

Document Type: Policy	Ref No: HRS/HPSD/PRIT/2/2020	Version Number: 2
Document Title: Patient Referral and Inter-Facility Transfer	Effective Date: 31/12/2020	Revision Date: 31/12/2023
Ownership: Health Policies and Standards Department		
Applicability: All DHA Licensed Health Facilities in the Emirate of Dubai		
<p>1. Purpose</p> <p>1.1. To ensure the highest standards of care for patient referral and inter-facility patient transfer.</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 and inter-facility patient transfer.</p> <p>2. Scope:</p> <p>2.1. Patient referral between health facilities under DHA jurisdiction.</p> <p>2.2. Inter-facility patient transfer between health facilities under DHA jurisdiction.</p> <p>3. Definitions/Abbreviations:</p> <p>Diagnosis-related group (DRG) is a patient classification system that standardizes prospective payment to hospitals and encourages cost containment initiatives.</p> <p>Health Facility: Any facility, owned and managed by natural or corporate body, provides medical services for individuals, including preventive, therapeutic and convalescent care services.</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>Inter-Facility Transfer: Any pre-arranged emergency or non-emergency patient transfer including use of a retrieval service for patients, after initial assessment and stabilization, from one healthcare facility to another for reasons including but not limited to the following:</p> <ul style="list-style-type: none"> The need for specialized treatment and care not available at the referring facility (professionals, 		

equipment and requisite treatment);

- Lack of bed capacity for the patient at the referring facility;
- Patient eligibility of care and treatment in accordance with their health insurance product; and
- Patient or next of kin request.

Most Responsible Physician: refers to the qualified physician who have primary responsibility for the care of patient in the health facility

Patient 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 elective referral and referral for second medical opinion.

Referring health facility: is the facility that starts the referral process.

Receiving health facility: is the facility that accepts the patient from the referring facility.

ACLS: Advanced Cardiovascular Life Support

Authority: Dubai Health Authority

BLS: Basic Life Support

City: City of Dubai

DRG: Diagnosis Related Group

EMT: Emergency Medical Technician

MOU: Memorandum of Understanding

Sector: Health Regulation Sector

4. Policy Statement:

- 4.1. All health facilities shall have in place a system for patient referral and inter-facility transfer as per the functional scope of the health facility.
 - 4.1.1. All DRG guidelines and rules are applicable.
- 4.2. The health facility shall develop and implement written policies and procedures regarding the patient referral and inter-facility transfer process as per applicable UAE regulations and international best practices.
 - 4.2.1. The policy should clarify the referral/inter-facility transfer criteria/process, responsible healthcare professional communications, minimum equipment required to refer the patient as per their acuity.
 - 4.2.2. The process for referral/inter-facility transfer 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/inter-facility transfer policy.
 - 4.2.4. Healthcare providers must ensure adequate level of care is maintained during inter-facility patient transfer.
 - 4.2.5. The Facility should document situations when transfer is not possible.
- 4.3. All Hospitals and Day Surgical Centers are required to:
 - 4.3.1. Meet the requirements for Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS).
 - 4.3.2. Ensure crash carts are available for use and checked on a regular basis.
 - 4.3.3. Have in place a Memorandum of Understanding (MOU) for ambulance transportation if not available in-house.

4.3.4. Have in place an MOU with a higher level health facility for inter-facility patient transfer (management of complex and/or emergency cases).

4.3.5. All other health facility categories must ensure they fulfill the BLS/ACLS requirements and contact emergency services for patients care as needed.

4.3.6. Prior agreement to guarantee insurance coverage for the patient.

4.3.7. Prior agreement with the party concerned to bear the payment of all fees and financial costs associated with Patient Referral and Inter-Facility Transfer.

4.4. Patients must not be denied emergency care and management on the basis of their health insurance product; as this breaches UAE Federal Laws.

4.5. Patient Referral:

4.5.1. All health facilities must fulfil the minimum requirements set out in (**Appendix 1 and 2**).

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

4.5.2. Written referral for the following setting shall be met:

a. Referral to secondary or tertiary care setting shall be made within ten (10) working days from patient consultation.

i. Certain cases shall be referred within a shorter timeframe in accordance to patient needs and best practice clinical guidelines.

4.6. Inter-Facility Transfer:

4.6.1. A formal written agreement (MOU) between the initiating health facility and receiving health facility shall be implemented to formalize the inter-facility transfer process and ensure the efficiency and effectiveness of an Interfacility transfer system.

a. Facilities are required to have in place the sufficient number of agreements to ensure

there is no delay in patient transfer that may compromise the patient's health.

4.6.2. The inter-facility transfer process should be integrated with the health facility quality improvement and patient safety program.

