

Document Type: Policy	Ref No: HRS/HPSD/PR/1/2019	Version Number: 1
Document Title: Patient Referral	Effective Date: 1/4/2019	Revision Date: 1/4/2022
Ownership: Clinical Audit and Control Department		
Applicability: All Health facilities in the Emirate of Dubai licensed under DHA jurisdiction		
<p>1. Purpose:</p> <p>1.1. To ensure the highest standards of care for patient referral.</p> <p>1.2. To assure continuity of patient care and maximize patient outcomes.</p> <p>1.3. To set out the minimum requirements for patient referral for Health Facilities.</p> <p>2. Scope:</p> <p>2.1. All Healthcare Professionals licensed under DHA jurisdiction.</p> <p>3. Definitions/Abbreviations:</p> <p>Back referral is prepared by the receiving facility at the end of their involvement to let the initiating facility know what has been done.</p> <p>Health Facility shall mean a DHA licensed entity designed to perform medical examinations or treatment of patients in the Emirate of Dubai.</p> <p>Healthcare Professional shall mean a DHA licensed healthcare personnel working in a DHA licensed health facilities as per the applicable laws in the United Arab Emirates.</p> <p>Initiating health facility is the facility that starts the referral process.</p> <p>Most Responsible Physician refers to the qualified physician who have primary responsibility for the care of patient in the health facility</p> <p>Outward referral is prepared by the initiating facility to communicate the patient's condition and status.</p> <p>Receiving health facility is the facility that accepts the referred case.</p>		

Referral is a process in which a healthcare professional at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced professional at the same or higher level to assist in or take over the management of the patient this includes community referral, primary care referral, post-acute referral, and referral for all levels of hospital settings.

ACLS: Advanced Cardiovascular Life Support

BLS: Basic Life Support

MOU: Memorandum of Understanding

4. Policy Statement:

- 4.1. All health facilities shall have in place a system for referring patients including outward referral and/or back referral as per the functional scope of the health facility.
- 4.2. The health facility shall develop and implement written policies and procedures regarding the patient referral process as per applicable regulations in Dubai and reflect international best practices.
 - 4.2.1. The policy should clarify the referral criteria/process, responsible healthcare professionals communications, minimum equipment required to refer the patient as per their acuity.
 - 4.2.2. The process for referral shall address the needs of the patient for ongoing care.
 - 4.2.3. The health facility shall educate and train their healthcare professionals on their referral policy.
- 4.3. A formal agreement between the initiating health facility and receiving health facility shall be implemented to formalize the referral process and ensure the efficiency and effectiveness of the patient referral system.

4.4. The referral process should be integrated with the health facility quality improvement and patient safety program.

4.4.1. Patient referral data shall be used for analyses and improvement of patient referral.

4.5. The referring health facility is responsible to undertake the following prior to patient referral:

4.5.1. Perform the appropriate physical and medical patient assessment and stabilization.

4.5.2. Identify the availability of health services required to meet the patients' needs for continuity of care.

4.5.3. Determine the capacity to receive the patient in the receiving health facility through formal and documented communication.

4.5.4. Obtain patient consent or approval from the patients career for referral to higher level service provider as needed

4.5.5. Fulfil the minimum requirements set out in the referral form (**Appendix 1 and 2**)

a. The health facility shall ensure the Patient Referral Form is written in Arabic or English.

4.5.6. Provide and organize in-house or out-sourcing ambulance services for emergency and non-emergency referral as needed.

a. The health facility responsible for patient transfer shall work with the service provider or health facility to determine the transportation approach through an MOU.

(i) Mode of transportation shall be determined based on patient acuity, the treating physician's decision, the acceptance of the receiving facility and transportation team e.g. Emergency Medical Technician (EMT), competent physician or trained nurse in emergency/critical care.

(ii) The initiating health facility must ensure all appropriate medical equipment, supplies,

drugs and medications are available within the ambulance to meet the needs of the patient during transfer.

4.6. The treating physician from the initiating health facility is responsible for the coordination and the timely transfer of appropriate information to the receiving facility.

4.6.1. The receiving health facility physician shall be given the transfer case details and approval of transfer shall be documented in the patient records for both parties.

a. The referring health facility shall submit a full medical report (care information, diagnoses and current condition of the patient, recent/anticipated changes in condition or treatment, suggestions for monitoring and interval of care to the receiving health facility.

4.7. A qualified healthcare professional will escort and monitor the physiological status of the patient during the referral of the patient according to the most responsible physician decision.

