
      - \* STD Control
  
    - Non-Communicable Diseases
      - \* Degenerative Diseases (Arthritis)
      - \* CVD Program (HPN, RHD, Weight Monitoring, Regular Exam)
      - \* Nephrology Program
      - \* Cancer Control
      - \* Diabetes Control
  
  - Community-based Rehabilitation Program
    - Cerebral Palsy
    - Post-Stroke
    - Arthritis



### 3.3 District Hospital Level

#### 1. Clinical/Medical Services

- Basic Services
  - o Major Surgery
    - Hysterectomy
    - Thyroidectomy
    - Appendectomy
    - Cholecystectomy
    - Amputation
    - Gastrectomy
    - Mastectomy
    - Hermiotramy
    - Explore lap. (uncomplicated)
    - Caesarian Section-OB
    - Resection
  - o Minor Surgery
    - Excision
    - Incision
    - Suturing
    - Circumcision
    - BTL-F.P.
    - Vasectomy
  - o Pediatrics
  - o OB Gyne
  - o Internal Medicine
- Other Services
  - o Anesthesiology
  - o Radiology
  - o Ultrasound
- Medical Ancillary Services
  - o Anesthesia
    - General
    - Inhalation/iv
    - Regional
    - Local

- 
- o Radiology
    - X-ray
      - \*Chest
      - \*Skull
      - \*Flat Plate
      - \*IVP
      - \*Barium Enema
      - \*Pelvimetry
      - \*Upper GI
      - \*Ribcage
      - \*Ortho X-Ray
  
  - o Laboratory
    - Urinalysis
    - Stool Exam
    - CBC, HCB, HCT
    - Blood Chem.
    - Serology
    - Platelet Ct.
    - Widal Test
    - Pregnancy Test
    - Spectrum Exam
    - X- matching
  
  - o Pharmacy
  
  - o ER
  
  - o OPD
  
  - o Medical Records
  
  - Nursing Services
    - o Nurse V, III, II, I
    - o Nursing Attendant
    - o Midwife
  
  - Dietetic Services
    - o Dietician
    - o Cook
    - o Food Service Worker

- Maintenance and Housekeeping Services
  - o Equipment/Instruments
  - o ER
  - o OPD
  - o OR/DR
  - o NICU
  - o Wards
  - o Dietetic Hospital
  - o Maintenance

## 2. Technical Requirements

- Personnel
  - o Administration
    - AO
    - Cashier
    - Chief of Clinics
    - Medical Specialists
      - \* Surgery/General Ortho.
      - \* Ob-Gyne
      - \* Pediatrics
      - \* Pathology
    - Medical Officer IV/V
    - Dispersal Resident
- Physical Facilities
  - o Administration
  - o Clinical Service
  - o Nursing
  - o Dietetic
  - o Maintenance and Engineering

### 3.4 Bulacan Maternity and Children's Hospital

#### 1. Clinical/Medical Services

##### o Basic Services

##### - Surgery

##### \*Major Surgery

- Breast
- Thyroidectomy
- Biliary
- Gastro-intestinal
- Colo-rectal

##### \*Minor Surgery

- Gastro-intestinal
- Head & Neck
- Plastic
- Ortho
- Colo-rectal
- Excision
- Tubethoracostomy
- Circumcision
- I & D
- F.B. Removal

##### - Pediatric

##### \*Neonatal Intensive Care

- Pre-mature
- Small Gestational Babies
- Sepsis
- Tetanus

##### \*Pediatric Pulmo

##### \* Pediatric Nephro

##### \* Pediatric Neuro

##### • Pediatric Gastro

- \* Pediatric Cardio
- \* CNS Mgt & Treatment
- \* Cardio Treatment
- \* Pulmo Mgt & Treatment
- \* Nephro Mgt & Treatment
- \* Immunization/UFC

- 
- OB Gyne
    - \*PNCU
    - \* Family Planning
    - \* Ultrasound
    - \* Fetal Monitor
    - \* CS, TAHBSO, X-Lap, BTL, NSD, D & C
    - \* Reproductive Endocrinology
    - \* Gyne Onco
  
  - Internal Medicine
    - \*Reproductive Endocrinology
    - \* Infection Tx (UTI, Pneumonia, Cellulitis)
    - \* Mgmt of Hypertension
    - \* Neurology Mgmt & Treatment (CVA, Brain Tumors)
    - \* Renal Care
    - \* GI Management & Treatment (Endoscopy)
    - \* Cardio Pulmonary Clearance
    - \* Oncology Management (Chemo Treatment)
    - \* Cancer Screening
    - \* Endocrine
  
  - o Medical Ancillary Services
    - Anesthesia
    - Radiology
    - Laboratory (incl. Blood Bank Surg. Pathology)
    - Pharmacy
    - ER
    - OPD
    - Medical Records
  
