Module 6, Session 1

**The Two-way Referral System**

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**INTRODUCTION**

**OBJECTIVES:**
At the end of the session, the participants will be able to:

- Define Referral System;
- Identify and Explain the Types of Referral System;
- Appreciate the Referral System Framework;
- Comprehend the Principles and Concepts of a Referral System;
- Know and understand the steps, procedures and activities of Strengthening the Referral System, Benguet experience; and
- Know and appreciate the gains, benefits and impacts of a strengthened referral system, Benguet experience.

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**DEFINITION OF TERMS**

**Referral –**

Set of activities undertaken by Health Provider in response to its inability to provide diagnostic and therapeutic intervention


**DEFINITION OF TERMS**

**Referral System –**

A two-way relationship between health facilities ensuring continuity and complementation of Health and Services

**Self-Referral –**

Referrals made by the individuals themselves to higher centers (hospitals) by-passing lower level facilities based on perceived inadequacy on the lower level

**DEFINITION OF TERMS**

**Functional Referral System –**

1. Competent personnel assigned at the lower level
2. Roles and Functions are clearly defined to avoid duplication
3. Ensures that services needed to be delivered at the lower level are in fact delivered

**TYPES OF REFERRAL**

**External–**

Vertical –
Referral from Lower to Higher
Referral from Higher to Lower

Horizontal –
Referral from one facility to another with same level but different catchment
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**Types of Referral**

**Internal**
- Referral within the facility from one personnel to another

**Public – Private Agencies / Partners**
- Referral from Public Sector / Agency to Private Organization or Non-Government Organization and Vice Versa

**Conceptual Framework of Referral System**

- Community
- Primary Care
  - BHS (1st Level)
- Secondary Care
  - Level I Hospital
  - Level II Hospital
  - Provincial Hospital
- Tertiary Care
  - Medical Center / Regional

**Flow of Referral Barangay Health Station**

- BHW
  - BHS
    - Refers?
      - Give appropriate medicines/treatment
      - Home
      - RHU Fill Referral
    - Hospital Fill Referral
Barangay Health Station

- Prenatal
- Normal Delivery
- Post partum Care
- Family Planning
- Immunization
- Nutrition (Vitamin A and Iron Supplementation)
- Growth Monitoring
- Control of CD (ARI, TB, STDs, etc)

- Control of NCDs (Smoking, REDCOP, etc)
- Health Promotion and Education
- Management of Public Health Services (Planning, Health Info, Coordination with NGOs, etc)

Rural Health Unit

- Prenatal
- Normal Delivery
- Post partum Care
- Family Planning
- Immunization
- Nutrition (Vitamin A and Iron Supplementation)
- Growth Monitoring
- Control of CD (ARI, TB, STDs, etc)
- Control of NCDs (Smoking, REDCOP, etc)
- Health Promotion and Education
- Management of Public Health Services (Planning, Health Info, Coordination with NGOs, etc)

- Plus
  - Minor Surgery
  - Appropriate referral to hospitals / specialists
  - Environmental Health Services
  - Oral Health
  - Supervision of HHR and Health Services within the catchment
MINIMUM SECONDARY HEALTH CARE SERVICE PACKAGE

Hospital

- Outpatient Consultations
- In-patient medical and surgical care
- Emergency Room Care
- Minor Surgery
- Major Emergency Surgery (CS, Appendectomy, etc)
- Complicated Deliveries
- Basic Orthopedics
- Blood Transfusion

- Laboratory Services
- X-ray
- Pharmacy Services
- Transport and Communication
- Referral of more urgent and complicated cases to higher level
- Coordination with PH, POs, NGOs, private clinics

PLANNING

- Activated organized Mt. Trail ILHZ Technical Working Group
- Scheduled TWG Meetings and Write-shops
- Developed and Prepared Planning Templates
- Identified Program, Projects, Activities and Strategies
- Identified Indicators and Means of Verification
- Identified Budgetary Requirements and Sources

STRENGTHENING THE REFERRAL SYSTEM: THE BENUEST EXPERIENCE

Joint DH Board and TWG Meeting (Bakun)

- Issues Raised
  - Referral Activities (Return Slips do not go back)
  - Signatories on Death Certificates for DOA cases
  - Medico-legal Cases (who should accomplish certificate)
  - Others
- Resolution
  - Prepare a Referral Manual