4.7.1. All monitored parameters during referring the patient shall be documented in the patient health records.

4.8. The initiating health facility shall assess and stabilize any emergency condition prior to transfer.

4.9. Upon arrival to the receiving health facility, the healthcare professional escorting the patient shall handover the patient to the most responsible physician with all relevant documents.

4.10. All Hospital and Day Surgical Centres are required to:

4.10.1. Meet the requirements for Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS).

4.10.2. Ensure crash carts are available for use and checked on a regular basis

4.10.3. Have in place a Memorandum of Understanding (MOU) for ambulance transportation if not available in-house.

4.10.4. Have in place an MOU with a higher level health facility for the management of complex or emergency cases.

4.11. All non-Hospital and Day Surgical Centres must ensure they fulfill the BLS requirements and contact emergency services for patients care as needed.

4.12. It is preferable to provide back referral service in the Receiving health facility to inform the Initiating health facility about the results or recommendations regarding the service provided to the patient.

5. References:

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5.2. Government of Western Australia (2014). Central Referral Service Policy. Available at:

<http://www.health.wa.gov.au/circularsnew/attachments/866.pdf> Accessed at: [28/12/2017].

5.3. HAAD (2017). HAAD Standard for Minimum Requirements for the Preparedness of Common Medical Emergencies In Inpatient Care Setting, Outpatient Care Setting, Ambulance Services and Interfacility Patient Transfer. Available at:

<https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=QMaqCmoR940%3D&tabid=820>

(accessed on 09/01/2019).

5.4. Joint Commission International Accreditation Standards for Hospitals (2017). 6th Edition.

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5.6. The Ohio State University (2017). Physician Referral Form. Available at:

<https://wexnermedical.osu.edu/~media/Files/WexnerMedical/Healthcare-Professionals/Referring-Physicians/2014OSUWexner-PhysicianReferralForm.pdf?la=en>

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5.7. University of Kelaniya (2013). Structured Printed Referral Letter (Form Letter); Saves Time and Improves Communication. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894031/> (accessed on 11/01/2019).

5.8. UC San Diego Health (2015). Patient Referral Form. Available at:

<https://health.ucsd.edu/medinfo/pages/referral.aspx> (accessed on 11/01/2019).

5.9. WHO (2003). Referral Systems - a summary of key processes to guide health services managers.

Available at: www.who.int/management/Referralnotes.doc (accessed on 11/01/2019).

6. Appendices:

6.1. Appendix (1): The minimum requirements for Patient Referral Form:

- a. Initiating Health Facility Name
- b. Referral Type: Emergency/Non- Emergency
- c. Receiving Health Facility Name and Receiving Speciality Name
- d. Patient full name as per the passport/ Emirates ID, age, gender and patient identification number
- e. Patient Date of Birth
- f. Patient Contact Number
- g. Diagnosis (ICD code)
- h. Diagnostic and Therapeutic Procedures Performed/Current Procedure Terminology (CPT)
- i. Relevant Medical History and Co-morbidity
- j. Significant Medications Given and Discharge Medications
- k. Reason for Referral
- l. Significant Physical and Other Findings
- m. Patient's Condition/Status with clear explanation
- n. Follow-up Instructions/Information
- o. Statement that the Physician/Dentist has discussed with the patient in understandable method the reason of referral
- p. Patient Insurance Information (if applicable)
- q. Referring Physician's/Dentist's Name and Signature
- r. Date and Time of referral.

6.2. Appendix (2): Patient Referral Form

Health Facility Logo
Patient Referral Form

Please fill the form completely.

Patient Referral Type: Emergency Non-Emergency

Patient Referral for: Consultation Procedure/Test Treatment

PATIENT INFORMATION

Patient Name: _____ Gender: _____ Age: _____

Patient Emirates ID/Passport Number: _____

Date of Birth: _____

Patient Contact Number: _____

Diagnosis (ICD code): _____

Diagnostic and Therapeutic Procedures Performed (CPT): _____

Relevant Medical History and Co-morbidity: _____

Significant Medications Given and Discharge Medications:

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Reason for Referral:

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Health Facility Logo

Significant Physical and Other Findings:

Patient's Condition/Status: Improved Unchanged Others

Follow-up Instructions/Information:

REFERRAL TO

Health Facility Name: _____

Department/Speciality Name: _____

Physician/Dentist Name and Title: _____

REFERRING FROM

Health Facility Name: _____

Physician/Dentist Name and Title: _____

Physician/Dentist Signature and Stamp: _____

Form Completed by: _____ Date: _____ Time: _____