  - o Nursing Services
  
  - o Dietetic Services
  
  - o Dental Health Services
  
  - o Ambulance Services
  
  - o Maintenance, Engineering & Housekeeping Services

- 
- 2. Technical Requirements
    - o Personnel
      - Administrative
        - \* Administrative Officer
        - \* Cashier
        - \* Supply Officer
        - \* Admitting Clerk
      - Clinical/Medical
        - 1. Chief of Clinics
        - 2. Medical Specialists
          - \* Surgery
          - \* Radiology
          - \* Anesthesiology
          - \* OB Gyne
          - \* Pediatrics
          - \* Internal Medicine
          - \* Medical Officer III
          - \* Ophthalmologist
          - \* Pathologist
    - o Ancillary
      - Radiology Technician
      - Medical Technologist
      - Pharmacist
      - Medical Social Service Worker
    - o Nursing
      - Nurse VI, V, IV, III, II, I
      - Nursing Attendant
      - Midwife II
    - o Dietetic
      - Dietician
      - Cook
      - Food Service Worker
    - o Maintenance, Engineering & Housekeeping

- o Physical Facilities
  - Administrative
  - Clinical Service
  - Nursing
  - Dietetic
  - Maintenance, Engineering & Housekeeping
- o Equipment
  - ER
  - OPD
  - OR/DR
  - Nursery
  - Ward
  - Dietetic Area
  - Hospital Maintenance

### **3.5 Bulacan Provincial Hospital**

#### **1. Clinical/Medical Services**

- o Basic Services
  - Surgery
    - \*Major Surgery
      - Breast
      - Thyroidectomy
      - Biliary
      - Gastro-intestinal
      - Colo-rectal
    - \*Minor Surgery
      - Gastro-intestinal
      - Head & Neck
      - Plastic
      - Ortho
      - Colo-rectal
      - Excision
      - Tubethoracostomy
      - Circumcision
      - I & D, F.B. Removal

- Pediatric

\*Neonatal Intensive Care

- Pre-mature
- Small Gest'l Babies
- Sepsis
- Tetanus

\*Pediatric Pulmo

\* Pediatric Nephro

\* Pediatric Neuro

• Pediatric Gastro

\* Pediatric Cardio

\* CNS Mgt & Tx

\* Cardio Tx

\* Pulmo Mgt & Tx

\* Nephro Mgt & Tx

\* Immunization/UFC

- OB Gyne

\*PNCU

\* Family Planning

\* Ultrasound

\* Fetal Monitor

\* CS, TAHBSO, X-Lap, BTL, NSD, D & C

\* Reproductive Endocrinology

\* Gyne Onco

- Internal Medicine

\*Reproductive Endocrinology

\* Infection Tx (UTI, Pneumonia, Cellulitis)

\* Mgmt of Hypertension

\* Neurology Mgmt & Tx (CVA, Brain Tumors)

\* Renal Care

\* GI Mgmt & Tx (Endoscopy)

\* Cardio Pulmonary Clearance

\* Oncology Mgmt (Chemo Tx)

\* Cancer Screening

\* Endocrine



- o Medical Ancillary Services
  - Anesthesia
  - Radiology
  - Laboratory (incl. Blood Bank Surg. Path.)
  - Pharmacy
  - ER
  - OPD
  - Medical Records
  
- o Nursing Services
  
- o Dietetic Services
  
- o Dental Health Services
  
- o Ambulance Services
  
- o Maintenance, Engineering & housekeeping Services

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# 3

## OPERATION OF THE HEALTH REFERRAL SYSTEM

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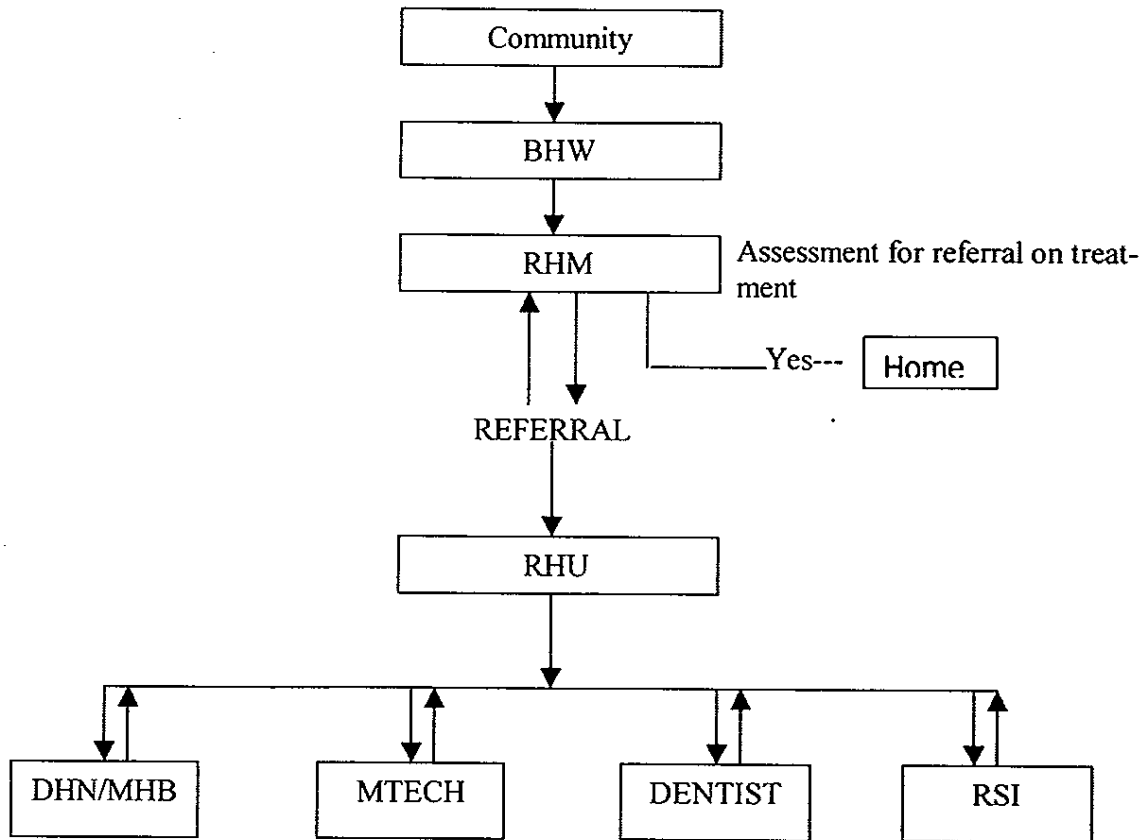
The Health Referral System Flowchart used in the Unified Local Health System in Bulacan are shown in the following figures. These show the component health facilities at different levels of care:

