HAAD REFERRAL POLICY

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Department of Health Care Policy
Provider Policy and Regulations Division
Health Authority - Abu Dhabi
The Committee which drafted and approved the policy represented:

1. Public Hospital representatives
2. Private Hospital representatives
3. HAAD representatives
Policy emphasizes on referrals between:

1. Inter-hospital (Hospital to Hospital)
   - Private to Public
   - Public to Public
   - Private to Private
2. Inter-facility (Clinics, PHC’s to Hospital)
Referral Policy differentiates the process between:

• Emergency Referral
• Non Emergency/ Routine Referrals
  In-patient referrals/ transfers from one facility to other (non emergency)
EMERGENCY REFERRAL
Emergency referral from one facility to another facility:

**Responsibility of the Referring Facility:**

1. Assess the patient and **stabilize** as resources and skills are available

2. Identify the facility where the patient needs to be referred

3. Inform the patient/next to kin regarding referral to another facility
4. Contact the referring facility: Notify the doctor in the Emergency Department regarding the patient’s condition and get an approval to transfer.

5. For in-patient transfer / referral requires the accepting hospital to have an available bed, and acceptance by a physician who has admitting privileges.
6. A designated hospital hotline shall be made accessible for the purpose of patient referral

7. All inter-hospital transfers must be coordinated directly between the physicians in the referring facility and the accepting facility

8. Prepare for the transfer: Ambulance, Equipments and Medications
9. Qualified medical/paramedical personnel must be present in the ambulance when transferring the patient

10. It is the responsibility of the referring physician to ensure continuity of care and patient safety during the transfer process
11. Complete referral forms, legibly and accurately, include attach any investigations and reports and send with the patient.

12. Documentation of the medical information must be available in the facility (Medical records).
Responsibility of the Receiving Facility:

1. Accept the patient referral via telephone communication

1. Arrangements must be made before the patient arrives

2. The referred patient at the receiving facility must receive necessary management without any delay.
Important points to Note:

- All hospitals should have a designated telephone line for Emergency referrals or contacts
- Indication for referral should be for:
  - the need of medical care not available in the referring facility or
  - Non availability of hospital bed
  - Ineligibility for treatment in the referring facility
  - Preference of the patient
• Patient arriving in any health care facility in an emergency situation: the facility must act diligently to safeguard the welfare of the patient

• Emergency situation supersedes all other restrictions for the delivery of care. The patient should be stabilized regardless of the expense or resource consumption, in order to obtain the best possible medical outcome of the patient

• Confidentiality of medical information is critical and must always be safeguarded
NON EMERGENCY REFERRAL
NON EMERGENCY: Referrals from Primary Health Care/ Clinics to Hospitals

- Prompt and appropriate levels of health care provided
- Maintain Continuity of care from a primary health care centre to the hospital and vice versa
- Mutual respect and professionalism must be observed in the process of transfer of patients
Primary Health Care Centers must be aware about the service, contact details and the distance between hospital facilities and the centers.

For urgent referrals, patient must be accompanied by the qualified medical staff and immediately transported to the hospital while verbal referral between centers and hospitals physicians is being established.
• Proper documentation of the transfer process will serve as reference for monitoring, evaluation and future plans for improvement of the referral system.

• 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 or by the referred facility for the appointment dates.
The receiving facility must send a complete feedback form/report to the referring facility after the referral is completed.
In-patient referral from one facility to another:

- The referring facility must contact the receiving facility to find the status of bed availability and receive an approval before the transfer is made.
- Prepare all documentation, medical information and investigation results.
- Organize ambulance service for transfer and logistics as required for the patient condition.
General Authority for Health Services
for the Emirate of Abu Dhabi

REFERRAL FORM

Referral Date: ------/------/------

Referrer: ____________________________
Address: ____________________________
Tel. No: ____________________________
Nationality: ____________________________
Date of Birth: __________ Age: __________
Gender: ____________________________

Emergency: ☐ Urgent: ☐ Routine: ☐

Referring clinic or hospital: ____________________________
Medical Record #: ____________________________
IFMRN provided, medical report will be sent to you:

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: ____________________________
Address: ____________________________
# FEEDBACK FORM

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<th>REQUEST</th>
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**REASON FOR REQUEST (complaints and findings)**

**PROVISIONAL DIAGNOSIS**

**FINAL DIAGNOSIS**

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<thead>
<tr>
<th>DOCTOR'S SIGNATURE</th>
<th>PLACE OF CONSULTATION</th>
<th>EMERGENCY</th>
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<tbody>
<tr>
<td></td>
<td>REDSIDE □ ON CALL □</td>
<td>URGENT □</td>
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**CONSULTATION REPORT**

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<th>RECOMMENDATIONS:</th>
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**DOCTOR'S SIGNATURE:** ___________________________ **DATE:** ___________________________
Thank You