



08 April 2022

POLICY MEMORANDUM

No. 13, s. 2022

SUBJECT : **Policy Guidelines in the Conduct of Central Visayas Electronic Health Referral System (CVeHRS)**

.....
Section 1. Short Title – Guidelines in the Conduct of Electronic Referral.

Section 2. Guiding Principles

1. To refer the right patient to the right facility at the right time all the time.
2. Navigation – Coordination Principle where the Primary Care Provider shall endeavor to navigate the patient's admission to the next appropriate higher facility within the Health Care Provider Network.
3. Document and Evidence-Based Principle where the referring hospital shall input all the required details of the patient in referring to the next appropriate higher facility, including the initial interventions done prior to referral.

Section 3: Objectives

General:

To implement effectively the Electronic Health Referral System in all healthcare facilities at all levels of care in Central Visayas.

Specific:

The health facilities shall be able to:

1. Implement proper coordination among healthcare facilities in Central Visayas in order to ensure and streamline the conduct of timely, efficient, and quality health referrals;
2. Delineate the respective roles and duties of the medical personnel, hospitals, EMS Providers, and health facilities involved in the implementation of the CVeHRS;
3. Establish strong linkages and commitments among stakeholders and implementing units to the CVeHRS; and
4. To have a harmonious and facilitated referral of patients.

Section 4. Scope and Coverage

This policy shall apply and cover all healthcare facilities and EMS Providers in Central Visayas regardless of level, both in public and private sectors utilizing the CVeHRS, particularly the City Health Offices/Rural Health Units, Birthing Facilities, Infirmary Hospitals, Levels I, II, III Hospitals, among others (i.e Private Clinics, Stand Alone Clinics/Dialysis Centers).



Section 5. Operational Definition

1. **711 Healthline** – is a 24/7 call center service initiated by the DOH CV CHD.
2. **Accepting Physician** – refers to the assigned emergency room doctor who receives the patient referred electronically to the referral hospital, through the Central Visayas Electronic Health Referral System.
3. **Ambulance Service Provider** – is a health facility, institution or entity accredited by the Department of Health, whether government or privately owned providing ambulance services.
4. **Apex hospital** – is an end-referral hospital that has full complement of health services, including manpower and equipment.
5. **Attended immediately upon arrival** – means the immediate admission and commencement of the necessary treatment of the patient/s by the referral hospital with a turnaround time of less than 15 minutes, specifically in critical situation where the airway, breathing and circulation of the patient are impaired.
6. **Call Request** – is an option given to both accepting and referring physicians to discuss further the referral on the phone.
7. **Central Visayas Electronic Health Referral System (CVeHRS)** – refers to the electronic web-based system utilized by the health facilities (CHO/RHU, Birthing Clinic and Hospital) and EMS Providers in referring the patients from one facility to the other.
8. **Emergency Case** – is a condition of a patient where there is immediate danger to life and limb such as critical maternal deliveries and other medical conditions where the airway, breathing and circulation are impaired based on the evaluation of the attending physician.
9. **Emergency Medical Service (EMS) Provider** – refers to an organization or institution public or private, that offers urgent pre-hospital treatment and stabilization for serious illness/injuries and transport to definitive care.
10. **Healthcare Facility** – is any licensed institution that provides treatment of diseases and / or injuries, specifically referring to the Primary Care Provider Network (Health Stations, CHOs/ RHUs, Clinics); Health Care Provider Network (hospitals – Level 1, 2 and 3) and the Apex hospital (Single Specialty Hospital / General Hospitals with Multi – Specialty Centers).
11. **Health Care Provider Network** – refers to a group of primary to tertiary care providers, whether public or private, organized to follow a pathway in referring the patient with the primary care provider acting as the navigator of health care within the network ensuring continuum of care.
12. **Patient** – is a person who is critically ill or injured that needs immediate medical intervention.
13. **Patient Transport Vehicle** – a service vehicle used to transport patients from health facility to another facility.
14. **Redirect** – is diverting the patient to other health facility that can provide the immediate care needed.
15. **Referral Facility** – is the receiving hospital facility where the patient is electronically referred by the referring facility for an immediate intervention of a critical illness or injury where the latter facility could not intervene.
16. **Referring Physician** – is an attending doctor who refers the patient to the next higher facility through CVeHRS.
17. **Referring Health Facility** – is the health facility (CHO/ RHU, Birthing Clinic and Hospital) which the patient is initially managed and treated.

18. **Turn-around time** – refers to the duration of time the patient was referred from the receipt of the patient in the referral facility up to the time the necessary initial intervention is given which shall not be more than 15 minutes.
19. **Walk-in Patient** – refers to patients who directly seek to a health facility without the use of e-Referral.
20. **Urgent Cases** – are medical conditions that are serious or acute that require immediate attention but does not pose threat to life.