1. Barangay Health Station (BHS) Level
2. Rural Health Unit (RHU) Level – External
3. Rural Health Unit (RHU) Level – Internal
4. District Hospital Level
5. Provincial Hospital Level

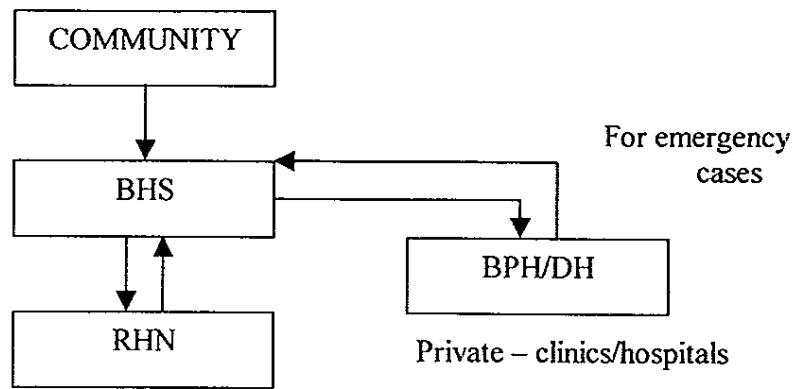
The referral and recording forms are also exhibited in this unit.

1.0 HEALTH REFERRAL SYSTEM FLOWCHART

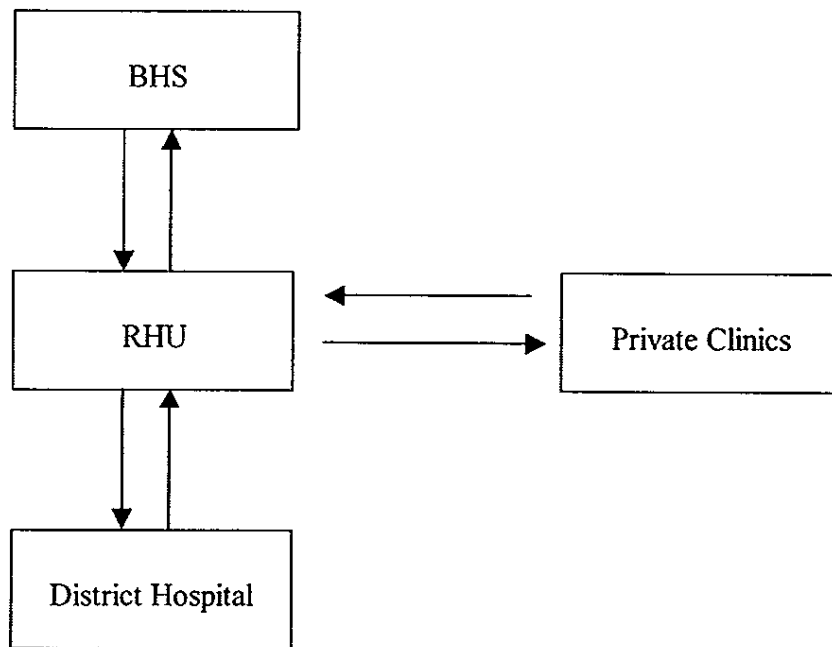
1.1 Barangay Health Station (BHS) Level (Internal)



