

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

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Integrated National Health Sector Referral Guidelines (INHSRG)

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FOREWORD

The Ministry of Health (MoH) is committed to improving equitable access to high-quality health care to all Rwandans. In order to provide health services equitably and cost-effectively, there is a need to strengthen the referral system and ensure that health care service delivery complies with existing policies and guidelines defined for different levels along the continuum of care.

As part of the health sector reform initiative and subsequent reorganization, the MoH designed clinical guidelines with indications on patient transfer, revised the existing patient transfer policy and developed accreditation standards for referrals. The MoH also improved infrastructure, equipment, and human resources at all levels of the health system and is ensuring a functional ambulance system and efficient communication between facilities and CHWs. These initiatives should provide medical practitioners with the minimum tools and resources required to transfer and counter-refer patients in a safe, comfortable and efficient manner.

Furthermore, to ensure that providers are linking clients to the services they need and that clients are able to access a comprehensive package of health services, the MoH has integrated referral services into Standards Operating Procedures (SOPs) for routine data management and into Integrated Supportive Supervision (ISS).

Despite these efforts, referral forms used at facility level are not harmonized, some facilities are using one referral form for all transfers within and between facilities and referral feedback and counter-referrals are not always sent to referring facilities, hence not systematically reported through HMIS. In addition, clear national guidelines that can help health care providers to improve client referrals are not in place.

The Integrated National Health Sector Referral Guidelines (INHSRG) were developed to respond to the above gaps. The process of developing the INHSRG was consultative and participatory, under the stewardship of the MoH Department of Clinical and Public Health Services. The process involved all levels of services provided within the public healthcare system, donors, implementing partners, professional associations, private facilities, representatives of health insurances and community health workers.

The INHSRG aims to provide guidance to the health sector on how to build an effective referral system that responds to the needs of Rwandans. It also provides guidance needed to improve the efficiency and responsiveness of a referral system and provides useful information on principles of a well-functioning referral system. However, it is noted that the successful implementation of this INHSRG requires coordinated efforts and participation of all stakeholders in the health sector. All public and private health facilities shall adhere to the INHSRG.

I would like to acknowledge the hard work of people involved in the elaboration of the INHSRG. I am sure that having the involvement of such a wide multidisciplinary team will lead to the acceptance and compliance to these guidelines. I am confident that the implementation of this INHSRG will contribute to the improvement in access to essential health services, especially for women and children, and contribute to efforts towards universal health coverage.

Dr. NGAMIJE M. Danie
Minister of Health



ACKNOWLEDGEMENT

The MoH would like to thank all the organizations and persons who contributed to the development of the Integrated National Health Sector Referral Guidelines (INHSRG). The need to develop an INHSRG that would standardize the practice of referring patients in the country was initiated by the Ministry of Health and USAID Ingobyi Activity.

This document is a result of the great collaboration that exists between the Ministry of Health and various stakeholders who are dedicated to creating positive change in the Rwandan health sector.

The development of the INHSRG was undertaken in a consultative and participatory process involving a series of meetings and workshops with stakeholders from all levels in the health system, key donors and implementing partners. Contributors came from different institutions, with the MoH stewardship, under the Directorate General of Clinical and Public Health Services, the Emergency Medical Services Division, RBC/MCCH, donors, implementing partners, professional associations, private health facilities, representatives of health insurance agencies, and community health workers. The process involved a review of relevant documents, gap analysis of the referral system, development of facility and community transfer forms, development of instructions for completion of transfer forms and guidelines for managing referrals. The draft strategy was shared with key technical teams and technical working groups, whose comments were incorporated into the final document.

We give our sincere appreciation to representatives of development partners for their contributions to the development of the INHSRG specifically UNICEF, PIH, TSAM, Ihangane Project, ENABEL, RPA/RCPCH, USAID Ingobyi Activity, Federation Handicap International and professional association including RPA, ARSOG, RNMC.

We further wish to appreciate the financial and technical support received from USAID Rwanda in the development of the INHSRG.

LIST OF ABBREVIATIONS AND ACRONYMS

ARSOG	Association of Rwanda Society of Obstetricians and Gynecologists
CEHO	Community Environmental Health Officer
CHWs	Community Health Workers
DHMT	District Health Management Team
DNA	Deoxyribonucleic acid
DQA	Data Quality Assessment
GBV	Gender Based Violence
HCP	Health Care Provider
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HSQA	Health Service Quality Assurance
INHSRG	Integrated National Health Sector Referral Guidelines
ISS	Integrated Supportive Supervision
IT	Information Technology
MCCH	Maternal, Child and Community Health
MoH	Ministry of Health
MRB	Medical Review Board
NCDs	Non Communicable Diseases
ORS	Oral Rehydration Salt
PIH	Partners In Health
QI	Quality improvement
RBC	Rwanda Biomedical Center
RFL	Rwanda Forensic Laboratory
RNMC	Rwanda Nursing and Midwifery Council
RPA	Rwanda Pediatric Association
SAMU	Service d'Aide Medicale d'Urgence
SOPs	Standards Operating Procedures
TB	Tuberculosis
TSAM	Training, Support, & Access Model
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

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I: BACKGROUND

I.1. Introduction

The Government of Rwanda, as the main provider of health services, is committed to improving equitable access to high-quality health care to all Rwandans. A comprehensive health service delivery approach requires adequate guidance on service standards at different levels of the system, including efficient management of referrals. Referral is a two-way process that ensures a continuum of care for patients or clients. Referral involves not only direct patient care, but support also services, such as transportation and communication. It is important to note that a good and harmonized referral system is a critical component of quality service delivery.

According to the health care system structure, referral can be vertical from the community to the higher levels of the health system, and vice versa. It can also be horizontal between similar levels of facilities in the interest of patients for cost, location, and other reasons. It can also be done within different services in the same health facility. In addition, for some cases, referrals can be diagonal when a lower-level health facility directly refers patients to a specialized facility without passing through the hierarchical system. Referrals can be among public and private health facilities as well as community-based health services.

Within the framework of ensuring quality and functional referral system, the Ministry of Health (MoH) continuously improves health infrastructure, equipment availability, human resources as well as transfer policies and clinical guidelines with indications on when to transfer patients. However, gaps, such as the lack of national referral guidelines, can be a hindrance to efficient referral of patients.

I.2. Current situation

In 2018, the MoH developed and approved patient transfer policy and procedures with standard referral forms to be used while referring clients from the community to facilities, and between facilities. The MoH also integrated referral into (1) accreditation standard at hospital and health center level (2) Standards Operating Procedures (SOPs) for routine health data management, (3) referral indicators into Health Management Information System (HMIS) and (5) Integrated Supportive Supervision (ISS) tools, and availed clinical guidelines indicating when and where to refer. However, there are factors that affect the referral system in Rwanda, including the absence of INHSR guidelines and harmonized referral forms for some key technical areas and instructions for completing facility-level referral forms.

Currently, the implementation of referral forms at the facility level is not standardized, which leads to inadequate documentation and transmission of patient information between referring and receiving facilities. Furthermore, the absence of a standardized referral register at all levels leads to under-reporting and gaps in patient information and further management.

I.3. Rationale

The purpose of the development of the Integrated National Health Sector Referral (INHSR) Guidelines is to provide clear guidance to health care providers of public and private facilities during the process of referral and promote the quality and continuity of health care services.

I.4. Definition of concepts

Referral: The process of directing, re-directing or transferring, a patient to an appropriate specialist or service delivery point. Usually, the referral is done from a unit of lower complexity to a unit with a higher resolution capacity. The Referral is Horizontal when it occurs between units of the same institution; and Vertical when it is between units of different institutions.

Referral network: The interconnected group of service providers among whom referrals are made.

Directory of network services: List of all organizations and facilities providing care within a geographic catchment area. Such a directory can facilitate the search for the most appropriate service provider for a particular referral. Where such a directory is used, it is important that the contact information is kept up to date.

Referral feedback report: The process by which the receiving facility sends back to the initiating facility information about services provided to the referred client.

Counter-referral or return-referral: The process by which the receiving facility sends the client back to the initiating facility with information about services provided there and any needed follow-up. This completes the referral loop between the two facilities.

Emergency referrals: Referrals for emergency conditions that threaten life.

Not- emergency or routine referrals: Referrals for a second opinion, higher level investigation, routine admission or management of a patient.

Initiating facility: Also referred to as the referring facility, an organization or community unit that prepares an initial outward referral to communicate the client's condition and status. The facility that starts the referral process MUST communicate the client's condition and status.

Initiating or referring service: The type of service from which the referral was initiated (e.g., family planning, antenatal care, or general primary care).

Receiving service: The type of service to which the client is referred (e.g., family planning, antenatal care, or HIV testing and counseling).

Active records: are health related records, regardless of age, that are still actively being used by the health facility or until cut-off date.

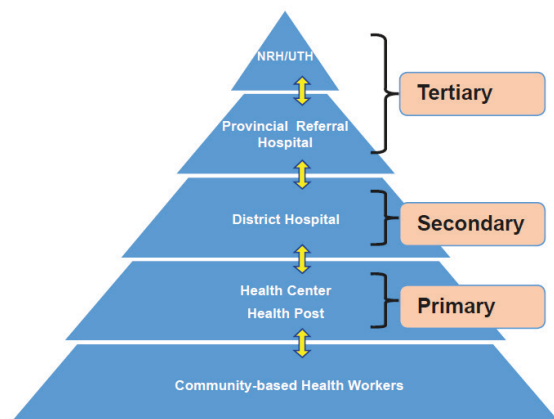
Inactive records: are health related records that are no longer referenced or used on a regular basis or are in retention and awaiting final disposition.

Electronic records: are health related records that can be stored and processed by a computer.

