



Module 6 Session 1

The Two-way Referral System



CONTENT

- **Definition of Terms**
- **Types of Referral**
- **Referral System Conceptual Framework**
- **Elements of Referral System**
- **Strengthening Referral System, Benguet Experience**
- **Gains, Benefits and Impact of a Strengthened Referral System, Benguet Experience**
- **Challenges encountered in the Strengthening of Referral System, Benguet Experience**

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.**

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

DEFINITION OF TERMS

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

TYPES OF REFERRAL

Internal-

Referral within the facility from one personnel to another

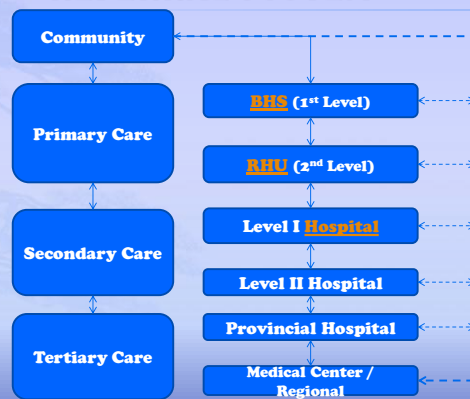
TYPES OF REFERRAL

Public - Private Agencies / Partners

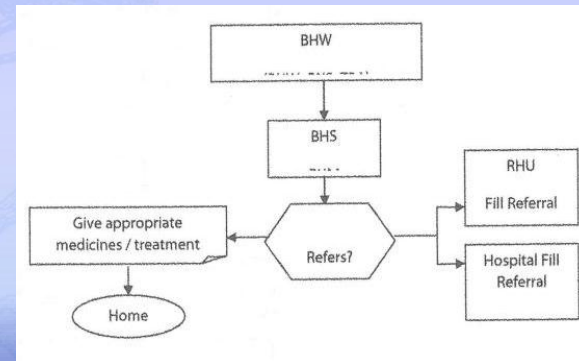
Referral from Public Sector / Agency to Private Organization or Non-Government Organization and Vice Versa

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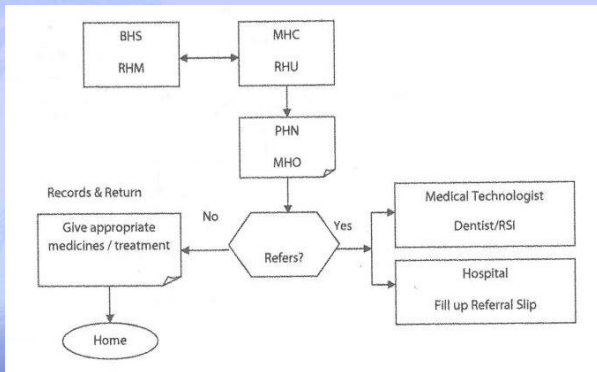
CONCEPTUAL FRAMEWORK OF REFERRAL SYSTEM



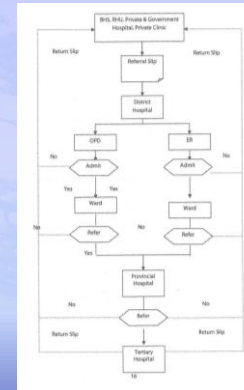
FLOW OF REFERRAL BARANGAY HEALTH STATION



FLOW OF REFERRAL RURAL HEALTH UNIT



FLOW OF REFERRAL HOSPITAL



MINIMUM PRIMARY HEALTH CARE SERVICE PACKAGE

Barangay Health Station

- Prenatal
- Normal Delivery
- Post partum Care
- Family Planning
- Immunization
- Nutriiton (Vitamin A and Iron Supplementation)
- Growth Monitoring
- Control of CDs (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)

MINIMUM PRIMARY HEALTH CARE SERVICE PACKAGE

Rural Health Unit

- ⬇ Prenatal
- ⬇ Normal Delivery
- ⬇ Post partum Care
- ⬇ Family Planning
- ⬇ Immunization
- ⬇ Nutriiton (Vitamin A and Iron Supplementation)
- ⬇ Growth Monitoring
- ⬇ Control of CDs (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

- | | |
|---|---|
| <ul style="list-style-type: none"> ✦ 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 | <ul style="list-style-type: none"> ✦ 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 |
|---|---|

STRENGTHENING THE REFERRAL SYSTEM: THE BENCUET 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

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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 BENCUET EXPERIENCE

SITUATIONAL ANALYSIS



STRENGTHENING THE REFERRAL SYSTEM:
THE BENGUET EXPERIENCE

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

STRENGTHENING THE REFERRAL SYSTEM:
THE BENGUET EXPERIENCE

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

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STRENGTHENING THE REFERRAL SYSTEM:
THE BENGUET EXPERIENCE

- 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**

STRENGTHENING THE REFERRAL SYSTEM:
THE BENGUET EXPERIENCE

- Referral Manual was used until ...
- Project: Strengthening of Local Health Systems in the Province of Benguet**
 - Reformatting 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

STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

- 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.