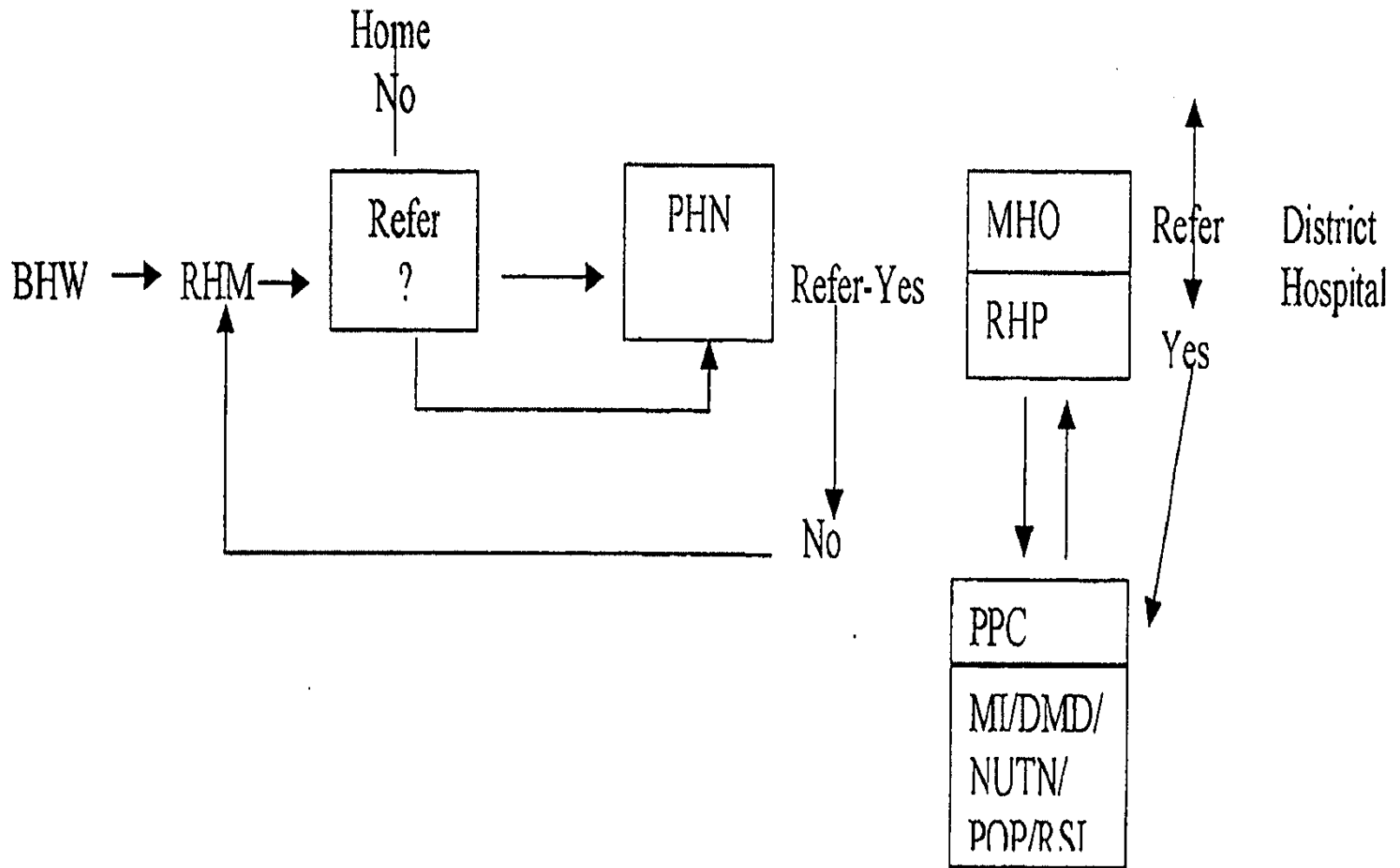
**Barangay Health Station (BHS) Level (External)**