II: FRAMEWORK FOR THE IMPLEMENTATION OF REFERRALS SYSTEM

II.1. Levels of services provided within the public healthcare system

The Rwandan health sector is a pyramidal structure and consists of three levels: **the tertiary level, the secondary level, and the primary level.**



Source: Health Service Packages for public Health Facilities, January 2017

II.2. Referral flow

The following is a referral flow in Rwanda public health sector:

1. Community level

Community health workers will refer to health post or health center

2. Health Post

Health posts will refer to health centers all not emergency cases. For emergency cases such as obstetrical, pediatric, injury and NCDs, health posts will directly refer to a district hospital. In addition, a health post will refer clients to the community level for follow up. Second generation health posts will immediately refer to district hospital.

3. Health centers

Health centers will refer to the district hospital level. In case of specific emergency, clients will be referred directly from Health Center to the tertiary level (after communication with district hospital), by-passing the district hospital in order to avoid delay of case management. Health centers can also refer obstetrical emergency to the nearest upgraded Health Center. In addition, Health Center will refer to the community level for continuity of care or follow up of clients.

4. District hospitals

District hospital level will transfer clients to provincial hospital, referral hospital or directly to teaching hospitals. District hospital can do counter referral of clients to health center level or community level for continuity of care or follow up.

5. Provincial and referral hospitals

Provincial and referral hospitals will transfer clients directly to teaching hospitals. They can also do counter referral of clients to district hospital, health center or community level for continuity of care or follow up.

6. Teaching and national referral hospitals

Teaching hospitals and national referral hospitals can do counter referral of clients to lower levels for continuity of care or follow up. In addition, these hospitals can transfer clients to more specialized units for further investigations or transfer abroad through the Medical Review Board (MRB).

7. Private institutions

All private facilities can refer to any level of the private or public health system, depending on the condition and needs of the patient or client as defined by the treating health care provider.

II.3. Requirements for effective referral services

For effective functioning of the referral system, the overall health system needs to have basic provisions to adequately respond to referral needs. An effective referral system ensures a close relationship between all levels of the health system and helps to ensure people receive the best possible care close to home. It also assists in making cost-effective use of hospitals and primary health care services. Support to health centers, health posts and community health services by experienced staff from the hospital helps build capacity and enhance access to better quality of care.

Following are some requirements for the health system building blocks to facilitate effective referral response.

II.3.1. Quality health services

- Health system that delivers effective, safe, high-quality care when and where needed.
- Strong communication and linkages between facilities
- Emergency preparedness and response systems in all facilities
- Service standards for each level of care
- Clinical guidelines and referral protocols

II.3.2. A well-performing health workforce

- Retain enough, competent, responsive and productive health staff
- Adequate human resource norms and standards by level
- To facilitate the effective referral process
- Appropriate knowledge and skills for management of referrals

II.3.3. A well-functioning health information system

- Functional health information system to allow for monitoring and evaluation of the referral system for planning and decision-making
- Tools for management of referral (referral forms and referral registers)

- Information Technology (IT) solutions through e-referrals and e- reporting (where applicable)

II.3.4. Essential products and technologies

- Availability of essential medical products and technologies of assured quality, safety, efficacy and cost-effective, and use according to the norms and standards for each level of care to manage referrals or to offer pre-referral treatment.

II.3.5. A good health financing system

- Makes available adequate funds for health in ways that ensure maintaining an effective referral system
- Ensures adequate funds for emergency referrals
- Allocates contingency funds for mass casualty management

II.3.6. Leadership and governance

- Provides adequate support towards management and implementation of referral guidelines
- Provides capacity building and technical assistance, regular supportive supervision
- Ensures provider accountability and feedback
- Assures appropriate regulation and regulatory system to ensure the existence of clear, comprehensive guidance for service delivery

II.3.7. Health infrastructure

- Ensures adequate infrastructures as required to assure the availability of defined standards of care at different levels of the health system
- Ensures maintenance and replacement of equipment and infrastructure
- Provides necessary logistical support including ambulances services, communication and IT to establish an effective referral system

III: KEY GUIDING PRINCIPLES

III.1. Guiding principles for referrals

- All levels of the health system will promote and encourage clients to access the system through a primary care provider (PCP) at the community level, health post, dispensary and health center
- Only in cases of accident and emergency should a client access the nearest appropriate health facility directly.
- All public secondary and tertiary institutions will discourage self-referral and unnecessary use of hospital facilities.
- The referral should follow, as much as possible, the hierarchical level of services as outlined in referral flow chart for public and private health facilities.
- For each referral, healthcare provider at initiating facility will fill out the appropriate client transfer form approved by the Ministry of Health and a copy of the same form will be retained in the patient's medical file.
- Designed and approved transfer forms with instructions for completion are outlined below:
 - ✚ **Facility level**
 - External transfer form, Neonatal transfer form, ANC, Delivery and PNC external transfer form, Internal transfer form and Patient monitoring transfer form
 - ✚ **Community level**
 - Facility to community transfer form (new) and Community to facility transfer form (few revisions)
- Specific technical areas such as TB, HIV, GBV, National Referral Laboratory, mental health and programs supporting persons with disabilities, can design transfer forms adapted to their context. However, the main content should reflect the current approved transfer forms.
- The healthcare provider that refers the patient will ensure that all necessary information accompany the patient referral form, such as a copy of laboratory results, interpretation of imaging, partograph, etc.
- The **referring** and the receiving **providers** at the facility are requested to ensure completeness of the transfer form and all recorded information should be accurate and readable.
- Healthcare providers are to ensure that patients are referred to the appropriate health specialist and facility with sufficient patient information to provide effective continuity of care.
- Clients will be referred safely using the type of transportation and monitoring required.
- Once a referred client is in an ambulance, the facility that sent the ambulance is responsible for the client care.
- Even if a referral is estimated unnecessary by receiving facility, the client should be observed at least for 24 hours before counter referral. Disrespectful remarks of referring health care providers are unacceptable and unethical.
- For each referral, receiving facility will be responsible for making a copy of referral form completed with feedback information. One copy will be kept in medical file and another will be sent back to initiating facility.
- Referral forms that are no longer referenced or used on a regular basis or are in retention and awaiting final disposition shall not be destroyed before the required 10-year period while a register with enough details on referrals must be kept.
- Every health facility must have an appropriate health-related records filing and storage system that is easily understood and efficiently used by staff.
- For chronic cases followed up at the hospital, the validity of referral note is **one year**.
- Referring health care providers must consider specific needs for transportation for neonatal cases, persons with disabilities, persons with mental disorders, suspicious patients with contagious disease like Ebola, TB, cholera etc.
- The INHSRG should be revised every three (3) years or when necessary from the date of approval.

Reasons for referral

The criteria for referral should be medical, objective and in the best interest of the patient or client. The following are considered good reasons for referrals:

1. When a patient needs expert advice as determined by the attending health professional
2. When required technical examination is not available at the referring facility
3. When the technical intervention that is beyond the capabilities of the facility is required
4. When patients require inpatient care that cannot be given at the referring facility
 - When the referring facility is not able to admit more clients due to limited resources
 - Referrals are also made to the lower level health facilities and community-based organizations for follow up or management of the patient depending on the capacity of that lower level
5. When a person with a disability needs specific care and treatment

III.2. Management of referrals

III.2.1. Community level

Community health workers within a catchment area of the health center will have a coordination team for referral with the following roles and responsibilities:

- Support community health workers (CHWs) in the overall referral activities at the village
- Ensure availability of MoH approved referral tools;
- Ensure completeness and accuracy of monthly referral service data reported through the Health Management Information System (HMIS) and RapidSMS;
- Ensure that CHWs are following treatment guidelines indicating when and where to refer
- Involvement in the quality assurance programs of the referral system by participating in CHWs coordination meetings organized by the head of health center
- Performs supportive supervision
- Ensures that facilities are sending feedbacks to referring CHW vice versa from CHWs to Health Facilities.

III.2.2. Health facility level

At health center and hospital, facility manager will appoint referral coordination focal person. The following are the roles and responsibilities for referral focal persons:

- Coordinates the overall referral activities within the health facility
- Ensure availability of MoH approved referral tools
- Records and reports the referral activities to facility management
- Compiles, analyzes and interprets referral data to improve the referral service
- Includes the social protection staff at the district level in analysis of referrals data. He/she will focus on data for vulnerable groups referred (persons with disabilities, the elderly, under five children, persons with mental disorders, street children, etc.)
- Participates in regular review meetings within and outside the health facility
- Performs supportive supervision
- Ensures feedbacks are sent back to referring health facility

III.2.3. District Health Management Team

- Ensures that health facilities comply with the referral guidelines
- Prepares directory contact information of responsible for services/department
- Creates mechanisms to improve community awareness of the referral system
- Design mechanisms for coordination of referral activities, sharing and management of ambulances between catchment of HCs and non-catchment of the district
- Follows up delivery of back referral report (feedback) to initiating facilities
- Holds regular meetings in the district to analyze reports, hears referral complaints, distributes guidelines, and increases public awareness on the referral system

III.2.4. Ministry of Health

- Assigns referral focal person who will coordinate the national coordination team
- Develops, revises, update referral guidelines and SOPs as appropriate
- Develops the standards for resources to be available for a functioning referral system at health facilities and community level
- Coordinates capacity building of key actors
- Monitors and coordinates referral systems at the national and decentralized level
- Works with DHMT for the preparation of the national directory of health services
- Conduct integrated supportive supervision including Data Quality Assessment (DQA) of referral services both facility and community level

III.3. Roles and responsibilities

III.3.1. Roles and responsibilities of the referring health professional

- Should know who, what, why, and where to refer
- Should fill the referral form with all the necessary information and attach relevant documents (laboratory test results, partograph, radiology interpretation etc.)
- Should have record of all pre-transfer management (treatments and ongoing managements)
- Must explain to the patient the rationale, reasons for the choice of referring facility and service provided at that facility
- Explain expected cost and possible outcome of the referral to client
- Should be available to answer queries from the referral receiving facility about the referral if necessary and secure documentation of the referral

III.3.2. Roles and responsibilities of the referral coordinator

- Responsible for both referrals out and received referrals (referrals in)
- Facilitates scheduling based on the level of priority for consultation, i.e. emergency, urgent and routine cases
- Ensure availability of referral tools and other resources required for communication between referring and receiving facilities
- Ensures the availability of service or professionals at the receiving health facility before referral
- Facilitates transportation for emergency cases
- Responsible for making copies of referral forms with referral feedback/counter referral
- Ensure delivery of referral forms with feedback to the initiating facilities.

