PURPOSE
To standardize patient referrals and transfers among Abu Dhabi Hospitals

POLICY STATEMENT

1. Transferring patients between hospitals should be based on a patient’s need for specialized care that is not available in the referring hospital, bed shortage in the referring hospital, ineligibility for treatment in the referring hospital or the preference of the patient.

2. All inter-hospital transfers must be coordinated directly between the physicians in the referring facility and the accepting facility. The concerned physician in the receiving facility must accept the transfer prior to any other procedures. This is not applicable for transfers from a primary health center or a private clinic to an emergency room department where direct verbal physician to physician referral can be done, and should be done prior to the anticipated patient arrival.

3. A designated hospital hotline shall be made accessible for the purposes of referral. Responsible staff will receive referrals and make necessary preparations especially in emergency situations.

4. Personnel involved in the referral will properly identify themselves during referral communications.

5. Patient safety during transfer must be ensured by the transferring facility. This includes, but is not limited to, providing qualified personnel, medical equipment and appropriate transportation means. It is the responsibility of the referring physician to ensure continuity of care and patient safety during the transfer process.

   This is not applicable during disasters where coordination and decision-making could be done indirectly or through administrative personnel.

6. The patient due to be transferred or referred must receive necessary management without delay.

7. For non-emergencies, the appointment date for the patient needing referral can be secured directly by the referring facility from the receiving hospital. The patient will be notified by the referring facility of the appointment date.

8. The receiving facility shall send a complete feedback form/report to the referring facility. Initial and final feedback will be provided if the patient medical condition requires repeated follow-up. Type of feedback shall be indicated in the form. The referring facility may follow-up the referred patient later.
SCOPE
This policy applies to all hospitals in the Emirate of Abu Dhabi and includes:
1. Referring/transferring patients between hospitals within GAHS network.
2. Referring/transferring patients between non-GAHS hospitals.
3. Referring/transferring patients between a GAHS facility and non-GAHS hospitals
4. Referring/transferring patients from GAHS PHCs and hospitals.

RESPONSIBILITIES
1. Physician in the referring hospital or clinic
   a. Inform the patient or next of kin regarding the transfer and obtain consent prior to any arrangements being made.
   b. Contact physician on duty prior to any transfer unless it is an emergency. In case of emergency, do not delay transfer but do notify the physician/ER physician on duty of the transfer and condition of the patient.
   c. Identify the facility to which the patient is to be sent.
   d. Contact GAHS operation center to check the bed situation when applicable.
   e. Make the initial contact with a physician in the receiving facility. Approval from the receiving physician is required for inter-hospital transfers but not from primary health care facility for hospital transfer.
   f. Once the transfer is agreed upon, inform the patient and family.
   g. Inform the nurse in charge of the unit in the referring facility to prepare for the transfer, including arranging ambulance, equipment and medications.
   h. Depending on patient's medical condition, an ACLS/ATLS certified nurse may accompany the patient in case of transfer.
   i. Complete transfer forms and attach the needed documents, copied materials, and investigations.
   j. Write a referral/transfer order in the medical record.

2. Nurse in charge of the referring unit
   a. Discuss with the physician and take the necessary steps to arrange for equipment, medications and personnel.
   b. Assign one or more appropriately skilled nurses to accompany the patient.
   c. Contact the nurse in charge in the receiving facility regarding their readiness to receive the patient and to convey pertinent information.
d. Review documentation on the patient’s condition prior to and during transfer (documentation of the transferring personnel)

3. Physician in the receiving hospital
   a. Gather the needed information about the patient's condition including a written report when needed for elective inter-hospital transfer. Inform the head of department and obtain permission regarding the potential transfer (for elective transfers)
   b. Check with medical records/ admission department/ bed control unit or charge nurse regarding bed availability and arrange for bed booking
   c. Inform charge nurse of the receiving unit.
   d. Provide feedback to the referring facility.
   e. Evaluate the patient on arrival.
   f. Evaluate the need for any diseases specific infection control precautions.

4. Nurse in charge in the receiving facility
   a. Confirm the bed booking.
   b. Assign the patient to a specific nurse.
   c. Evaluate for the need for an isolation bed or special infection control precautions.
   d. Specify the route of entrance to the receiving facility usually through the emergency room prior to transfer to the admitting unit.

5. Others
   Head of department then medical director in the referring facility shall be contacted to resolve any disputes related to patient transfers.