**1.2 Rural Health Unit (RHU) Level (External)**

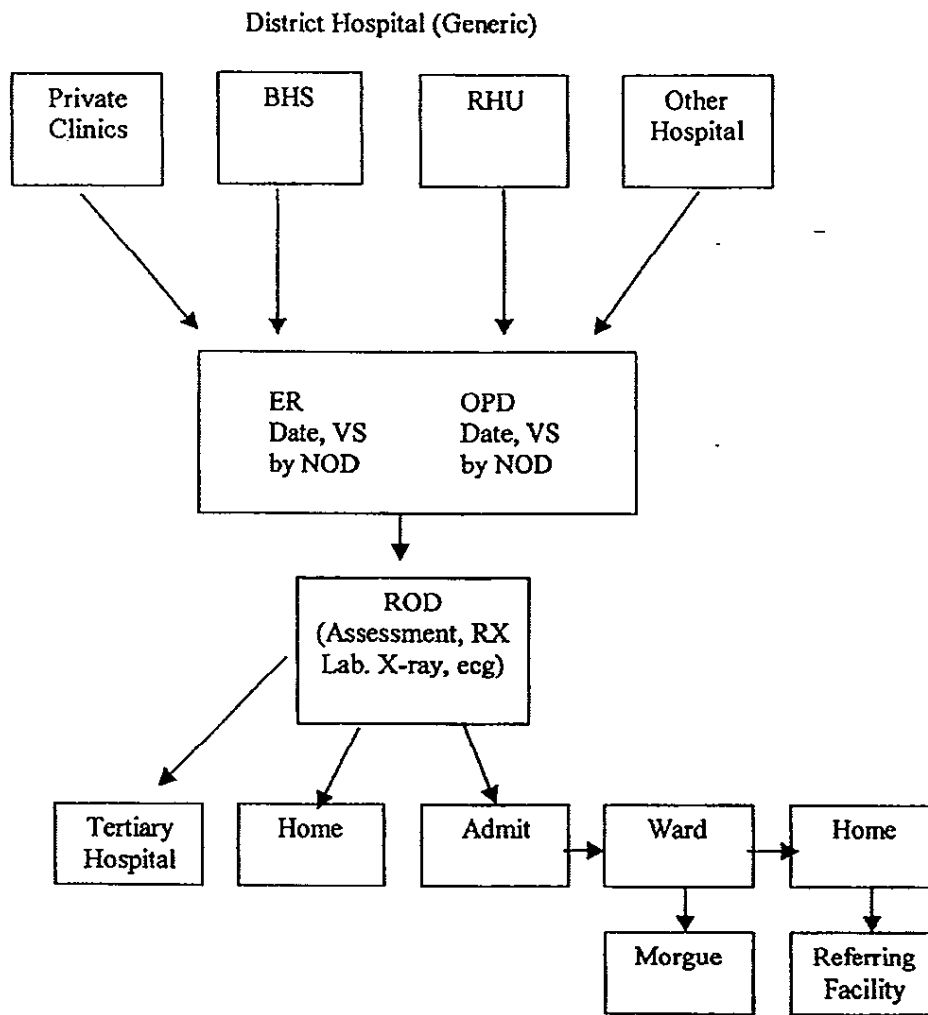


Rural Health Unit Level (Internal)

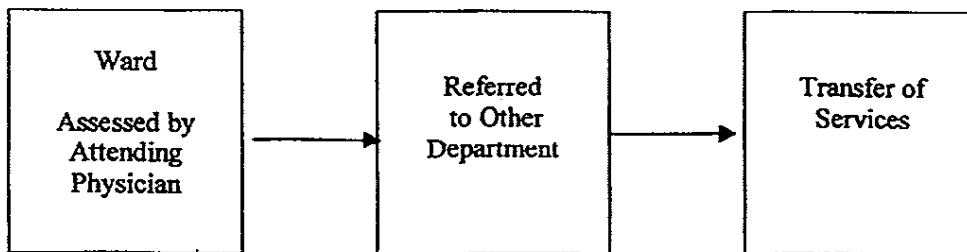


### 1.3 District Hospital Level

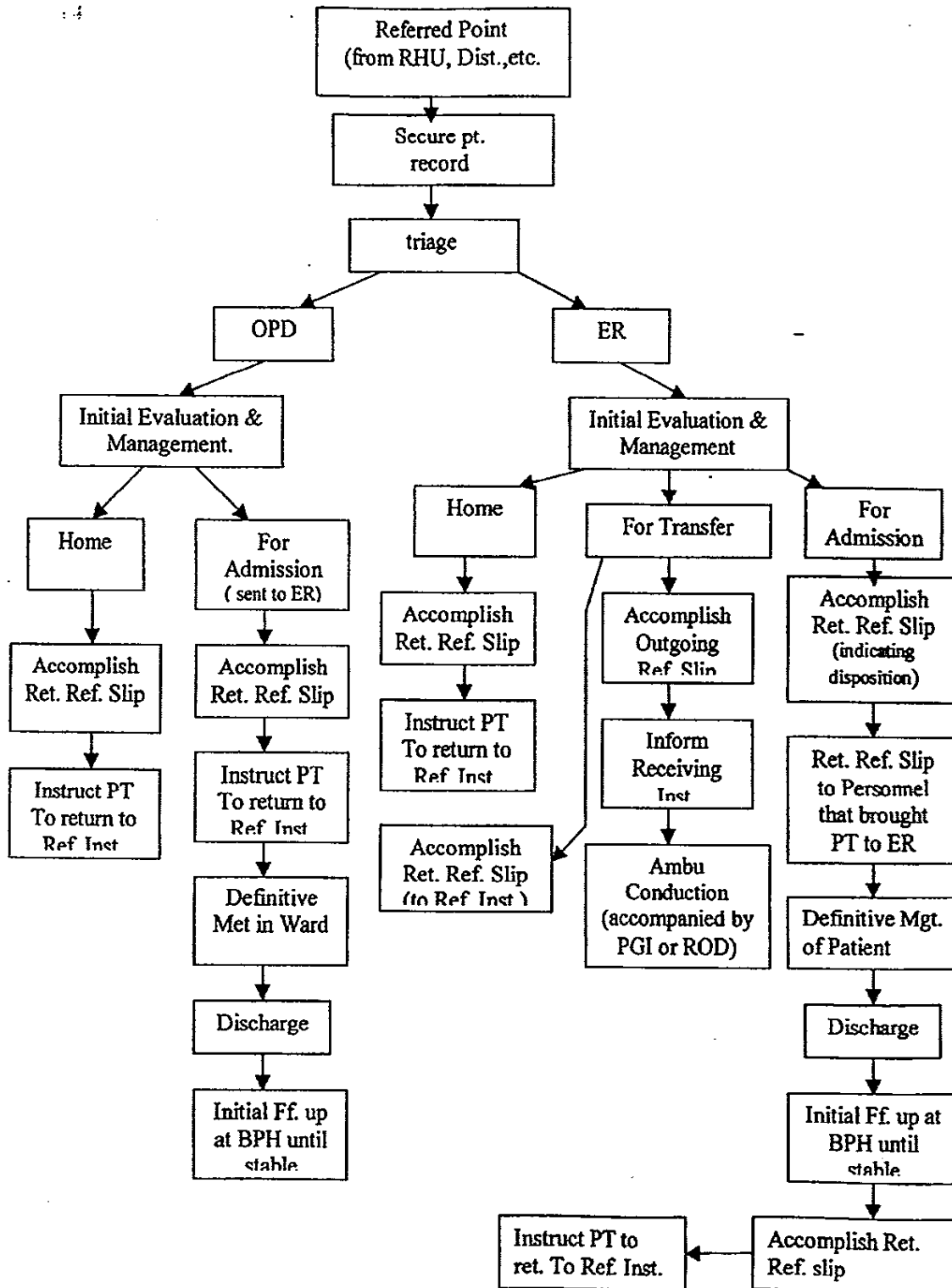
#### PROPOSED REFERRAL FLOW at DISTRICT LEVEL