- Responsible for inclusivity of the referrals.

III.3.3. Roles and responsibilities of the referring facility

- Performs a situation analysis regarding the process of referral in the facility
- Ensures that staff are aware of the referral system
- Ensures the continuous supply of standardized referral forms
- Keeps directory of health services and facilities in the defined geographic area
- Ensures proper recording of all referral activities for internal monitoring and for HMIS data as required
- Develops mechanisms to track referrals
- Provides transportation for the patient with emergency conditions
- Assigns referral coordinator with clear roles and responsibilities
- Assigns a health provider to accompany the patient during an ambulance transfer
- Identifies a person for facilitating people with disabilities such as interpreters, guides, speech facilitators etc.
- Ensures all ambulances are fully equipped with the required medication, consumables and equipment for transfer
- Responsible for continuous development of staff to be skilled in management for all emergency conditions

III.3.4. Roles and responsibilities of receiving health professional

- Responds promptly to consultation requests
- Reports in detail all pertinent findings and recommendations to the referring health provider and may outline opinion to the patient (feedback with all required information and recommendation)
- Communicates with the patient, facilitator for people with disability and/or family
- Uses information from referring health provider to determine if the referral is justified
- If able, determines and record the final diagnosis

III.3.5. Responsibilities of the receiving facility

- Conducts situation analysis of the current referral process to identify gaps, strengths and develop an action plan to address identified gaps
- Assigns referral coordinator with clear roles and responsibilities
- Develops follow up plan and ensures the plans are communicated to the referring facility through referral feedback and counter referral
- Ensures the orientation plan on the referral process to all staff
- Provides continuing education about the referral process to staff and the community
- Ensures referred patients are seen by the appropriate health care provider
- Ensures all investigations and documents are attached to the referral form from the referring facility are considered to protect patients from unnecessary cost

- Ensures that all prescheduled referrals are made without undue delay
- Practitioners at the receiving facility should re- confirm diagnosis made by the referring practitioner

IV: GUIDELINES FOR THE REFERRAL SYSTEM IN RWANDA HEALTH SECTOR

IV.1. Guidelines for communication and client's transportation

IV.1.1. Communication

Each referring facility must have prior communication with the receiving facility focused on the following:

- Make a prior call first to confirm that the receiving facility is ready to receive the client, and provide patient details
- For non-emergency referral, book interfacility appointment for the patient
- Patient details to be provided:
 - ✚ Full client's identification: Name, age, sex, home address, phone number
 - ✚ If the client is a person with a disability, clarify the type of disability
 - ✚ Presenting complaints
 - ✚ Full assessment: examination findings and investigation carried out
 - ✚ Diagnosis and treatment plan before transfer and ongoing treatment when possible
 - ✚ Dates and time of referral
- This communication is also applicable for intra-facility/ inter-unit transfers

IV.1.2. Patient transportation

- Patient may be transported to and from the health facilities using a suitably equipped ambulance or whatever other appropriate means of transportation available.
- The referrer should be with only one (1) person from the patient family to be transported in the ambulance to serve as a guardian for further social support. In that case, names and address should be indicated in the ambulance logbook for better management of any incident that may occur during transportation.
- For the health facility without ambulance for transfer, health facility sending the ambulance has an obligation to avail health care provider to accompany the patient.
- Patients should be transported from one unit to another only under direct authorization of a responsible health care provider.
- Emergency cases and critical patients should be transported only by an ambulance equipped for the purpose of transporting sick or injured persons.
- Health care providers must consider the specific needs for transportation of special cases, such as neonatal cases, persons with disabilities, persons with mental disorders and persons with contagious diseases like Ebola, TB, cholera etc.
- Clients to be referred should be stabilized as much as possible prior to transfer.
- None emergency transfers should be done during daylight hours. They shall use their own means of transportation.
- All transfers must comply with existing clinical and referral guidelines.
- All transfer patients must be accompanied by a trained healthcare provider. The management of the referring facility will establish what level of personnel will escort the patient during the transfer in accordance with the clinical condition of the patient.

- The transfer team should be fully informed of the clinical condition of the patient being transferred, including type of monitoring required. Instructions should be given verbally and recorded on the referral form.
- At the reception point, referred patients traveling in ambulances or coming from an air-evacuation transfer will be prioritized and the transfer team should be allowed to return to their facility immediately after the handover of the client to receiving unit.
- When ambulance is not available in the catchment area for transportation of an emergency case, the management of the referring facility must call for ambulance from the nearest facility and, if not possible immediately, call “912”, communication center for Service d’Aide Médicale d’Urgence (SAMU), ambulance services.
- Ambulance driver should comply with national traffic regulations. He/she should have good communication with the health care team.

IV.2. Guidelines on pre-hospital emergency referral

- All health facilities/emergency units must accept all emergency cases in accordance with the health service package.
- Nearby ambulance must be dispatched to the scene for emergency care.
- Adequate care must be provided to these cases.
- After a quick assessment, the health care provider refers the patient to the appropriate nearest facility.
- Where referral to another institution is required, pre-transfer care and continuous medical care must be provided to the patient.
- At each emergency referral, a qualified health care provider should be assigned to accompany the client in the ambulance.
- In case of emergency, private facility ambulances should be dispatched to the scene if judged necessary.

IV.3. Guidelines on emergency referrals

The referral is decided based on the following preconditions:

Time: The emergency transfer should be timely depending on the condition

Effectiveness: To get an expert opinion

Cost-effectiveness: The benefits exceed and justify the costs

IV.3.1. Management of emergency clients at the site

- All health facilities must have written plans and protocols/ operating procedures for the management of on-site medical emergencies.
- All staff should be trained in emergency procedures and must be familiar with the plans.
- Health care providers have a responsibility to ensure that clients are appropriately served in an emergency situation.
- The early identification of a medical emergency and subsequent management will be helpful to save the patient's life and prevent permanent consequences.
- The emergency treatment room should be equipped with equipment and a suitable range of medications. It is essential that clinical staff are familiar with the location and use of emergency equipment.

Preparing for transfer:

1. The responsibility of preparing the transfer of a patient lies with the nurse/midwife or medical doctor who orders such transfer.
2. The patient should be stabilized before transfers and, if the clinical condition requires intravenous infusion, any type of catheters, monitoring of vital signs, laboratory results, etc., all these should be in place prior to transfer.
3. The referral forms must be completed and family members should be alerted when possible and informed of decision and reasons for transfer.
4. The receiving unit must be alerted of the transfer, especially in the case of very ill or critical patients for better management, an appropriate place for admission and material for resuscitation if needed.
5. The transfer team will review the referral form, ensuring that all instructions are clear. They will record the vital signs of the patient before leaving the referring facility.

IV.3.2. Management of emergency clients during transport

During Transfer:

1. Drivers are not qualified to transfer patients alone. He or she must be with a health care provider.
2. The transfer team will monitor the condition of the patient throughout the transfer, ensuring that the patient is as comfortable as possible and that vital signs are stable.
3. If the patient gets worse, the transfer team should stop and seek help from the nearest HF.
4. If the patient dies on the way, transfer team should communicate with the receiving and initiating facilities. If the ambulance is coming from HC, transfer team should go back to the referring facility; If the ambulance comes from Hospital level, transfer team should continue to the hospital for confirmation of death.
5. The ambulance carries only patients, one relative or guardian and the health care provider accompanying the patient.
6. Health care provider accompanying patient should be close to the patient in ambulance cabin for the purpose of patient monitoring.

At arrival:

- Upon arrival at the receiving service, the transfer team will hand-over the client to the qualified receiving health care provider (HCP).
- The receiving HCP should assess the patient for safety and continuity of care.

IV.3.3. Management of not emergency referrals at the site

- Health care provider who is treating the patient must take initiative for referral, complete the referral form and communicate with receiving facility for requesting the client's appointment.
- Approved MoH referral form should be always used for referral and the reasons for referral should be clearly indicated on the referral form.
- Client referred should be accompanied with enough documents like investigation reports, copy of partograph, imaging interpretation etc.
- For the case of elective referrals, if a specialist is available in the referring institution, he/she may be consulted in advance as far as possible in person or over a phone call.
- Necessary information should be communicated to the patient and relatives. This should be in the form of counseling about the need for referral and necessary supportive information, financial issues and guidance should be provided.

- Key information about the patient being referred should be written in the ‘referral out register’ kept at the referring facility.

IV.4. Guidelines for internal referrals

- Internal referral is a horizontal referral between services but within the same facility and vertical for provincial and referral hospitals within specialties for special situations
- All internal referrals must be done using MoH approved internal referral form
- The health care provider to whom the patient is being referred must be informed prior to the initiation of the referral process.
- Patient with critical or life-threatening conditions should be attended to immediately.
- A non-critical patient should be responded to as soon as possible. However, it should be within triage range timing if inpatient.

IV.5. Guidelines for referrals abroad

- If a specialist physician recommends client’s medical investigation or treatment in another country, the specialist must refer the patient to the health facility of the highest level of care (team, investigations, treatment options) in the country, then request approval from the Medical Referral Board (MRB).
- All clients referred must meet the predefined clinical criteria as assessed firstly by the relevant specialist physician and secondly by the specialist at the country highest care facility, then as approved by the MRB according to its guidelines.