6. Compliance to Referral Policy
   Substantive violation of this policy that places patients at risk or produces an adverse patient outcome may result in disciplinary action or sanction.
PURPOSE

To rationalize and strengthen the referral process of patients between primary health care centers and the hospitals for emergency and non-emergency cases

POLICY STATEMENT

1. Prompt and appropriate levels of health care will be assured to all primary health care center patients needing referral.
2. Continuity of health care from a primary health care center to the hospital and vice versa will be sustained in the referral, monitoring and feedback process. The health center physician will assume the overall responsibility for the patient welfare during the transfer to hospital.
3. Capacity of primary health care centers to manage patients at their own level of care which includes facility upgrading and manpower training of primary health care personnel will be reinforced.
4. Utilization of the primary health care centers as the gatekeeper in the health care system will be maximized which can lead to the decongestion of hospitals.
5. Mutual respect and professionalism will be observed in the conduct of transfer of patients.
6. Effectiveness of the Referral System will be used as an indicator in the assessment of quality of health care delivery.
7. Primary Health Care Referral Policy will be reviewed every two years and revised when necessary.

SCOPE

1. Referring health facilities - primary health care facilities – e.g. health centers, Maternal and Child Health clinics, School Health Clinics, Preventive Medicine
2. Receiving health facilities – secondary hospitals
DEFINITIONS

1. **referral** – transfer of responsibilities of specified aspects of patient care from one health facility to another

2. **referring facility** - health facility sending the referral

3. **receiving facility** - health facility accepting the referral

4. Nature of referral as to :
   a. **Emergency** – immediate referral is required to facilitate the treatment of a patient whose condition is critical or potentially life-threatening.

   b. **Non-emergency** – medical condition is not urgent in character but needs referral
      1) **early** – booking for an early appointment within one week to make early diagnosis or manage the case to prevent impending complications
      2) **routine** – medical conditions needing second opinion, further investigation, and appropriate management where schedule is left to the availability of the appointment calendar of the receiving hospital. The result normally is within one month.

5. **Referral extension** – transfer of health care responsibility for a patient from one health facility to another which has the same health care level and capacity to manage the patient

6. **Primary health care center** – health facility which is the patient's first point of contact in any episode of illness. The nature of its resources limits its services to the management of simple uncomplicated conditions not requiring sophisticated facilities

7. **Primary care** – service rendered to an individual in good health or to a patient in the early symptomatic stage of a disease. There is really no need for consultation with a specialist unless a problem arises in the diagnosis or treatment.
8. **Secondary care** – service rendered to a patient who maybe asymptomatic but serious stage of disease requiring moderately specialized knowledge and technical resources for adequate management.

9. **Tertiary care** – covers levels of disease that are a serious threat to the health of the patient and requires highly technical and specialized knowledge, facilities and personnel.

**GUIDING PRINCIPLES IN REFERRALS**

1. **Orientation on the Referral System**
   a. **Training on the Referral Policy by the Primary Health Care Staff**
   b. **Orientation on the Referral Links**

   1) Primary Health Care Centers shall be aware of the service, contact details and the distances between hospital facilities and the centers.

   2) Hospitals shall also be aware of the information about the referring health facility, or the population coverage involved and the geographical coverage by the health centers for purposes of referring patients back for continued care.

2. **Effective Communication Channels**
   a. A reliable contact number shall be provided for the emergency referral of primary health care center patients. This can be the ER number.

   b. Primary health care center doctors-in charge shall ensure all telephone calls are promptly attended by the clinic.

   c. Other communication facilities such as fax machines and internet services may be made readily available for use in the transfer of patients.

   d. For urgent referrals, patient will be accompanied by a qualified staff and immediately transported to the hospital while verbal referral
between primary health care and hospital physician is being established. The practice will enable the receiving hospital to anticipate the nature of management required by the patient being referred. Verbal coordination shall always be followed by a written referral to the receiving hospital either through the patient or through fax transmittal.

3. **Availability of medically-equipped transportation and trained staff**
   a. If an ambulance is not available in the primary health care facility, clear agreement with identified transport providers in the respective region must be established.
   b. Staff involved in the transfer of patients must be trained on emergencies.

4. **Reason for Transfer**
   The need for transfer of a patient to a more suitable health facility shall be justified and will depend on the urgency of the referral, level of care the patient's medical condition requires and the capabilities of the primary health care centers.

5. **Patient Preference for Health Facility Management**
   The system shall respect the patient's view and right of choice of a particular care provider in a referral requested by the physician. Guided decision/advice shall be offered by the health center physician.