Referral Manual

PAGKAKAISÀ PARA SA KALUSUGAN

Name of Period of Date of S Prepared

Number of Age

Sex

Age

0-11 mos

1-4 year

5-14 year

15-49 year

50-64 year

65 or older

Subtotal

TOTAL

*Total of 1

TIC Fract

Hypertens

Arthropop

TIC CVA

TIC APD

Acute Sin

Bleeding I

Chemical

Prosthes

CHF

*Total cost of Refere

of F

SCMHC

BCH

PCH

PCDH

PC

PCU

PCII

PCIII

PCIV

PCV

PCVI

PCVII

PCVIII

PCIX

PCX

PCXI

PCXII

PCXIII

PCXIV

PCXV

PCXVI

PCXVII

PCXVIII

PCXIX

PCXX

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CHF

*Total cost of Refere

of F

SCMHC

BCH

PCH

PCDH

PC

PCU

PCII

PCIII

PCIV

PCV

PCVI

PCVII

PCX

PCXI

PCXII

PCXIII

PCXIV

PCXV

PCXVI

PCXVII

PCXVIII

PCXIX

PCXX

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RESULT OF MONITORING & EVALUATION

STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

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

ILHZ	Q1	Q2	TOTAL
BKD ILHZ	2	0	2
BLIISTT ILHZ	29	26	55
KKK ILHZ	55	12	67
MT. TRAIL ILHZ	434	154	588

Leading Causes of Incoming Referral: BY ILHZ 2010

CAUSE	BLIISTT	MT TRAIL	BKD	3K	TOTAL
1. For Lab	21	330		43	394
3. Cough	4	29		2	35
2. AGE	0	29		3	32
5. PTB	23			0	23
4. Pneumonia	1	14		6	21

STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

Incoming Referral from Higher Level Health Facilities: BY ILHZ 2010

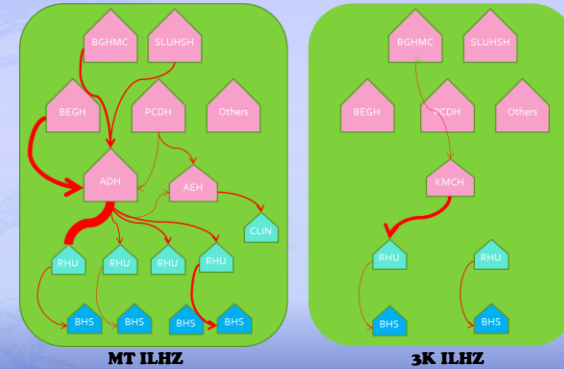
ILHZ	Q1	Q2	TOTAL
BKD ILHZ	0	1	1
BLIISTT ILHZ	12	29	41
KKK ILHZ	49	59	108
MT. TRAIL ILHZ	57	24	81

Leading Causes of Incoming Referral: BY ILHZ, 2010

CAUSE	BLIISTT	MTTRAIL	BKD	3K	TOTAL
1. For Lab				172	172
2. PUFT		9		0	9
3. PTB	10	8		0	18
4. Suture Removal	9	1		0	10
5. BP mon	3	3		0	6

STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

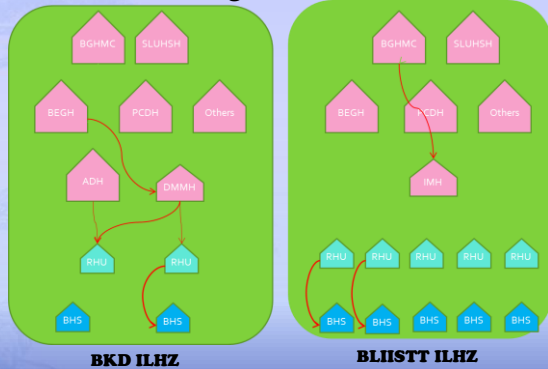
Referral from Higher Level to Lower Level