Section 6. Guidelines

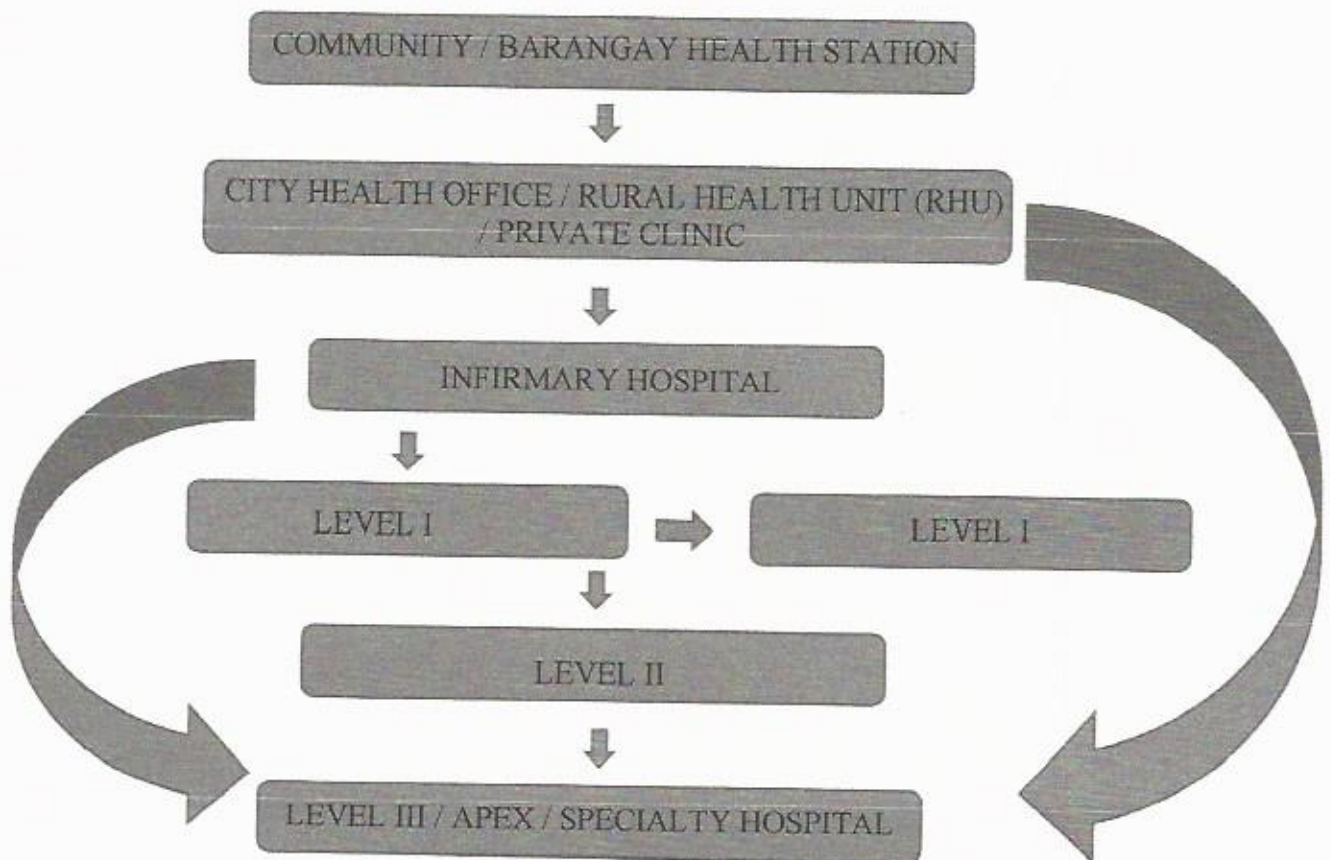
1. The Central Visayas Electronic Health Referral System (CVeHRS) is the only electronic system that will be utilized by all health facilities and EMS Providers in Central Visayas for referral.
2. Electronic Health Referral System (EHRS) shall take into consideration the general welfare of the patient and the capabilities of facilities within the system.
3. The CVeHRS online system shall be active 24/7, specifically the hospitals for appropriate medical management.
4. Coordination and teamwork among all health providers shall serve as a common approach and basic principle to attain goals and objectives.
5. All health facilities and emergency medical services units shall have their respective point person who shall perform functions relating to EHRS and shall ensure attendance to all the meetings called by the DOH CVeHRS Technical Working Group or the apex hospital.
6. Patient that needs and/or requires specialized medical services in the health facilities shall be referred to the next appropriate facility, within the Health Care Provider Network following the CVeHRS.
7. Patient's data shall be inputted completely and accurately to the system prior or during the transport of the patient to the referral facility.
8. Call requests are encouraged to facilitate and ensure successful referral. Referring physician shall ensure that referral has been accepted or redirected by referral facility prior to transporting the patient.
9. Thorough assessment by the physician on duty and initial life-saving interventions shall be done before referring the patient to the facility. The physician on-duty shall ensure that the patient's vital signs shall have been stabilized medically prior to transport or while in transit to the referral hospital. In no way, shall the patient be transported unstable.
10. A referred patient shall be attended to immediately upon arrival, giving preference to urgent and/or emergent cases.
11. A turnaround time of 15 minutes or less, but not later than 30 minutes upon arrival shall be strictly followed for an emergency case.
12. Medical Directors, Chiefs of Hospitals, or Heads of the Facilities shall be given a designated account in order to access and monitor the CVeHRS and alert the physician-on-duty at the ER to receive, direct or in certain justifiable circumstances and further refer or re-direct the referred patients.
13. While on transit, continuous medical care must be afforded by the accompanying nurse or midwife which shall be in communication with the referral facility for medical direction.
14. Transporting nurse or midwife must obtain proper training on basic life support and in managing emergency patients to attain well-coordinated interventions in saving the life of the patient.
15. Referral facility shall notify the referring facility once patient has arrived.
16. Continuous training and updating of capabilities of the health service providers shall be done to include orientation in the use of CVeHRS.