6. **Referral and Feedback Forms**
   a. Prescribed referral forms (*Appendix – Referral and Feedback Forms*) shall be properly utilized, filled up and analyzed.
   b. Referral forms shall be properly filled up in triplicate. The original (white) copy is kept at the patient's file in the referring primary health care center. Two copies are sent to the receiving hospital with the patient. After doctor's management, the green copy is kept in the
patient's hospital file while the pink copy is sent back to the referring
doctor of the primary health care center.

c. An accurate purpose for referral and the urgency of the medical
condition, if emergency or non-emergency shall be clearly stated.

d. Essential information about the patient shall be provided to assist in
the proper patient management by the receiving hospital - relevant
medical history, physical examination, diagnostic investigation and
treatment must be given.

e. A handwritten referral must be legible.

f. Signature, stamp and contact details of the referring physician must
be included.

g. Relevant notes on verbal communication during referral between the
referring and the receiving physician.

h. Name of the accepting physician during referral coordination

i. Name of the physician who actually accepted the patient during
transfer

7. Operating Procedure

The operating procedure in the primary health care centers shall be strictly
adhered to whenever applicable in order to achieve a smooth referral system
e.g. timing schedule; appointment system; patient coverage as to
geographical area; management of medical files and availability of primary
health care services.

8. Confidentiality

The health staff shall assure measures to safeguard the confidentiality of the
patient information during referral.
9. **Referral Network Meetings**

Regular meetings between interacting health facilities should be conducted on an agreed schedule to review the referral process, discuss case presentations of referred patients, and give recommendations for the improvement of the referral system.

10. **Records and Reports**

Proper documentation of the transfer process will serve as reference for monitoring, evaluation and future plans for improvement of the referral system.

**RESPONSIBILITIES OF REFERRING PRIMARY HEALTH CARE CENTERS:**

1. Use all effort to administer timely and proper initial management especially for urgent cases.

2. Stabilize the medical condition of the patient first before transfer.

3. If the patient is unstable and needs to be transferred immediately, a physician or trained paramedic shall accompany the patient to monitor and administer medical management during transport.

4. Avoid referral delays, panics and extensions in the center.

5. Practice best judgment in deciding when and where to refer.

6. Trained PHCC care providers are to accompany the patient to the transfer destination if the transport provider does not have qualified staff member to escort and monitor the patient's condition.

7. Send a properly filled up Referral Slip (refer to page 5 no. 6).

8. The referring physician will establish open line of communication with the receiving hospital/physician.
9. Provide continued care for patients referred back from the receiving hospital. The PHCC care provider shall carry out advice or management of the patient according to the Return/Feedback Form.

10. The PHCC shall transfer information of the Return/Feedback Slips to the consolidated Referral Monitoring Sheet and document in the patient's medical record for monitoring and evaluation purposes.

EXPECTED RESPONSIBILITIES OF RECEIVING HOSPITALS:

1. Respond accordingly to the referral within a reasonable time frame or as requested depending on the nature of referral as to emergency and non-emergency (early and routine).

2. Utilize available data from the Referral Slip.

3. Collaborate with the PHCC physician for clarification or additional information.

4. Avoid unnecessary repetition of investigations.

5. Avoid referral extensions.

6. Encourage the patient to continue his/her consultation and medical care at the referring PHCC.

7. Routinely refer patients back to the PHCC with the properly filled-up Return/Feedback Form.

The Feedback Form will give clear instructions to health center on the continued patient care. A sealed Final Medical Report may be attached to the Feedback Form or may be forwarded to the referring primary health care center through fax transmittal or email.
CRITERIA FOR MONITORING AND EVALUATION

Respective health facilities will have own mechanism for the monitoring of the referral system within their area of jurisdiction. Criteria for monitoring and evaluation will be determined by the interacting health facilities. Assessment and evaluation shall be done by the Division of Health Policy and Regulation-GAHS. An Ad Hoc Committee may be created when immediate concerns on referral have to be settled.

The following objective parameters of a rationalized and strengthened referral system shall be utilized:

1. Appropriate health care management of the health condition at the appropriate level of health care facility

2. Rational distribution of patients in different levels of health care facilities which will be reflected in the following:
   a. hospitals shall be freed from patients needing primary level of care
   b. primary health care centers shall have increased utilization rate for primary care

3. A high retrieval rate of Return/Feedback Form

4. An increase number of follow-up of referred patients for continuity of care

5. Referral process
   a. Satisfactory - a significant diagnosis confirmed, referral procedure correctly followed, patient showed up for care and was given care for the problem
   b. Unsatisfactory - no significant diagnosis was done, the patient did not show up for care
c. Inadequate - one or more of the following results exist: the original diagnosis was not confirmed, referral procedure not followed, patient showed up for care but not given care for the referral problem