#### Interdepartmental Referrals



1.4 Provincial Hospital Level









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# 4

## RELEVANT POLICIES AND GUIDELINES

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### 1.0 ADMINISTRATIVE POLICIES

1. Hospital and field health personnel are expected to maintain proper decorum at all times in their relationship with parents, relatives and with each other.
2. All employees or 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 the Unified Local Health System.
3. Coordination and teamwork among all health providers shall serve as a common approach to attain overall goals and objectives. Referrals must have prior communication in any form to the receiving facility.
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 shall be available at all level of health facilities.
7. A two-way referral form/slip shall accompany the patient being referred to the 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 level of health facilities.
10. A separate logbook shall be maintained for monitoring and evaluation records of all patients both at the ER/OPD must be 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 status.

12. Services to be rendered to the patient shall depend on the facilities, capabilities and manpower.
13. All ambulance with patients referred should have doctors, nurse and trained medical personnel while in transit.
14. Cases/patients that need services outside of identified services from 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, and vital data or information should be written in the referral slip.
17. Cluster barangay and municipal health care units refer to the core referral hospital of the ULHS where they belong, unless again services are not available in that area.
18. Patients may be conducted to health facilities using a service ambulance or whatever means of transportation are 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 of ULHS where there is no government hospital, networking with the private hospital facilities with available services shall be made.
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 capabilities of the health services providers shall be of utmost consideration.
25. Referral slips should be completed and written legibly.
26. Instruction for follow up and intervention to referred facility and from referring 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.
29. Address of patient written in referral slip should be specified if possible with landmarks.
30. Referred emergency cases that need transfusion should bring along possible donors.

## **2.0 TECHNICAL POLICIES**

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

- Accidents
- Gunshot wounds
- Stabbed wounds
- Action on rape case
- Alcohol verification
- Drug test policy
- Autopsy for medico-legal cases
- Medical/P.E. exam
- Conduct of Autopsy
  - a. Autopsy examination
  - b. Post-mortem examination

## **3.0 MEDICO-LEGAL POLICIES**

1. In the absence of the medico-legal officer at the province, as a general rule, MHO's are considered medico-legal officers in their own areas of responsibility.
2. All requests for medico-legal examinations must be accompanied by an official request from the police authorities of the municipalities or barangays concerned.
3. Medico-legal requests 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 MHO's, CHO's hospital medical staff (surgical and OB staff)
6. The attending physician must sign medico-legal certificate. However, both MO's must sign referral for further management.

7. In the absence of attending physician, senior resident and immediate supervisor may sign medico-legal certificate.
8. In cases of death occurring in transit, death certificate must be signed by MHO's/CHO's of the place where the patient came from or the place where the cadaver will be buried.
9. Death certificate must be issued immediately.
10. The attending physician must sign consent for medico-legal cases requiring surgery (in absence of accompanying).
11. Blood transfusion will not be given where it becomes a religious issue. (Waiver should be signed by patient.)
12. 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 hospital resident on duty but only cases within the catchment's area of the hospital. In area without medical technologist, only laboratory examination will be performed and medical certificate will be signed by the MHO/CHO concerned.
13. In cases where the MHO of the area concerned is out of town and after all efforts to locate him/her had been exhausted, the MHO of the nearest municipality within the ULHS must perform the examination requested. Provided that there is an approval of the respective LGU.
14. All medico-legal cases 48 hours after the incident should be the responsibility of the MHO's unless the patient would need the services of the hospital for further evaluation and treatment.
15. During weekends, and holidays, even after 48 hours the hospital can handle patients depending on the severity of cases/upon the discretion of the Chief of Hospital or Resident on-duty.
16. Transport vehicle to fetch the MHO must be provided by the requesting parties concerned.
17. Medico-legal fees shall be paid to the MHO based on the rates provided by the Magna Carta for Public Workers, however subject to the availability of the funds and the usual accounting and auditing rules and regulations.
18. In some instances, where there are no MHO's available in the area or ULHS 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 MHO's are out of town on official business or otherwise.