IV.6. Guidelines for medical-legal issues

- All requests for medical-legal examination (i.e. rape, assault, autopsy etc.) must be accompanied by an official request from the investigation authorities or other relevant authorities.
- Medical requests not within the capability of the health facility concerned should immediately be referred to the appropriate level.
- All GBV cases received at health center/post and the private facility must be immediately referred to Isange One Stop Center for the purpose of forensic, proper management by a multi-disciplinary team (investigation authorities, lawyer, health providers, psycho-social, counsellors, lab technicians etc.)
- All medical-legal records must contain complete data such as date and time of the incident, findings and management.
- The attending health care provider must write his/her name, sign and stamp all medical-legal documents.
- A copy of the medical-legal report shall be kept in a patient file at the health facility.
- All samples that can be used for DNA testing must be carefully managed by trained staff and guidelines on specimen movement must be followed during transportation of such samples from the facility to The Rwanda Forensic Laboratory (RFL).

V. SAFETY, RIGHTS AND RESPONSIBILITIES OF THE REFERRED PATIENT

V.1. Referral & patient safety

- Set up clear clinical guidelines with clear indication on when to refer, pre-transfer care and standards for medical staff when referring patients between health facilities and from facility to community vice versa.
- The referral form should be completed accurately, and all necessary information listed must be completed so that the risk of a miscommunication that could result in patient harm will be decreased.
- All necessary medical interventions administered during patient transportation when the patient is referred/transported to another health facility must be documented using the patient transfer monitoring form (e.g. amount of fluid (ORS) given to the dehydrated child during transport, 1st dose of antibiotics to the child with a severe disease, etc.).
- Ambulance must be used for transportation of all emergency cases
- Communication between the referring provider and receiving facility must be ensured for getting an appointment for non-emergency cases or be ready to receive the patient in case of emergency.

V.2. Referral & patient rights and responsibilities

V.2.1. Patient rights

- The patient has the right to know (why, where, when) to be referred.
- The patient has the right to discuss referral options and alternatives.
- The competent patient has the right to refuse referral unless he/she poses a threat to society.
- The patient has the right to receive an appointment before referral and get information on the identification of the receiving provider.
- The patient has the right to receive care and treatment, which the health system is able to provide.
- Respect of the privacy for vulnerable groups (under five, elderly, persons with disabilities, persons with mental disorders, etc.) must be on an equal basis with others.
- The patient has the right to know the names and the position of those who give him care
- The patient has the right to having records kept private and read-only by an authorized person.
- The patient has the right to have a family member or caregiver of his/her choice and clinician.
- The patient has the right to know current information about diagnosis, treatment and prognosis.

V.2.2. Patient responsibilities

The patient has the responsibility to:

- Pay pre-transfer care and transportation fees.
- Share required information helping his/her condition management.
- Comply with existing health structure.
- Use health care resources responsibly.
- Follow instructions and guidance for medical and other treatment.

VI: MONITORING AND EVALUATION

VI.1. Elements of an effective monitoring system for referrals

The National Health Sector Referral Guidelines proposes a system for monitoring referrals that meet the following requirements:

- Captures the information that is needed to inform core indicator for monitoring of referral services
- Ensures the quality of that information
- Protects the confidentiality of the patient information
- Is of a low burden to service providers
- Facilitates the use of the information for the improvement of the referral system

VI.2. Requirements to implement a referral monitoring system

1. Patient referral form that properly documents outgoing referrals, client reception at receiving facility and referral feedback/counter referral.

Each Patient Referral form should be in three copies, the referring facility keeps one, receiving facility keeps the second, and the original will return to the referring facility containing the referral feedback/counter referral information

2. Patient transfer monitoring form: Should contain identification of the patient as well as vital signs to monitor during transfer and problems and interventions that occur during client transportation. This form will be completed and approved by a health care provider in ambulance and receiving provider.

3. Referral registers that properly document outgoing and incoming referrals

4. Referral reporting forms, where referral data are summarized and aggregated for reporting purposes.

5. Database for entering and analyzing referral data.

6. Referral monitoring or coordinating team: Person at the district and/or central level who are responsible for compiling referral data, checking the quality, entering data into a database, analyzing data, and preparing periodic reports. These persons should be active M&E facility team or have previous M&E experience or and additional training on referral monitoring.

7. Periodic client satisfaction surveys and referral system assessment to ensure that the underlying processes are functioning properly, that providers are linking clients to the services they need, and that clients can access a comprehensive package of health.

VI.3. The minimum data elements required for patient referral tools

The minimum data elements required in referral tools are listed in the table below:

Type of tool	Minimum data elements
Patient Referral Form	<ul style="list-style-type: none"> • Client identification and characteristics: Physical address, Sex, age • Name of referring facility • Type of service initiating the referral • Date of referral initiation • Type of service referred to (reason for referral) • Communication with the receiving facility and type of transportation • Name of receiving facility • Date and time of calling ambulance, departure from referring facility and client seen by health providers at receiving service • Description of services rendered prior/during transfer • Outcome of referral
Referring and Receiving Service Registers	<p>Referring service (Transfer out)</p> <ul style="list-style-type: none"> • Date referral made • Client identification and characteristics: Physical address, Sex, age • Referred to (facility name or name of CHW, district) • Type of service initiating the referral • Date of referral initiation • Diagnoses at initiating facility • Reason for referral • Date and time of client seen at receiving service • Outcome of transfer • Date client seen back at initiating facility for counter-referral <p>Receiving service register (transfer in)</p> <ul style="list-style-type: none"> • Client identification and characteristics: Physical address, Sex, age • Referred from (name of facility or CHW, district) • Date of referral initiation • Reason for referral • Date and time of client seen at receiving service • Summary of treatment provided • Outcome of referral • Date of sending referral back report/feedback to initiating facility

VI.4. Core indicators for client referral system

The following is a list of some of the generic core indicators that will be used to monitor the referral system performance:

Indicator 1: Referral rate from referring service (the number of clients referred divided by the number of clients seen) disaggregated by technical area, sex, and disability type, etc.

Indicator 2: Counter-referral rate (number of clients received back at original referring service with counter-referral information from receiving service divided by the number of clients referred)

Indicator 3: Waiting time at the receiving facility for referred emergency clients (time in minutes between arrival at receiving service and seen by health provider)

Indicator 4: Time between the decision to refer and leaving the referring facility

Indicator 5: Client satisfaction (number of referred clients interviewed who reported being satisfied with service divided by the number of referred clients interviewed)

V.5. Supervision and capacity building

Facility managers and supervisors at all levels should monitor all referrals made to and from facilities in their catchment area each month.

Supervisors should discuss with health care providers referred cases with a focus on:

- Identify those which should have been properly treated at the facility itself without a referral
- Identify cases which should have been referred but were handled locally
- Checks referrals feedback/counter referral received to determine the quality of the information and use it for referral system improvement
- Follow up cases that have been referred but no feedback yet received to know the outcome of referred patients
- Identify any issues regarding timing, promptness and completeness of information sent

Results of this analysis can be covered at meetings with facility staff. As the achievements are shared and issues are discussed, staff will identify what is needed to improve. This might include clinical training or strengthening of particular parts of the referral system or its procedures. Facility managers and supervisors need to ensure that such items are followed-up and acted on. In-service education and capacity-strengthening can be reinforced by good supervision.

V.6. Continuous quality improvement

The referral system must be open to revision in the light of practical experience and in order to meet the overall goals of the local and global health system. Every three years, there may be needed to analyze the functioning of the referral system, beyond looking at the statistical patterns and trends.

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Annex 1: Client/Patient Transfer and referral policy/procedure

REPUBLIC OF RWANDA  MINISTRY OF HEALTH PROVINCE DISTRICT HOSPITAL P.O Box Email:	Policy/Procedure Title: Patient Transfer and Referral		
	Policy Code/Number: CS4-19	Effective Date: August 2018	Revision Date: July 2020
	Department: all clinical staff	Applies to: all cashiers, accountants, invoice officer, recovery officer, DAF, and DG	

	Position	Names	Date & Signature
Responsible	Director of Nursing and Midwifery		
Supervisor	Director of Clinical and Allied Health Sciences Services Unit		
Approval	Director General		

Purpose: To ensure that all referrals and transfers are timely, safe, and well-coordinated for the continuity of care.

Policy statement:

- The hospital shall ensure that patient transfers and referrals are done by hospital clinical staff and all relevant patient information is documented in the Referral / Transfer Form and communicated to the receiving facility.

Definitions:

- **Patient referral:** any situation in which a patient is taken from one health facility to another due to an individual request or to solicit expertise beyond what is available at the transferring health facility.
- **Patient internal transfer:** taking a patient from a unit or a department to another for further departmental related-management.

Equipment:

- Referral / Transfer Form; Telephone; Equipped ambulance

Procedures:

1. All transfers and referrals are timely and appropriately done by clinical staff. All relevant patient information must be documented and communicated in the transfer/referral form which includes:
 - The reason for referral/transfer
 - Significant findings
 - Procedures and treatments
 - A list of current medications
 - The patient's immediate condition
 - Where the patient is being transferred
 - The type of transportation and required monitoring during transport
2. An accompanying nurse, when required, monitors and ensures patient continuity of care by monitoring vital signs at least every 30 minutes.
3. An accompanying nurse shall record the results of assessment findings and any interventions provided in the During Transfer Monitoring Register.
4. The decision to transfer the patient is made by an authorized healthcare provider during admission

5. Transfer and referral staff shall complete the Referral / Transfer Form.
6. The patient shall be well informed about the referral decision before the transfer is made. The patient shall receive clear explanations on the clinical benefits of the referral and transfer, immediately or within at least the next 24 hours.
7. The patient cooperates and adheres with referral requirements and confirms their decision.
8. The healthcare provider shall contact the referral facility and provides adequate information.
9. Transfer/referral registers are maintained for monitoring and evaluation of internal and external transfers.
10. The healthcare provider initiating the transfer/referral coordinates the transfer/referral process and ensures the receiving department is well prepared for the reception of the patient according to the patient's condition.
11. Clinical staff shall accompany the patient and ensure effective patient care during transportation including:
 - Monitoring of all vital signs
 - Assessment of ABCs (airway, breathing, circulation) with subsequent interventions
 - Documented in the During Transfer Monitoring Register.
12. The receiving staff working in emergency departments shall be well prepared for the reception of the patient according to the patient condition as communicated or described by the referring staff.
13. Upon arrival at the receiving health facility, the receiving staff shall review the case, admit the transfer patient through the receiving hospital's normal admissions procedures, and ensure life support management and resuscitation care in transit have been done and documented as needed.
14. An emergency trolley and patient stretcher shall be on site to facilitate the transportation of patient to the emergency departments.
15. The staff accompanying the patient during the transfer shall hand over the case to the receiving staff refer to Patient Handover Communication policy CS4-18.
16. The referred patient is usually accompanied by clinical staff, especially nurses/midwives. If the patient's condition requires other special management, other staff may also accompany (e.g. anesthetist).
17. To provide continuity of care, the receiving health facility shall provide feedback regarding the patient's diagnosis, treatment, and disposition.