6. The validity of referral based on impression/diagnosis of referring health facilities compared to that of receiving health facilities

7. An increased capacity for the manpower and the health facilities needed for managing cases within their assigned level of health facility

8. Open line of communication between referring and receiving facilities and among the referral network

9. Friendly and professional relations among the referral network

10. Reduced number of patient complaints about the referrals

11. Customer satisfaction on the quality of the health service obtained from the health care providers which includes time and cost saved on the part of the patient from the effective referral system.
Algorithm 1: Primary Health Care Patient Referral for Emergency Cases

Primary Health Care Facility Setting
Patient presents with emergency condition

Need Referral

1. Administer first aid measure
2. Stabilize health condition
3. Re-assess patient status

No

Yes

Primary Health Care Center (PHCC) Setting

Continue patient management at the PHCC

Carry out advice in Return/Feedback Form for continued care

Refer back to PHCC with Return/Feedback Form

Improved/Discharged

Hospital Setting

1. Immediate verbal referral of primary health care to hospital physician followed by written referral
2. Expedite coordination with identified transportation source for ambulance provision
3. Qualified staff to accompany patient to transfer destination if paramedic is not provided in the ambulance
Algorithm 2: Primary Health Care Patient Referral for Non-Emergency Cases

**Primary Health Care Center (PHCC) Setting**

Patient presents with non-emergency situation

4. Assess medical condition
5. Administer appropriate medical management
6. Re-assess patient status

**Need Referral**

No

Yes

**Early Referral**

- need action to referral within one week

1. Accomplish prescribed referral slip with complete information indicating clearly the nature and reason for referral
2. Send to receiving hospital through the patient the referral slip
3. Coordinate with identified transportation source for ambulance provision if needed

**Routine Referral**

- need action to referral within one month

**Hospital Setting**

1. For ambulance conduction: Endorsement of patient by the referring PHCC staff /ambulance paramedic to Hospital physician with required referral documents
2. For self-conduction: presentation of referral form by the patient for guidance of hospital staff
3. Respond to requested action within suggested time frame according to nature of referral
4. Patient is admitted or not depending on medical condition

**Primary Health Care Center (PHCC) Setting**

Continue patient management at the PHCC

**Hospital Setting**

- For ambulance conduction: Endorsement of patient by the referring PHCC staff /ambulance paramedic to Hospital physician with required referral documents
- For self-conduction: presentation of referral form by the patient for guidance of hospital staff
- Respond to requested action within suggested time frame according to nature of referral
- Patient is admitted or not depending on medical condition

**Improved/Discharged**

Refer back to PHCC with Return/Feedback Form

Carry out necessary action/advice in Return/Feedback Form for continued care
# FEEDBACK FORM

## REQUEST

<table>
<thead>
<tr>
<th>To:</th>
<th>FROM: (requesting ward, unit)</th>
<th>DATE OF REQUEST</th>
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</thead>
</table>

### REASON FOR REQUEST (complaints and findings)

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### PROVISIONAL DIAGNOSIS

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### FINAL DIAGNOSIS

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<table>
<thead>
<tr>
<th>DOCTOR’S SIGNATURE</th>
<th>PLACE OF CONSULTATION</th>
<th>EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEDSIDE</td>
<td>URGENT</td>
</tr>
<tr>
<td></td>
<td>ON CALL</td>
<td>ROUTINE</td>
</tr>
</tbody>
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### CONSULTATION REPORT

### RECOMMENDATIONS:

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DOCTOR’S SIGNATURE:---------------------------------- DATE:----------------------------------
# REFERRAL FORM

<table>
<thead>
<tr>
<th>Referral Date: -------/-------/--------</th>
</tr>
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<tbody>
<tr>
<td>Referred to Specialty: ----------------------------</td>
</tr>
<tr>
<td>Emergency ☐</td>
</tr>
<tr>
<td>Referring clinic or hospital Medical Record #: -----------------------------</td>
</tr>
<tr>
<td>Urgent ☐</td>
</tr>
<tr>
<td>(If MRN provided, medical report will be sent to you)</td>
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</tbody>
</table>

## REASON FOR REFERRAL: (*please include copies of all pertinent investigations and have patient bring X-ray films or relevant test results to the appointment).

## SUMMARY OF PRESENTATION:

### History:

### Physical Examination:

### Investigations:

## PROVISIONAL DIAGNOSIS:

## RECOMMENDATIONS:

### MEDICATIONS: *(Patient to bring all medications to the appointment)*

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Referring Doctor Stamp:---------------------- Signature:-----------------------------

Referral Source Name (please print):---------------------- Telephone:------------------ Fax: ----------------