17. The CVeHRS shall strictly adhere to the provisions of the Republic Act 10173 or the Data Privacy Act of 2012.
18. The 711 Healthline shall monitor and call the health facility once turn-around time is not met. The former shall also inform the Regulatory, Licensing and Enforcement Division (RLED) of non-compliance of health facilities in the usage of CVeHRS.

Section 7. Procedure in Referring the Patient through HCPN

Below is the e-Referral system flowchart within the Health Care Provider Network using the CVeHRS as deemed appropriate of the patient's care need.

GRAPHIC PRESENTATION OF THE E-REFERRAL FLOWCHART



The flow of the e-referral is dependent on the capability of the health facility. In some instances, it may not follow specific orders as shown in the diagram depending on the condition of the patient. However, only external referral is considered in this guideline with the following sub-types:

- a) **Horizontal referral** – happens between facilities with the same functional capacity (e.g., referral between two level 1 hospitals. It is done in consideration of catchment area, availability of services (e.g., the hospital's ICU is full, so the patient is transferred to another hospital with available ICU bed), economic factors (e.g., from a private to a public hospital with the same functional capacity), and others.
- b) **Vertical referral** – is executed between health facilities with different functional capacity (e.g., a health center and a level 1 hospital). It can either be an **upward referral**, which is done from a lower- to a higher-level facility when a patient needs more advanced care, or the opposite – **downward referral** which referral is done when a patient has to be referred back to the originating primary care facility, or when a service can be more efficiently provided in a lower-level facility.

Section 8. Roles and Responsibilities

A. Department of Health Central Visayas Center for Health Development

1. Strategizes the effective implementation of the Electronic Health Referral System;
2. Supports the program through provision of equipment and human resource;
3. Implements and maintains the Electronic Health Referral System in Central Visayas following the approved policy guidelines;
4. Facilitates the conduct of meetings with the Hospital Center Chiefs, Chiefs of Hospitals, Medical Directors, City Health Officers / Rural Health Officers, EMS Providers and other stakeholders; and
5. Monitors and keeps records of the Minutes of the Meetings, activity reports, accomplishment reports, complaints and other related documents.
6. Monitors and evaluates the compliance of all the health facilities and EMS Providers to the CVeHRS and enforces its strict implementation.

B. Referring Hospital Facility

1. Attends to the incoming patient's medical needs while at the Emergency Room;
2. Assesses the physical condition of the patient. If the hospital facility is incapable to handle the patient's ailment by reason of manpower, facilities and capabilities in the performance of the needed procedures/interventions, the patient shall be referred to the next appropriate hospital facility through the electronic referral system;
3. Fills-in the details of the patients found in the web-based application prior to transfer or while in transit to the referral facility;
4. Provides the ambulance or necessary vehicle in transporting the patient from the referring facility to the referral facility with a qualified accompanying nurse or midwife trained with Basic Life Support; and
5. Ensures that all processes and details are taken cared of to guarantee smooth admission of patient in the referral hospital.

C. Referral Hospital Facility

1. Accepts electronically the referring hospital's request for referral of patient;
2. Facilitates in receiving the referred patient at the Emergency Room within the given turnaround time of 15 minutes or less;
3. Receives the patient and immediately provides appropriate interventions, including the admission of patient;
4. Informs the referring facility as to the current status of the patient through the electronic health referral system; and
5. In the event the referral hospital is incapable of admitting the patient by reason of full bed capacity, the Referral Hospital shall call the 711 Healthline to redirect and facilitate admission of the patient to the appropriate health facility.

Section 9. Monitoring and Compliance

1. The 711 Healthline Unit under the Health Emergency Management Services (HEMS) Section and Information and Communication Technology Unit under the Health Information Section shall monitor the compliance and performance of all health facilities and EMS Providers in the conduct of Electronic Health Referral System.

2. Vicente Sotto Memorial Medical Center shall be designated as the monitoring Apex Hospital.
3. The Monitoring and Compliance Team composed of the aforementioned units and hospital shall submit report monthly to the Office of the Health Facility Development Section (HFDS) and to the Regulatory, Licensing and Enforcement Division (RLED)
4. The HFDS and RLED shall inform, recommend and endorse to the Regional Director these noncomplying health facilities for proper and appropriate action.

Section 10. Effectivity

This Policy Memorandum shall take effect immediately.


JAIME S. BERNADAS, MD. MGM, CESO III
Director IV