

Referral policy in Delhi NCR

1. No referral out will be done from one **tertiary hospital** to another except for services which are unavailable (as per displayed Citizen Charter) at the current facility. **In such scenario, it may be forwarded by the Competent Authority e. g. ECRO/Nodal Officer/ Unit Head/HOD** after prior communication and confirmation with the receiving hospital's **ECRO/Nodal Officer/ Unit Head/HOD**.
2. Based on their capacity and capabilities, secondary hospitals will refer only to the identified/ linked tertiary hospital after prior communication and confirmation with the receiving hospital. This will be followed for reverse referral, too.
3. No patient should be denied resuscitation and first aid. Patient should be referred only after initial stabilization and following the safe transfer policy. As far as possible, all the transfers should be done using CATS ambulances. Any refusal for registration, MLC, admission or intervention should be reported to the Nodal Officer of that hospital by CATS personnel or the referring hospital.
4. A register for referred patients is to be maintained. In case of a referral received from a hospital where no care was provided (including basic resuscitation and first aid/ registration), it needs to be notified on the central What's app group with all details.
5. Standard/Uniform referral IN and referral OUT format should be used for each referral. It should be signed and stamped by individual doctors. No generic stamp like CMO In-charge should be used.
6. Terminally ill patient/ brain dead/ gasping patient should not be referred to any other hospital unless there is consideration for an organ transplant that too after counselling.
7. In case of patient referral for diagnostic test/ opinion, back referral policy is to be followed i.e. the patient will be referred back after receiving desired diagnostic test/ opinion.
8. The system which was used during Covid 19 pandemic for bed availability is to be reactivated. On that, daily display of bed occupancy/ availability for ICU, PICU, NICU & labour Rooms is to be done twice daily at 11 am and 6 pm.
9. A monthly referral audit is to be done by each hospital.
10. Every quarter, the referral policy is to be reviewed after gap analysis.
11. A declaration is to be submitted by each hospital stating
 - a. Number of required ambulances based on their previous year usage.
 - b. Rest of the available ambulances may be given to CATS.
 - c. Number of ambulances, number of driver and number of EMTs.
12. All hospitals need to devise their own intra-hospital referral policy based on the model policy devised by DGHS. A report may be submitted to Directorate within one month after receiving the model policy from DGHS.
13. Collaboration with CATS
 - a. Each hospital will park ambulances as agreed upon after discussion.
 - b. The personnel posted in CATS ambulance will be reporting to Nodal Officer of that hospital. When they are not actively transporting patients, they will support patient care services at ED.

- c. The hospital where ambulances are stationed will regularly check fitness and functionality of the equipment as per the guidelines.
 - d. Regular training of the attendants/ EMT posted in ambulances will be done by tertiary hospitals.
 - e. Audit of CATS ambulances is to be carried out by the concerned authority. An Annual audit of CATS ambulances is to be carried out by the concerned hospital, based on key performance indicators.
14. AIIMS will support the development and implementation of referral policy by
- A. Baseline Study**
 - A. WHOCCET AIIMS will share the assessment tool to all hospitals - **Majorly Quantitative - it will map the resources.**
 - B. WHOCCET team will visit the willing hospitals for one day qualitative study
 - B. Sharing the emergency care clinical templates to all hospitals (Including triage template/Documentation)**
 - C. Standardized referral - out documentation form**
 - D. Gathering referral data from hospital - on CATS software/MOHFW created google form etc.**
 - E. Capacity Building**

Champions of Change - Master trainer on emergency care system strengthening - They will train further at their hospitals, based on their requirements.

- 15. Other hospitals like Hamdard, autonomous institute under Delhi and Central Government, Railway hospital and others are to be invited for the next meeting.
- 16. In emergency systems, private hospitals should also be involved.
- 17. A dedicated fund for meeting unforeseen expenses is to be made available with ECRO and flexibility for spending it.