4.6.3. All health facilities must fulfil the minimum requirements set out in (**Appendix 3 and 4**).

4.6.4. Patient data may be used for analyses and improvement of patient inter-facility transfer.

4.6.5. The transferring health facility is responsible to undertake the following prior to patient transfer:

- a. Perform the appropriate physical and medical patient assessment and stabilization prior to transfer.
- b. Identify the availability of health services required to meet the patients' needs for continuity of care.
- c. Documenting all procedures, services, reports, documents and approvals related to the patient's health status in his health records.
- d. Determine the bed capacity to transfer and receive the patient in the receiving health facility through formal and documented communication.
 - i. Capacity may be determined through the assistance of the ambulance service.
- e. Informing the patient of all available treatment options and obtaining his consent in case his health condition permits this, or obtaining the consent of the patient's family in case he is incompetent, lacking or unable to obtain his consent due to his health condition on referral to the receiving health facility.
- f. Provide and organize in-house or out-sourcing ambulance services for transfer.
 - 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 infection control measures are implemented and the transportation has in place appropriate medical equipment, supplies, drugs, medications and staffing are available within the ambulance to meet the needs of the patient during transfer.

g. For scheduled or planned inter-facility transfer, ensure the patient is hemodynamically stable at the time of acceptance and update the receiving facility/professional with any changes. Changes in patient condition during the transfer shall be communicated to the receiving health facility as necessary.

h. For emergency transfers, with consecration of terms and conditions of emergency condition mentioned under Article (8) of the Federal Law No. (4) of the year 2016 concerning Medical Liability ,regarding emergency cases that require immediate and necessary surgical intervention to save patient's life or the fetus, or to avoid gross complications that may suffer. Hence facility should communicate clearly with the receiving physician about the hemodynamic state of the patient (stable or unstable) at the time of acceptance. Update the receiving facility with any changes in patient status.

i. Coordination and the timely transfer of appropriate information to the receiving facility.

i. Submission of a full medical report (care information, diagnosis 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).

- ii. The treating physician must report patient vitals and status to the transportation team prior to departure.
- iii. 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.
- iv. All monitored parameters during transferring the patient shall be documented in the patient health records.

4.6.6. 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 receiving facility is responsible to provide the referring facility the final outcome of the patient transfer and discharge.
 - i. An interim update may be requested by the transferring facility.
 - b. Upon arrival to the receiving health facility, the healthcare professionals escorting the patient shall handover the patient to the most responsible physician with all relevant documents
- c. All appropriate steps shall be taken to ensure patient stabilization is not compromised:
 - i. Appropriate staff, equipment and medication shall be mobilized to manage the patient's acuity.
 - ii. Communication with the patient's next of kin should be done in a timely manner to ensure clinical decision making is not compromised.

4.6.7. All healthcare professionals involved in the provision of care during inter-facility patient transfer must have transport knowledge and skills comprising of:

- a. Radio and communication technology

- b. Safety operations.
- c. Transport equipment.
- d. Documentation including patient care records (manual/electronic).
- e. Transport logistics.
- f. Facility transfer standard operating procedures/protocols.
- g. Physician verbal orders, patient positioning during transport for safety and accessibility.
- h. All healthcare professionals involved in the provision of patient transfer shall have the knowledge and skills and meet the minimum requirements including but not limited to:
 - i. Intravenous insertion, monitoring and maintenance, all forms of medication administration, airway management, ECG monitoring, defibrillation, cardio-version, transcutaneous pacing and offer basic intervention as needed.

5. References

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6. Appendices:

Appendix 1: 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, Allergies 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. Patient's hemodynamic status (if applicable).
- o. Follow-up Instructions/Information.
- p. Statement that the Physician/Dentist has discussed with the patient in understandable method the reason of referral.
- q. Patient Insurance Information (if applicable).
- r. Referring Physician's/Dentist's Name and Signature.
- s. Date and Time of referral.

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: _____

Appendix 3: Minimum requirement for inter-facility patient transfer.

- a. Referring 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, Allergies 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. Patient's hemodynamic status.
- o. Follow-up Instructions/Information.
- p. Statement that the Physician/Dentist has discussed with the patient in understandable method the reason of referral.
- q. Patient Insurance Information (if applicable).
- r. Referring Physician's/Dentist's Name and Signature.
- s. Date and Time of referral.

Appendix 4: Minimum requirements for patient collection, transfer and drop off.

- a. Referring 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. Patient Insurance Information (if applicable).
- h. Diagnosis (ICD code).
- i. Relevant Medical History, Allergies and Co-morbidity.
- j. Significant Medications Given and Discharge Medications.
- k. Reason for Referral.
- l. Transfer Instructions/Information.
- m. Significant Physical and Other Findings.
- n. Patient's Condition/Status.
- o. Patient's hemodynamic status throughout the transfer.
- p. Therapeutic Procedures done during the transfer.
- q. Medication given during the transfer.
- r. Referring Physician's/Dentist's Name and Signature.
- s. Receiving Physician's/Dentist Name and Signature.
- t. Date and Time of pick up from referring facility.
- u. Name and details of the transferring healthcare professionals.

- v. Date and time of arrival to receiving facility.
- w. Total transport time from referring to receiving facility.