Health Facility & Internal Transfer:

1. The clinical staff of the referring department shall identify and document in the patient file the level of assistance needed and the type of transportation required to guarantee effective and safe patient care.
2. When an inter-ward transfer occurs, the following minimum information shall be documented in the progress notes:
 - A brief summary of the patient's progress to date
 - The ward the patient is being transferred to
 - The name of the medical practitioner (consultant) notified of the transfer
3. The nurses shall accompany the patient to the receiving unit/department/facility and make the handover as required.
4. To affirm the transfer of care, the nurse in the receiving department/facility signs the During Transfer Monitoring Register, indicating that she/he has accepted complete clinical documents, belonging and the patient.
5. The Related Health Facility/Internal Transfer Form shall be used for all patients who are transferred.
6. The Referral / Transfer Form is sent with the patient when transferred to another facility while its copy is retained in the patient's medical file.

Annex 2. Facility level transfer forms

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

Province:-----
District:-----
Name of Hospital: -----
Name of Referring Facility:-----
Referring Unit:-----
Receiving Clinician/Phone:-----

EXTERNAL TRANSFER FORM

Client Name: Serial number in register/EMR ID:
Age(DOB): ----- Sex: ---- Name of caregiver: ----- Telephone: -----
District:.....Sector:..... Cell:Village:
Date and time of Admission: -----Date and Time of decision to transfer: -----
Receiving Facility: -----Receiving Service: ----- Calling Time: ----- :-----
Staff contacted at receiving facility: ----- Phone: -----
Type of transfer: Emergency: ☐ Not- Emergency: ☐ Follow up: ☐
If emergency: Time ambulance called:Time of departure from referring facility:.....
Reason for Transfer: -----

Significant Findings:

Clinical Presentation:-----

If person with disability, record the type of disability:-----

Vital Signs: T°: ----- SpO₂: ----- RR: ----- Pulse: ----- BP: ----- Weight: -----Height: ----MUAC:-----

Laboratory: -----

Others: -----

Diagnosis:-----

Procedures and Treatments: -----

Type of Transportation: Ambulance: ☐ Other (specify): NA: ☐

Health insurance: CBHI (mutuelle): ☐ RSSB: ☐ MMI: ☐ Other (Specify):..... None: ☐

Names of referring health care provider: ----- **Qualification:**-----

Date:../../..... Time:-----:----- Phone: ----- Signature and stamp:

REFERRAL FEEDBACK

Client name:Sex: Age (DOB): ../../.....

Date of admission or client seen at receiving facility: ../../..... Date of Discharge: ../../.....

Final Diagnosis:

Treatment at the receiving facility:

Outcome: Stabilized/Cured ☐ Died ☐ Escaped ☐ To be followed up ☐ Referred to high level ☐

COUNTER-REFERRAL

Recommendations (follow up care): -----

Refer back to: Name of facility: Contact person:

Names of health care provider: ----- **Qualification:**-----

Date:../../..... Time:-----:----- Phone: ----- Signature and stamp:

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

Province:-----

District:-----

Name of Hospital: -----

Name of Referring Facility: -----

Referring Unit:-----

Receiving Clinician /Phone:-----

Neonatal Transfer Form

Patient Identification	Facility details
Name of baby:	Place of birth: <input type="checkbox"/> Home <input type="checkbox"/> Private facility
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UnK; DOB: __/__/__ GA: ____ weeks	<input type="checkbox"/> En-route <input type="checkbox"/> Public facility
BWT: ____ gr Current Weight: ____ gr; Current age (DoL): ____ days;	Reason for transfer:
Name of mother:	Mode of transport: <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:-----
Mother's age:----- (years) Mother/Caregiver Phone:.....	Type of transfer: <input type="checkbox"/> Emergency <input type="checkbox"/> Not-emergency
Maternal History	
Mother is alive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK	Blood Group:..... Rh:..... <input type="checkbox"/> UnK
Grav-Parity: G ____ P ____	HIV status: <input type="checkbox"/> Eligible <input type="checkbox"/> Non-eligible <input type="checkbox"/> UnK
Type of pregnancy: <input type="checkbox"/> Singleton <input type="checkbox"/> Twin <input type="checkbox"/> Other <input type="checkbox"/> UnK	If Eligible
ANC Screening: <input type="checkbox"/> Toxo <input type="checkbox"/> Rubella <input type="checkbox"/> Syphilis <input type="checkbox"/> Hep B & C	Regimen:..... <input type="checkbox"/> UnK
<input type="checkbox"/> U/S <input type="checkbox"/> Other:.....	Recent VL:..... <input type="checkbox"/> UnK
Pathologies during pregnancy:	CD4 count:..... <input type="checkbox"/> UnK
<input type="checkbox"/> Anemia <input type="checkbox"/> Pre/eclampsia <input type="checkbox"/> TB <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma	Opportunistic Infections:..... <input type="checkbox"/> UnK
<input type="checkbox"/> Infections; Others (specify):.....	Tetanus Vaccines: number of doses :.....
Treatment during pregnancy:.....	Maternal illicit drug history: -----
Labor Details	Risk factors for Sepsis
ROM date/time: __/__/__, __: __am/pm <input type="checkbox"/> UnK	Mode of delivery: <input type="checkbox"/> SVD <input type="checkbox"/> Vacuum
AF quality: <input type="checkbox"/> Clear <input type="checkbox"/> Meconium stained <input type="checkbox"/> UnK	<input type="checkbox"/> Elective CS <input type="checkbox"/> Emergency CS
AF quantity: <input type="checkbox"/> Adequate <input type="checkbox"/> Oligo <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> UnK	Labor complications: <input type="checkbox"/> PPH <input type="checkbox"/> Praevia
Fever: <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After delivery <input type="checkbox"/> NA	<input type="checkbox"/> Abruptio <input type="checkbox"/> Fetal distress <input type="checkbox"/>
Steroid doses: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> UnK <input type="checkbox"/> NA	Other:.....
Last dose steroid (date and time): __/__/__, __: __am/pm <input type="checkbox"/> UnK	Maternal Anesthesia: <input type="checkbox"/> Sedation <input type="checkbox"/>
MgSO4 (date and time): __/__/__, __: __am/pm <input type="checkbox"/> UnK	Other:.....
	Maternal antibiotics: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> UnK
	Other drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK
Neonatal History	Drugs
Resuscitation at birth: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK	Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK
if Yes: <input type="checkbox"/> Stimulation <input type="checkbox"/> Suctioning <input type="checkbox"/> BMV <input type="checkbox"/> Oxygen <input type="checkbox"/> Intubation	Immunization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK if yes, cite them:
<input type="checkbox"/> Chest compressions	-----
APGAR: 1 min..... <input type="checkbox"/> UnK; 5 min..... <input type="checkbox"/> UnK;	Vitamin K: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK
10 min..... <input type="checkbox"/> UnK	Tetracycline eye ointment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK
HIE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK	Surfactant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK
HIE GRADE: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

Details:..... Clinical adverse events during the last 24 hrs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Clinical condition of neonate prior to transfer: SpO ₂ : Preductal (right arm):% Postductal (foot):% Temp:°C HR: RR: BP: Neurological status: <input type="checkbox"/> Active <input type="checkbox"/> Lethargic <input type="checkbox"/> Unresponsive <input type="checkbox"/> Seizures	List of diagnoses/problems: 1)..... 2)..... 3)..... 4).....
---	---	--

<i>Airway & Breathing</i>	<i>Circulation</i>	<i>Lines Inserted</i>	<i>Infectious</i>
Respiratory support: <input type="checkbox"/> None <input type="checkbox"/> Low flow O2 <input type="checkbox"/> HFT <input type="checkbox"/> CPAP <input type="checkbox"/> Mechanical Ventilation	IV Fluid vol:ml/kg/day Passed urine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK Inotropes: <input type="checkbox"/> No <input type="checkbox"/> UnK <input type="checkbox"/> Yes: Specify:.....	Peripheral IV: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK Central IV: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK Intraosseous line: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK	Antibiotics given: Name: Doses: Durations: Name: Doses: Durations: ARVs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Ventilation Settings:..... <input type="checkbox"/> UnK	<i>Feeding/GIT</i>	<i>Latest Laboratory Results</i>	<i>Imaging results</i>
Blood Gas Analysis: Yes <input type="checkbox"/> No <input type="checkbox"/>	NPO: Yes <input type="checkbox"/> No <input type="checkbox"/> If No: Last feed: __: __am/pm <input type="checkbox"/> UnK; Feed vol ml/...hrs	Glucose: FBC: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes: Hb:WBC	No <input type="checkbox"/> Yes <input type="checkbox"/> if yes, results:-----
<i>Neurology</i>	Type: <input type="checkbox"/> Breastmilk <input type="checkbox"/> Other.....	Plats CRP:
Pain/Sedation drugs:	Passed stool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UnK Nasogastric tube: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bili Total : Bili Direct :..... U&E: Cultures:.....	<i>Patient records attached</i> Imaging report <input type="checkbox"/> Yes <input type="checkbox"/> No Lab reports <input type="checkbox"/> Yes <input type="checkbox"/> No

.....