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

# 5 CASE MANAGEMENT PROTOCOLS

## 1.0 EMERGENCY/ESSENTIAL DRUGS

Essential Drugs	Emergency Drugs
1. Amoxicillin	1. Solu-cortif
2. Cotrimoxazole	2. Epinephrine
3. Paracetamol	3. Dexamethasone
4. Nifedipine	4. Flurosimide
5. Oral Rehydration Solution	5. Aminophyllene
6. Isoniazid	6. Mag. SO <sub>4</sub>
7. Pyrazinamide	7. Hydralazine
8. Rifampicin	8. Atropine SO <sub>4</sub>
	9. Dopamine
	10. Diazepam
	11. Phenobarbital
	12. Metoclopramide
	13. Nubain
	14. Diphenhydramine
	15. Hyoscine
	16. Heparine Vial
	17. Isokit Amp.
	18. Piracetam
	19. Tranexamic Acid

**2.0 HEALTH STATISTICS**

**MORTALITY STATISTICS**

PROVINCE: BULACAN

YEAR: 2001

MUNICIPALITY	TOTAL POPULATION	DEATHS				LIVE-BIRTHS	MATERNAL DEATHS		INFANT DEATHS		STILBIRTHS		DEATHS DUE TO NEO. TETANUS	
		MALE	FEMALE	TOTAL			NO.	RATE/1,000 LB	NO.	RATE/1,000 LB	NO.	RATE/1,000 LB	NO.	RATE/1,000 LB
				NO.	RATE/100,000									
Angat	43187	113	75	188	435.3	466	0.0	10	21.5	0	0		0	
Balagtas	59141	181	106	267	451.5	1116	0.0	17	15.2	3	2.7		-	
Baliuag	111932	189	181	350	312.7	2720	0.0	21	7.7	1	0.4		-	
Bocaue	77381	215	93	308	398.0	1340	0.0	9	6.7	2	1.5		-	
Bulacan	59437	176	140	316	531.7	1466	1	0.7	17	11.6	1	0.7		-
Bustos	46506	124	96	220	473.1	1084	0.0	5	4.6	2	1.8		-	
Calumpit	76015	182	150	332	436.8	1443	0.0	24	16.6	4	2.8	2	1.4	
Guiguinto	65245	157	132	289	442.9	1490	1	0.7	14	9.4	6	4.0	1	0.7
Hagonoy	103874	288	258	546	525.6	2699	0.0	34	12.6	5	1.9		-	
Malolos	163052	449	431	880	539.7	3233	0.0	7	2.2		0.0		-	
Marilao	85080	201	118	319	374.9	1481	0.0	22	14.9	9	6.1	2	1.4	
Meycauayan	163673	347	256	603	368.4	4934	1	0.2	34	6.9	9	1.8		-
Norzagaray	55381	161	118	279	503.8	1373	0.0	14	10.2	5	3.6		-	
Obando	56048	145	122	267	476.4	832	1	1.2	14	16.8	6	7.2	1	1.2
Pandi	47713			0	0.0	1018	0.0		0.0		0.0		-	
Paombong	34142	94	75	169	495.0	567	0.0	10	17.6	2	3.5		-	
Plaridel	74135	171	174	345	465.4	2017	1	0.5	16	7.9	1	0.5		-
Pullian	53920	183	136	321	502.2	1372	2	1.5	4	2.9	4	2.9		-
San Idefonso	78181	193	137	330	433.2	1928		0.0	25	13.0	1	0.5		-
SJDM	285334	728	459	1187	416.0	6826	6	0.9	93	13.6	70	10.3		-
San Miguel	113742	304	233	537	472.1	3469		0.0	22	6.3	2	0.6		-
San Rafael	65110	124	102	226	347.1	600		0.0	3	5.0	2	3.3		-
Sta. Maria	121769	350	277	627	514.9	3386	1	0.3	77	22.7	18	5.3		-
DRT	14434	21	13	34	235.6	309		0.0	2	6.5	2	6.5		-
<b>TOTAL</b>	<b>2082433</b>	<b>5076</b>	<b>3864</b>	<b>8940</b>	<b>433.5</b>	<b>47167</b>	<b>14</b>	<b>0.30</b>	<b>494</b>	<b>10.5</b>	<b>155</b>	<b>3.3</b>	<b>6</b>	<b>0.1</b>



### 3.0 CLASSIFICATION OF DISEASES

**Primary care** – refers to services rendered to an individual in fair health and the patient with a disease in early symptomatic stage. There is really no need for consultation with the specialist 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 exanthemas without complications
- Pulmonary tuberculosis

**Secondary care** – refers to the 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
- Alcohol 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
- Pneumonia

*Tertiary care* – includes the level 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
- 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 classified to primary care when controlled, all workup done, and there is no more perceived problem.

Program	Cases	Interventions/Actions
CVD Rabies Control Cancer Control Nephrology Dengue Control Filariasis Malaria Congestive Heart Failure	Unmanageable cases All cases All cases Glomerulonephritis with complications With complications/higher stage All cases All cases Definite management, surgical intervention	Refer to higher facilities Refer to higher facilities Refer to higher facilities Refer to higher facilities Refer to higher level Refer to higher level Refer to higher level Refer to special hospital
Child Health  <ul style="list-style-type: none"> <li>• IMCI pilot areas</li> <li>• Non – IMCI areas CARI, CDD</li> </ul>	<ul style="list-style-type: none"> <li>• Diarrhea, severe dehydration Pneumonia, severe Measles, with complications Malaria Dengue with complication</li> <li>• Pneumonia, severe Diarrhea, severe dehydration,</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to higher level</li> <li>• Refer to higher level</li> </ul>

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# 6 MONITORING AND EVALUATION

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## 1.0 MONITORING AND EVALUATION ACTIVITIES

The manner of the implementation of the referral system in Bulacan 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. 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 ULHS 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 ULHS will validate the monitoring and evaluation reports. The group may decide to give awards at the end of each year.