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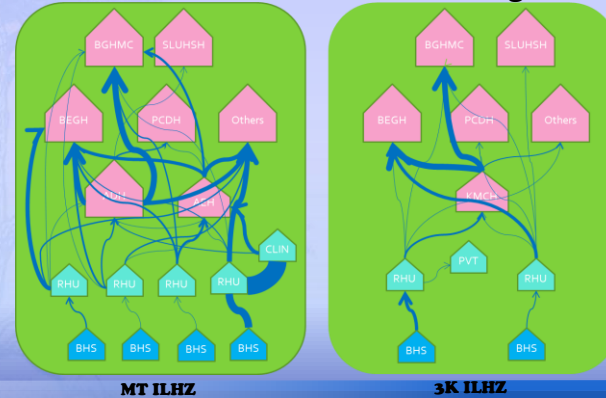
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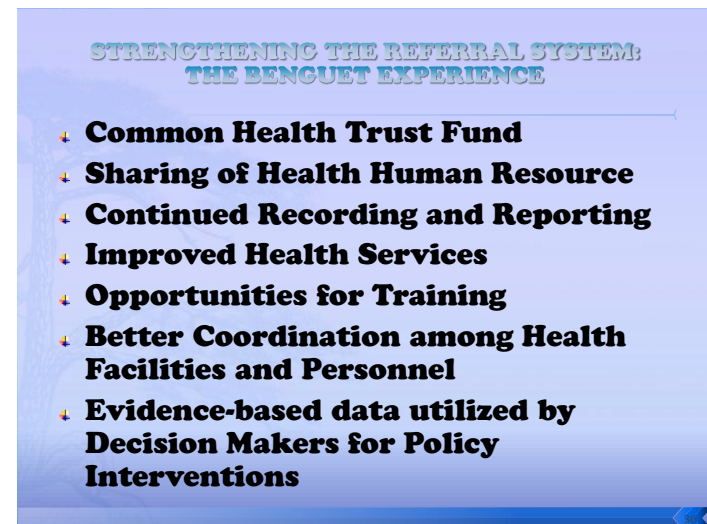
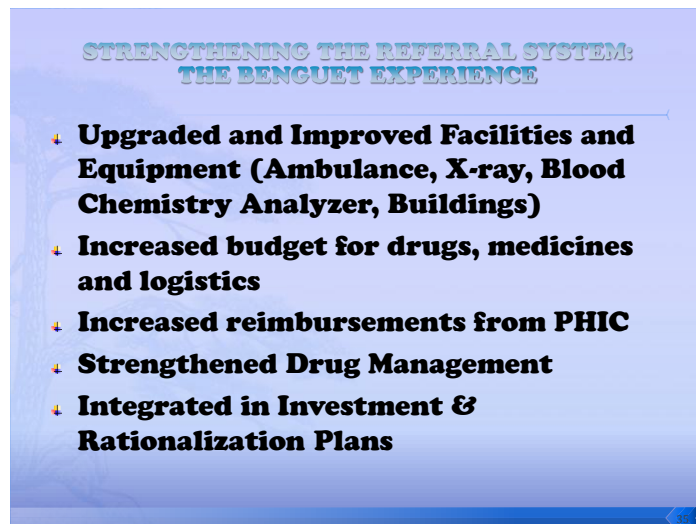
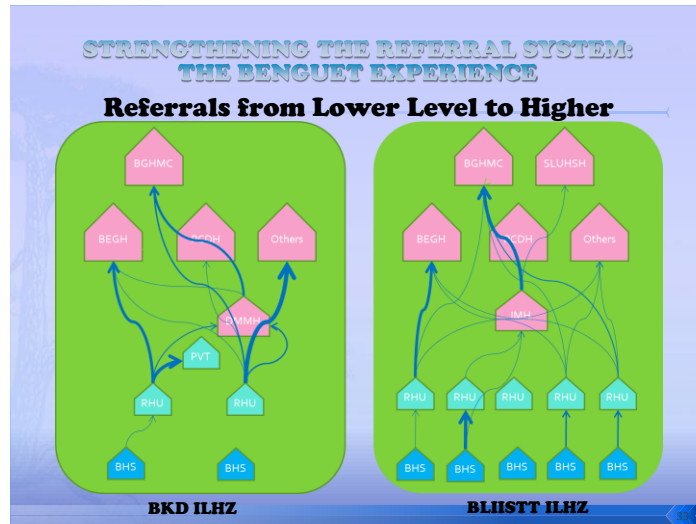
Referral from Higher Level to Lower Level



STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

Referrals from Lower Level to Higher





CHALLENGES

STRENGTHENING THE REFERRAL SYSTEM: THE BENGUET EXPERIENCE

- **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 ILHZs**
- **HHR – manpower out-numbered 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**