.....

Date:....../....../..... Time:----- Phone: ----- Signature and stamp:

Client name: Sex: Age (DOB):
 Date of Admission or client seen at receiving facility:/...../..... Date of Discharge:/...../.....
 Final Diagnosis:
 Treatment at the receiving facility:
 Outcome: Stabilized/Cured ☐ Died ☐ Escaped ☐ To be followed up ☐ Referred to high level ☐

Recommendations (follow up care): -----

Date:..../...../..... Time:----- Phone: ----- Signature and stamp:

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

Province:-----
District:-----
Name of Hospital: -----
Name of Referring Facility:-----
Referring Unit:-----
Receiving Clinician /Phone:-----

ANC, DELIVERY AND PNC EXTERNAL TRANSFER FORM

Client Name:Serial number in register/EMR ID:

Age (DOB): -----/-----/----- Next of kin: -----Telephone: -----

District:Sector:..... Cell:Village:.....

Date of Admission: -----/-----/-----Date and Time of decision to transfer: -----

Receiving Facility: -----Receiving service: -----Calling Time: -----

Staff contacted at receiving facility: -----Phone: -----

Reason for Transfer: -----

Type of transfer: Emergency: ☐ Not- Emergency: ☐ Follow up: ☐

If emergency: Time ambulance called:Time of departure from referring facility:.....

Copy of Partograph attached (if applicable): please tick if attached ☐

Significant Findings:

Clinical Presentation:-----

If person with disability, record the type of disability: -----

Obstetric History

Gravida:----- Parity:----- Living children:..... Abortion:----- Stillbirth:----- Neonatal death:-----

Preterm birth:..... LMP:-----/-----/----- EDD:-----/-----/----- Gestation Age :-----

MUAC: Number of ANC completed: Tetanus vaccines: number of doses -----

Previous significant history e.g.: Previous caesarean; Previous PPH; Hypertension; Malaria; Syphilis;

Diabetes; Pre term birth; Abortion; Previously retained placenta; Rupture of uterus; Tears; Obstetric Fistula;

Multi pregnancies an known HIV: -----

Current pregnancy complications:-----

Latest test results: Hemoglobin:----- HIV:----- Blood group: ----- Other:-----

Maternal vital signs: BP: ----- To: ---- SPO2: ---- RR: ----- Pulse: ----- Weight: ----- Height: -----

Abdominal Examination:

Fetal presentation: -----Fundal height: -----Fetal heart rate: -----Contractions:-----/10 minutes

Vaginal examination:

Date and time of the latest examination: .../.../..... ____am/pm

Dilation : ---- Effacement : -----Descent : -----Consistency: -----Position :-----

Caput: Yes ☐ No ☐ Moulding: Yes ☐ No ☐ Membranes ruptured: Yes ☐ No ☐

If yes: date and time-----/-----/-----color of amniotic fluid: Clear ☐ Meconium ☐ Bloody ☐

Offensive ☐ If bloody, estimated blood loss (ml): -----ml

Investigation results: Hgb----- urine test(specify): -----: ----- Other test (specify):-----

Imaging investigations: -----

Diagnosis: -----

Procedures:-----

Attached documents: Lab tests: Yes ☐ No ☐ Imaging : Yes ☐ No ☐ Other:-----

Received treatment at health facility (time given and dose):

Treatment	IV Fluids	Dexamethasone	Magnesium sulphate	Nifedipine	Oxytocin	ATBs:----- -----
Dose						
Date						
Time						

Others : -----

Type of Transportation: Ambulance: ☐ Private: ☐ Other (specify): NA: ☐

Health insurance: CBHI (mutuelle): ☐ RSSB: ☐ MMI: ☐ Other (Specify):..... None: ☐

Names of referring health care provider: ----- **Qualification:**-----

Date:../../..... Time:----- Phone: ----- Signature and stamp:

REFERRAL FEEDBACK

Client name:Sex: Age (DOB):

Date of Admission or client seen at receiving facility: ../../..... Date of Discharge: ../../...

Final Diagnosis:

Treatment at the receiving facility:

Outcome: stabilized/Cured ☐ Died ☐ Escaped ☐ To be followed up ☐ Referred to high level ☐

COUNTER-REFERRAL

Recommendations (follow up care): -----

Refer back to: Name of facility: Contact person:

Names of health care provider: ----- **Qualification:**-----

Date:../../..... Time:----- Phone: ----- Signature and stamp:



Name of facility: -----

INTERNAL TRANSFER FORM

Client identification

Client Name:----- Age (DOB):---/---/--- Sex:-----

Patient file Number/EMR ID:-----

Name of next of kin: ----- Telephone: -----

District: ----- Sector:----- Cell: ----- Village: -----

Date and time of decision to transfer: Date:---/---/--- Time: ---:---:---

Referring service:----- Receiving service:-----

Staff contacted: -----Phone: -----

Reason for Transfer: -----

Significant Findings:

Clinical condition prior to transfer:-----

If person with disability, record the type of disability:-----

Diagnosis:-----

Ongoing Treatments: -----

Name of referring health care provider: -----

Date:.../.../..... Time:----- Phone: ----- Signature and stamp:

Name of receiving health care provider: -----

Date:.../.../..... Time:----- Phone: -----Signature and stamp:

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

PATIENT MONITORING TRANSFER FORM

Client Name: Age (DOB): ----/----/----- Sex: ----

Name of caregiver: ----- Telephone: ----- Date of transfer: -----/-----/-----

District: Sector: Cell: Village:

Name of referring facility:----- Time of departure from referring facility:

Monitoring of client during transportation (if applicable):

Vital Signs (Every 30 minutes):

Time	BP	T°	SpO2	RR	Pulse	<i>If women in labor</i>	
						FHR	Membranes ruptured (yes/no)

Problems during transportation

#	Problem	Management
1		
2		
3		
4		

Name of receiving facility:----- Time of arrival at receiving facility:

Name of health care provider in ambulance: ----- **Qualification:**-----

Date:../../..... Time:----- Phone: ----- Signature

Name of health care provider receiving the patient: ----- **Qualification:**-----

Date:../../..... Time:----- Phone: ----- Signature and stamp

Annex 3: Community level transfer forms

REPUBULIKA Y'U RWANDA



MINISITERI Y'UBUZIMA

**IFISHI Y'UMUJYANAMA W'UBUZIMA AKORESHA
YOHEREZA UMURWAYI KU KIGO NDERABUZIMA**



Ukwakira, 2019

IFISHI UMUJYANAMA W'UBUZIMA AKOresha YOHEREZA UMURWAYI KU KIGO NDERABUZIMA

1. GAHUNDA

Ubuwuzi bw'iban ze bukomat anyije <input type="checkbox"/>	Ubuwuzi bwa Malariya kubana bari hejuru y'inyaka itanu n'abantu bakuru <input type="checkbox"/>	Ubuzima bw'umubyeyi n'uruhinja <input type="checkbox"/>	Kubone za urubyar o Numero y'ifishi: <input type="checkbox"/>	Imirire <input type="checkbox"/>	Kurwanya ubwandu bw'agako kogatera SIDA <input type="checkbox"/>	Kurwanya igituntu <input type="checkbox"/>	Ikibazo cy'ubumuga <input type="checkbox"/> Ikibazo cy'izabukuru <input type="checkbox"/> Ikibazo cy'ihohoterwa <input type="checkbox"/> Ikibazo cy'ubuzima bwo mu mutwe <input type="checkbox"/>	Ibindi:
---	--	--	--	-------------------------------------	---	---	--	---------

2. UMWIRONDORO W'UMURWAYI/UMUKIRIYA

Amazina y'umurwayi/umukiriya:.....Amazina y'ababyeyi (niba ari muni y'inyaka 15)
.....Itariki y'amavuko...../...../.....IKigo Nderabuzima (aho yoherejwe):.....
Akarere:..... Umurenge:..... Akagari:..... Umudugudu:.....

3. IMPAMVU ZO KOHEREZWA

Nomero	Impamvu
1.	
2.	
3.	

Imiti yafashe cyangwa ubundi bufasha yahawe mbere yo koherezwa

Izina ry'umujyanama:.....Umukono w'umujyanama:.....Tel:.....

Ubuzima bw'umubyeyi ☐ Binome☐ Indwara zidakira ☐ Imirire, isuku,..(HP) ☐

Itariki yoherejweho...../...../.....Isaha/iminota:.....

Icyitonderwa: Umukozi w'ikigo nderabuzima wakiriye umurwayi/umukiriya, asabwe gutanga isubizabutumwa rigenewe umujyanama w'ubuzima binyujijwe ku murwayi/umukiriya yakiriye.

✂

IFISHI Y'ISUBIZABUTUMWA

Amazina y'umurwayi/Umukiriya:.....Amazina y'ababyeyi (niba ari muni y'inyaka 15).....Itariki y'amavuko...../...../..... Itariki yagereye ku Kigo

Nderabuzima...../...../.....Isaha/iminota:.....Umurenge:.....

Akagari:.....Umudugudu:.....Ikigo Nderabuzima/ibitaro:.....

Ibizamini yakorewe : Ibizamini bya malaria☐, Ibizamini by'umusarani☐ Gusuzuma igituntu ☐

Ibindi (Bivuge):.....

Uburwayi:.....Imiti yahawe/Serivisi yahawe:.....

Yashyizwe mu bitaro☐Yavuwe arataha☐Yoherejwe mu bitaro bikuru☐Yarapfuye☐Yaburiwe irengero☐

Inama yagiriye:.....Shyiraho itariki azagarukiraho niba ari ngombwa...../...../.....

Ibindi (Ibyo umujyanama w'ubuzima asabwa gukomeza gukorera umurwayi/umukiriya):.....