## **2.0 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.





**Quarterly Report Form for Incoming Referrals**

AGE	SEX		MUNICIPALITY/ BARANGAY	REFERRED FROM	SPECIFIC REASON FOR REFERRAL				CLASSIFICATION OF CASE					REMARKS
	M	F			MEDICO LEGAL	ADMISSION (for hospital only)	OPD CASE	OTHER	MED	PED	OB-GYNE	SURGERY	OTHER	
Below 1 yr.														
1- 4 yr														
5-14 yr														
15-19 yr														
20-64 yr														
65 yr & above														

TOP TEN LEADING REFERRED CASES (For All Facilities)

No. of Cases

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

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

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

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

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

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



**Quarterly Report Form for Outgoing Referrals**

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

TOP TEN LEADING REFERRED CASES (For All Facilities)

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

No. of Cases

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

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

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

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

## ANNEXES

**Referral System Strengthening Workshop**  
**Directory of Participants**  
*Malolos Club Royale Resort*  
 April 22-23, 2002

Name	Designation	Office
Ninfa Delfin	Public Health Nurse	City of SJDM
Priscilla S. Miguel	Rural Health Midwife	RHU II-San Ildefonso
Agustina M. Villanueva	Records Officer I	Perez District Hospital
Maria Sevilla Belza	Public Health Nurse	RHU 2 Meycauayan
Clarita Alviar	Public Health Nurse	RHU 2-Guiguinto
Merceditas Tiongson	Chief Nurse	BPH
Carmelita S. Robles	Records Officer I	GDPDH
Mirafe Bautista	Medical Officer V	San Miguel Dist. Hosp.
Lydia Cangunay	Records Officer I	San Miguel Dist. Hosp.
Priscilla Quiambao	Medical Officer V	San Miguel Dist. Hosp.
Winifredo Bala	Records Officer I	Calumpit District
Rafaela Lina	Nurse IV	EGPMDH
Victoria Baltazar	Rural Health Midwife	RHU Calumpit
Apollo Trinidad	Medical Officer IV	BPH
Yolanda Pagua	Rural Health Midwife III	RHU II Malolos
Ma. Solita Zuñiga	Public Health Nurse	RHU III Malolos
Ma. Asuncion Galvez	Medical Officer V	GDPDH
Elizabeth Quilon	Rural Health Midwife	Meycauayan
Lolita D. Ramos	Public Health Nurse	RHU Balagtas
Digna Garcia	Rural Health Midwife	RHU Bustos
Editha Bequizo	Public Health Nurse	RHU San Ildefonso
Arlene Galang	Chief Nurse	GDPDH
Evelyn Aduna	Rural Health Midwife	Paombong
Minerva Espino	Nurse IV	Bulacan Maternity & Children's Hosp.

<b>Name</b>	<b>Designation</b>	<b>Office</b>
Jason Galeon	DOH-Representative	PHTO
Zorina Agustin	Public Health Nurse	RHU Malolos
Marites Soriente	Records Officer III	BPH
Jocelyn Gomez	Public Health Officer I	PHO-Bulacan
Editha Trinidad	DOH-Representative	PHTO
Herminda Reminado	DOH-Representative	PHTO
Virgilio Juat	Medical Officer V	PAO
Lelisa Francisco	Medical Officer V	BDH
Delia Torres	Chief Nurse	BDH
Precila Esguerra	Medical Officer IV	BPH
Eduardo Aquino	Chief of Hospital	RMMH
Hjordis Celis	Chief of Clinics	PHO
Ma. Cristina Vergel de Dios	Municipal Health Officer	San Rafael
Corazon del Rosario, MD	Municipal Health Officer	Bocau
Wilma Victoria, MD	Rural Health Officer	Plaridel
Thelma Reyes	Rural Health Midwife	Plaridel
Divina Lumbo	DOH-Representative	PHTLO
Edwin Tecson, MD	Medical Health Officer	San Miguel
Ma. Daisy Cristobal	Records Officer I	BPH
Jesamie Dionisio, MD	Medical Health Officer	Calumpit
Emelito Nicolas, MD	DOH-Representative	PHTO
Jesusa Raymundo	Public Health Nurse	Obando
Victoria San Diego	Rural Health Midwife	Obando
Alice Santos Cruz	Public Health Nurse	Pandi
Jona Hernandez	Records Officer II	RMMH
Catalina Halili	Chief Nurse	RMMH
Rosario Santos, MD	Chief of Clinics	RMMH
John Vallado, MD	Medical Officer III	PHU
Sylvia Santos, MD	Rural Health Officer	RHU-Malolos
Florentina Enriquez	Rural Health Midwife	RHU II-Dampul
Gemma Reyes	Rural Health Midwife	Baliuag