STRENGTHENING THE REFERRAL SYSTEM: THE BENUEST EXPERIENCE

SITUATIONAL ANALYSIS

Tools
- Brain Storming
- Focus Group Discussions
- Problem Tree to Objectives Tree
- Ishikawa Diagram or Fishbone
- Logframe
- TOWS/SWOT Analysis
- Micro- & Macro-environmental Analysis

Elements of Referral System Considered
- Facilities
- Equipment
- Logistics
- Drugs / Medicines
- Stalling / Health Human Resource
- Treatment Protocol
- Operational Framework
- Financial (Budget) Considerations
**SITUATIONAL ANALYSIS**

Where and What We Were

**Strengths**
- Existence of a Referral Activity
- Orientation of Health Personnel
- Presence of Patient Transport System
- Presence of Facilities and Equipment
- Presence of two-way radio
- Supportive LCEs
- Dedicated HHR

**Weaknesses**
- No Referral Manual / Guidelines
- No uniform forms
- Fast turnover of HHR
- Old and defective Patient Transport System
- Old and dilapidated Facilities and Equipment
- Understaffing
- No privacy of communication and Weak coordination

**SITUATIONAL ANALYSIS**

Where and What We Wanted to be

- Existence of a Strengthened Functional Referral System
- Existence of a uniform and harmonized Referral Manual and Guidelines
- Improved and Upgraded Facilities and Equipment
- Improved and Upgraded Patient Transport System
- Coordinated Health Workers and Health Facilities
- Quality Health Service
- Competent and Skilled Health Force

- Preparation of Referral System Manual and Guidelines
- Resolution of MT ILHZ Approving, Adopting and Implementing the developed Referral System Manual
- Reproduction and Distribution of Forms
- Orientation of Health Personnel within the ILHZ

- Referral Manual was used until ...
- Project: Strengthening of Local Health Systems in the Province of Benguet
  - Reformating of Referral Slips
  - Development and Generation of Report Forms
  - Revision of existing discharge summary
  - Developed National, Provincial, Municipal and Health Workers Directory
  - Recording in Referral Logbooks
  - Quarterly Reporting
  - Monitoring and Evaluation
Referral Manual adopted and implemented province-wide

Health Workers at all levels were oriented including Private Practitioners

Referral Folders with reproduced Referral Manuals were distributed in all Hospitals, RHUs, BHSs and PHO.

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RESULT OF MONITORING & EVALUATION

STRENGTHENING THE REFERRAL SYSTEM: THE BENQEU T EXPERIENCE

Incoming Referral from Lower Level Health Facilities: BY ILHZ, BY QUARTER 2010

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Leading Causes of Incoming Referral: BY ILHZ 2010

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#### Incoming Referral from Higher Level Health Facilities: BY ILHZ 2010

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#### Leading Causes of Incoming Referral: BY ILHZ, 2010

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#### Referral from Higher Level to Lower Level

- MT ILHZ
- 3K ILHZ

#### Referrals from Lower Level to Higher

- MT ILHZ
- 3K ILHZ
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**Referrals from Lower Level to Higher**

- Upgraded and Improved Facilities and Equipment (Ambulance, X-ray, Blood Chemistry Analyzer, Buildings)
- Increased budget for drugs, medicines and logistics
- Increased reimbursements from PHIC
- Strengthened Drug Management
- Integrated in Investment & Rationalization Plans

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**GAINS, BENEFITS & IMPACT**

- Common Health Trust Fund
- Sharing of Health Human Resource
- Continued Recording and Reporting
- Improved Health Services
- Opportunities for Training
- Better Coordination among Health Facilities and Personnel
- Evidence-based data utilized by Decision Makers for Policy Interventions
**CHALLENGES**

- Facilities – some still under construction and renovation
- Procurement of Logistics, Drugs and Medicines – still delayed
- Tedious process in procurement
- Common Health Trust Fund – unutilized by some ILHFs
- HHR – manpower outnumbered by increasing population
- Policies and Guidelines on the Manual – needs constant review and re-visit
- Some Reports are incomplete and not timely submitted
- Orientation of New employees / Health workers and regular re-orientation on the Referral System