Izina ry'umuforomo (kazi) /Umuganga:..... Tel:.....

Itariki:/...../..... U mukono:.....

Icyitonderwa: Aya makuru, agomba kuba ibanga hagati y'umujyanama w'ubuzima n'umurwayi/umukiriya

AMABWIRIZA YO KUZUZA IFISHI UMUJYANAMA W'UBUZIMA AKOresha YOHEREZA UMURWAYI KU KIGO NDERABUZIMA N'ISUBIZABUTUMWA

Iyi fishi yuzuzwa n'umujyanama w'ubuzima igihe bibaye ngombwa ko yohereza umurwayi/umukiriya ku Kigo nderabuzima. Igizwe n'ibice bibiri: Igice cya mbere cyuzuzwa n'umujyanama w'ubuzima, igice cya kabiri kikuzuzwa n'ikigo nderabuzima.

IGICE CYAMBERE:

Iki gice kirimo ibice bitatu:

1. **Gahunda (Serivise) umujyanama w'ubuzima yoherezamo umurwayi/Umukiriya:** Umujyanama ashya akamenyetso "v" agaragaza gahunda yoherejemo umurwayi/Umukiriya. Ahanditse ibindi umujyanama w'ubuzima asobanura gahunda yindi yoherejemo umurwayi/umukiriya itavuzwe haruguru.
2. **Umwironzoro w'umurwayi:** Umujyanama yuzuzwa icyo gice ntaho asimbutse.
3. **Impamvu zo kohereza :** Umujyanama w'ubuzima yuzuzamo ibimenyetso mpuruzi byatumye yohereza umurwayi/umukiriya ku Kigo nderabuzima. Yuzuzwa kandi n'izindi mpamvu zatumye yohereza umurwayi/umukiriya.
 - Iyo ari umuntu ufite ubumuga, umujyanama w'ubuzima agomba kuzuzwa, nubwoko bw'ubumuga afite. Inyito zibereye abantu bafite ubumuga ni: Umuntu ufite ubumuga bw'ingingo; Umuntu ufite ubumuga bwo kutabona; Umuntu ufite ubumuga bwo kutavugira no kutumva cyangwa bumwe muri bwo; umuntu ufite ubumuga bwo mu mutwe; Umuntu ufite ubumuga bw'inyonyo; Umuntu ufite ubumuga bw'uruhu rwera; Umuntu ufite ubugufi budasanzwe.
 - Mu gihe umujyanama w'ubuzima yohereje uwahohotewe, agaragaza ubwoko bw'ihohoterwa yakorewe: Yafashwe ku ngufu (yasambanjwe ku bana), yakorewe ihohoterwa ribabaza umubiri (yakubiswe/yakomerekejwe/...). Agomba kandi kwandika ibimenyetso bigaragara nk'uwamubonye bwa mbere

Agaragaza kandi imiti umurwayi yafashe mbere yokoherezwa, akandika amazina ye, itariki amwoherejeho akabishyiraho umukono.

Icyifonderwa:

- Umujyanama w'ubuzima agomba kwibutsa umubyeyi w'umwana cyangwa umurwayi/umukiriya kuzazana isubizabutumwa kugirango abashe gukomeza gukurikiranwa.
- Umujyanama w'ubuzima yandika numero y'ifishi yo kuboneza urubyaro iyo uwo yohereje ku kigo nderabuzima muri serivisi yo kuboneza urubyaro yari asanzwe akoresha uburyo bwo kuboneza urubyaro.
- Umujyanama w'ubuzima yohereza ibutumwa bugufi (SMS) umuyobozi w'ivuliro amumenyesha umurwayi/umukiriya yohereje mu ivuliro abereye umuyobozi.

IGICE CYAKABIRI

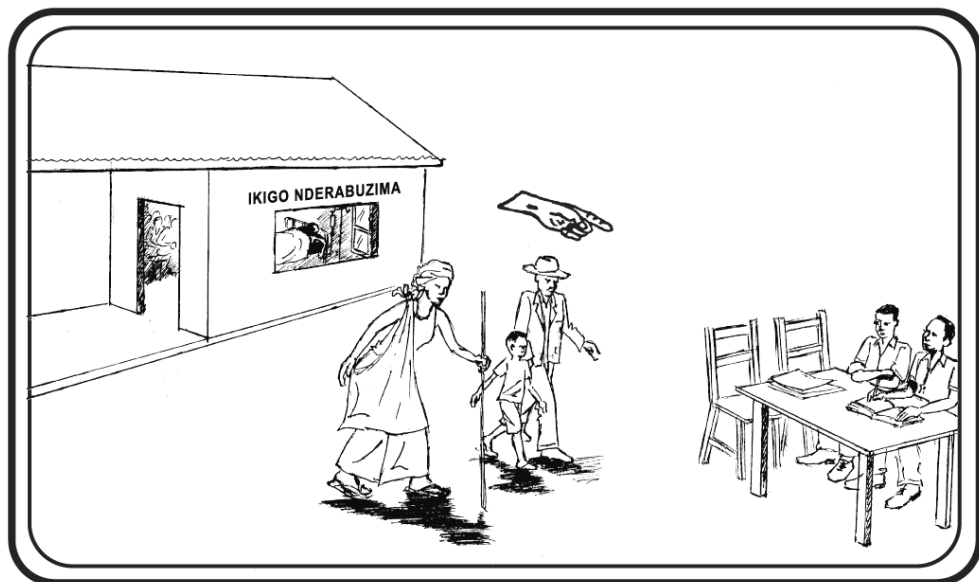
- Igice cya kabiri kitwa isubizabutumwa
- Ikigo Nderabuzima cyakira umurwayi/umukiriya woherejwe kikuzaza isubiza butumwa neza rigahabwa umurwayi/umukiriya ngo arishyikirize umujyanama w'ubuzima wamwohereje.
- Iki gice gifasha umujyanama w'ubuzima kumenya ko umurwayi/umukiriya yageze kwa muganga, akamenya serivise yahawe, uburwayi yari afite, imiti n'inama yahawe n'ibyo umujyanama w'ubuzima asabwa gukomeza gukorera umurwayi/umukiriya.

Umuforomo/kazi, Umubyaza cyangwa Umuganga yirinda gukoresha amagambo asanzwe akorehwa mu buvuzi ahubwo agakoresha imvugo yoroheye abajyanama b'ubuzima kumva.

REPUBULIKA Y'U RWANDA



MINISITERI Y'UBUZIMA



IFISHI Y'IKIGO NDERABUZIMA YO
KOHEREZA
UMURWAYI KU MUJYANAMA W'UBUZIMA
N'ISUBIZABUTUMWA

Ukwakira, 2019

REPUBULIKA Y'U RWANDA



MINISITERI Y'UBUZIMA

IFISHI Y'IKIGO NDERABUZIMA YO KOHEREZA UMURWAYI KU MUJYANAMA W'UBUZIMA

I. KOHEREZA UMURWAYI KU MUJYANAMA W'UBUZIMA

UMWIRONDORO W'UMURWAYI/UMUKIRIYA

Amazina y'umurwayi/umukiriya:..... Itariki y'amavuko...../...../..... Igitsina: "M" ☐ "F" ☐
Amazina y'ababyeyi (niba ari muni y'imyaka 15) Telephone:.....
Umujyanama w'ubuzima (aho yoherejwe): Akarere:.....
Umurenge:..... Akagari:..... Umudugudu:.....
Nomero umurwayi/umukiriya yahawe mu gitabo cyandikwamo aboherejwe Ku mujyanama w'ubuzima:.....

IMPAMVU ZO KOHEREZWA

Shyira ikimenyetso "√" ahabigenewe ku impamvu itumye wohereza umurwayi/umukiriya ku mujyanama w'ubuzima

Nomero	Impamvu	"√"
1	Gukurikirana umubyeyi n'uruhinje nyuma yo kubyara (CPON kumunsi wa 3 na 7-14)	
2	Gukurikirana umwana wavukanye ibiro biri muni ya 2,5 (KMC)	
3	Kuboneza urubyaro	
4	Gahunda yo gukurikirana umubyeyi utwite	
5	Gukurikirana Imirire	
6	Ubujyanama ku Kurwanya ubwandu bw'agakoko gatera SIDA	
7	Imiti yo kuvura igituntu (DOT)	
8	Gukurikirana abafite : Indwara zidakira <input type="checkbox"/> Ibibazo by'ubumuga <input type="checkbox"/> Ibibazo by'izabukuru <input type="checkbox"/>	
9	Ibindi: Sobanura cyangwa niba afite ubumuga, uzuzwa ubwoko bw'ubumuga afite:.....	

Imiti/Uburyo /inama umurwayi/Ubufasha umukiriya yahawe mbere yokoherezwa :

Ibyo umujyanama w'ubuzima asabwa gukorera umurwayi/umukiriya:

Amazina y'Umuforomo (kazi)/Umubyaza cyangwa umuganga wohereje umurwayi:

Itariki yoherejweho...../...../..... Isaha/iminota..... Tel: Umukono:

✂

II. IFISHI Y'ISUBIZA BUTUMWA

Amazina y'umurwayi/umukiriya:..... Amazina y'ababyeyi (niba ari muni y'imyaka 15):..... Itariki y'amavuko...../...../..... Itariki yagereye ku mujyanama w'ubuzima...../...../..... Isaha/iminota:..... Umurenge:..... Akagari:..... Umudugudu:..... Ikigo Nderabuzima/ibitaro:..... Ibyo umujyanama w'ubuzima yakoreye umurwayi/umukiriya (Imiti yahawe/Serivisi):

Uko amerewe: Yarakize ☐ Gusubira ku kigo nderabuzima ☐ Yarapfuye ☐ Yaburiwe irengero ☐ Aracyakurikiranwa

Izina ry'umujyanama w'ubuzima:..... Tel:..... Itariki, umukono

AMABWIRIZA YO KUZUZA IFISHI Y'IKIGO NDERABUZIMA YO KOHEREZA UMURWAYI KU MUJYANAMA W'UBUZIMA N'ISUBIZABUTUMWA

Iriburiro:

Umurwayi/Umukiriya woherejwe niwe ujjana iyifishi ku mujyanama w'ubuzima yoherejweho naho kopi yayo ikabikwa mububiko ku ivuliro ryamwohereje

Iyi fishi yuzuzwa na umuforomo (kazi)/umubyaza cyangwa umuganga igihe bibaye ngombwa ko yohereza umurwayi/umukiriya ku mujyanama w'ubuzima.

Iyi fishi igizwe n'ibice bibiri: Igice cya mbere cyuzuzwa n'ikigo nderabuzima, igice cya kabiri kikuzuzwa n'umujyanama w'ubuzima.

UKO IYI FISHI YUZUZWA

Igice cya mbere:

Iki gice kirimo ibice bitatu:

1. **Umwirondoro w'umurwayi:** Umuforomo (kazi)/Umubyaza cyangwa umuganga yuzura icyo gice ntaho asimbutse.
2. **Impamvu zo kohereza:** Umuforomo (kazi)/Umubyaza cyangwa umuganga yuzuzamo ibyatumye yohereza umurwayi/umukiriya ku mujyanama w'ubuzima. Niba afite ubumuga, yuzura ubwoko bw'ubumuga afite kandi akoresha inyito z'emejwe n'Inama y'Igihugu y'Abantu Bafite Ubumuga. Yuzura kandi n'izindi mpamvu zatumye yohereza umurwayi/umukiriya. Agaragaza kandi imiti umurwayi/umukiriya yafashe mbere yokoherezwa, akandika amazina ye, itariki amwoherejeho akabishyiraho umukono.

Icyitonderwa:

- Umuforomo (kazi)/Umubyaza cyangwa umuganga asaba umurwayi/umukiriya guhita ajya kureba umujyanama w'ubuzima kugirango bafatire hamwe gahunda yo kumukurikirana kandi asabwa kwibutsa umujyanama w'ubuzima ko ariwe uzazana isubizabutumwa kugirango ikigo nderabuzima kibashe gukomeza gukurikirana uko yavuye.
- Umuforomo (kazi)/Umubyaza cyangwa umuganga yandika numero y'ifishi yo kuboneza urubaro iyo yohereje umukiriya ku mujyanama w'ubuzima muri serivisi yo kuboneza urubaro ku rwego rw'umudugudu.
- Umuforomo (kazi)/Umubyaza cyangwa umuganga yohereza ubutumwa bugufi (SMS) umujyanama w'ubuzima amumenyesha umurwayi/umukiriya yamwoherereje.
- Umuforomo (kazi)/Umubyaza cyangwa umuganga yirinda gukoresha amagambo asanzwe akoresha mu buvuzi ahubwo agakoresha invugo yoroheye abajyanama b'ubuzima kumva.

Igice cya kabiri: ISUBIZABUTUMWA

✚ Igice cya kabiri kitwa isubizabutumwa

✚ Umujyanama w'ubuzima yakira umurwayi/umukiriya woherejwe n'ikigo nderabuzima, akuzura isubizabutumwa neza kandi akazariyana ku kigo nderabuzima ku muni w'inama y'ukwezi yo gukusanya raporo.

✚ Iki gice gifasha ikigo nderabuzima kumenya ko umurwayi/umukiriya yageze ku mujyanama w'ubuzima, umuforomo (kazi)/umubyaza cyangwa umuganga akamenya ko serivisi yahawe ihuje n'ibyo umujyanama w'ubuzima yasabwe gukomeza gukorera umurwayi/umukiriya.

Amakuru yose aturutse ku isubizabutumwa ryaturutse ku bajyanama b'ubuzima, yifashishwa muri gahunda yo gukurikirana ibikorwa byabo no kubongerera ubumenyi n'ubushobozi iyo bibaye ngombwa.

Annex 4: Referral services supervision checklist

Supervision Checklist for Referral Services			
Name of health facility			
District			
Sub-District/Hospital			
Date of visit			
Technical area supervised			
Total cases referred in the last 3 months from area supervised		If no referral feedback available, document the reason:	
Total referral feedback/counter referral received in the last 3 months			
Area			
Area	1st file	2nd file	METHODOLOGY
A. CLIENT IDENTIFICATION	Result (1 or Zero or NA)		<p>After self introduction and presentation of the aims of the visit and tool being used and how to interpret finding, proceed as follows:</p> <ul style="list-style-type: none"> - Request the responsible of technical area visited to bring referral forms, referral feedback and counter referral for the last quarter - Randomly select 5 emergency and 5 not emergency referrals - Verify if the following section are complete and information is readable: <ol style="list-style-type: none"> 1. Client identification 2. Reason of referral 3. Transfer information 4. Client report <p>back/counter referral N.B. From the sample selected, discuss with health care providers on files with evidence that pre-transfer care were not provided according to protocols and where the final diagnostic not was not included in clinical diagnostic or reason of referral at referring facility and identify potential gap that can be addressed through mentorship</p> <p>After checking completeness and discuss</p>
1.1 Client's Address is complete? (district, sector, cell and village)			
1.2 Date of birth, age, and sex are present?			
1.3 Name of caregiver recorded in case of minors			
1.4 Where the client is being transferred is clearly stated? (facility, unit)			
1.5 The receiving health provider is identified?			
1.6 Calling time of receiving facility clearly recorded?			
1.7 Referring facility address complete?			
1.8 Serial Number in register recorded?			
1.9 Date and time of admission and transfer complete?			
1.10 Name, phone of referring provider recorded?			
Total score for identification on referral			
B. Is the reason for referral complete and clearly stated?			
2.1 The referral contains a summary of history and clinical findings?			
2.2 Vital signs are recorded?			
2.3 Clinical diagnosis clearly stated?			
2.4 The reason for referral is recorded and clearly stated?			
2.5 Treatment given is clearly recorded?			
Total score for completeness of the reason for referral			
C. TRANSFER INFORMATION			
3.1 Calling time of the receiving provider or unit was recorded?			
3.2 If the case was an emergency, the ambulance was used for client transportation?			
3.3 Is vital signs taken during transportation and clearly recorded?			
3.4 Is care provided during transfer recorded?			

3.5 Is pre- transfer care provided according to national guidelines?			how to improve if necessary, proceed with verification of system management as below outlined: 1. Verify availability of referral guidelines, MoH approved referral forms and registers 2. Enquire on organization of coordination meeting and verify in the minutes if referral services were included and check if referral data are analyzed and displayed 3. From the HMIS reports for the last quarter, record referrals per key technical area and corresponding back report/counter referrals received 4. Discuss any outstanding issue and agree on way forward for improvement
Total score for compliance with established protocols			
D. REFERRAL FEEDBACK and COUNTER- REFERRAL			
4.1 Is client identification on feedback section complete and readable?			
4.2 A final diagnosis is present?			
4.3 Is final diagnostic included in clinical diagnostic or reason of referral at referring facility?			
4.4 Treatment at the receiving facility clearly stated?			
4.5 Outcome of referral completed?			
4.6 Instructions for follow up care clearly recorded?			
4.7 Name, phone of Service provider's recorded?			
4.8 Is there indication that the client was managed according to guidelines			
Total score for completeness of referral feedback and counter referral			
E. REFERRAL SYSTEM MANAGEMENT			
5.1 Are referral guidelines and policy available?			
5.2 Are MoH approved referral forms available?			
5.3 Was data on referral discussed in the last coordination meeting?			
5.4 Is there evidence that referral data is analyzed and displayed?			
5.5. Is there evidence that cases which should have been properly treated at the facility itself without referral were transferred			
5.6. Is there evidence that cases which should have been referred but were handled locally			
Total score for referral system management			
Referral data			
Total of client referred during the last quarter vs feedback received:	Referred	Feedback received	
OPD			
ANC			
Delivery			
Neonatology			
Malaria			
Names of supervisors	Signature		

Annex 5: Minimum information required for the referral register (Facility and community)

Minimum information required for the referral register: Facility level

A	Order number	
B	Names	
C	Serial number in register/EMR ID	
D	Sex	
E	Date of Birth	
F	Type of health insurance (Mutuelle, RSSB, MMI, Other: specify)	
G	Name of receiving facility	
H	Type of referral (internal, out or in)	
I	Date of referral	
J	Name of service initiating the referral	
K	Reason of referral	
L	Condition of the client (emergency, not emergency, follow up)	
M	Timing if emergency	Date and Time ambulance called
N	(Date and Time)	Date and Time ambulance departure from referring facility
O	Date and time of Admission or client seen at receiving facility	
P	Name of receiving service	
Q	Referral feedback/counter referral and outcomes	Date of discharge
		Date of reception of referral feedback for referral out
		Final diagnostic for referral out
		Instructions for follow up (Yes/No)
		Outcome (cured, died, escaped, to be followed up, referred to high level)
R	Observation	

**Igitabo cyandikwamo abakiriya/abarwayi boherejwe n'abajyanama b'ubuzima
cyangwa aboherejwe ku abajyanama b'ubuzima**

A	Nomero umurywayi /umukiriya yahawe	
B	Amazina y'umurwayi/umukiriya	
C	Itariki y'amavuko	
D	Igitsina	
E	Akarere	
F	Umurenge	
G	Akagari	
H	Umudugudu	
I	Uwohereje umurwayi/umukiriya	
J	Impamvu zo koherezwa	
K	Igihe yoherejwe	Itariki yoherejweho
L		Isaha/iminota
M	Igihe yagereye aho yoherejwe	Itariki yagereye aho yoherejwe
		Isaha/iminota
N	Isubiza butumwa	Uburwayi yavuwe
		Uko umurwayi /umukiriya amerewe
		Itariki isubizabutumwa ryoherejwe ku woherereje umurwayi/umukiriya

