PRESENTATION

A myriad of changes have confronted the health sector as countries seek to find the most effective and efficient ways of providing health care for citizens at a level that they will find satisfactory. These changes have been packaged within the framework of health sector reform initiatives which are being tailored to suit the peculiar health, social, cultural and economic situation of countries. For some time now, Belize has been in the process of re-defining and reforming the nature of its health care delivery system to ensure greater equity, accessibility and quality.

Against this background and because change highlights the need for standardization so as to ensure that certain procedures, practices and regulations are adhered to, the Pan American Health Organization (PAHO) is pleased to have collaborated with the Ministry of Health in the development of the necessary policies, guidelines and procedures that will contribute to the achievement of a comprehensive health care system while maintaining a good quality of service delivery.

Since all health care required cannot be obtained at any given level of the system, an effective referral mechanism is a key element in the delivery of care. As a result, the collaborative efforts between PAHO and the Ministry of Health which led to the production of this manual that details the policy, guidelines and protocols for a National Referral System proved to be an extremely useful one. The contents of this manual will serve as an essential guide to health planners, managers and practitioners and will constitute one of the planks on which the Ministry of Health can build its regulatory responsibilities for health care in Belize, in-so-far as they relate to referral practices.

It gives me great pleasure therefore, on behalf of PAHO and on my own behalf, to present this manual to all potential users. At the same time, I wish to place on record my appreciation for the commitment and dedication of the persons who actually worked to make this manual a reality, particularly the thematic group that was charged with the responsibility for so doing. I want to assure all concerned of the continued technical support of PAHO as work continues to transform the policy, protocols and procedures for referral contained in the manual into reality.

Dr. D. Beverley Barnett  
PAHO/WHO Representative  
BELIZE
FOREWORD

The development, maintenance and improvement of standards of patient care are best achieved when policies, protocols and procedures are in place to guide medical practitioners. The setting of standards is desirable and appropriate as decisions are best informed by guidelines of good practice.

The need for protocols and guidelines for clinical practice is even more critical in Belize, where physicians are educated at various institutions in many different countries; and although the general principles of medical management are similar, level of resources determines the specific treatment modalities in the individual country.

With health sector reform and its resultant reorganization of the health system, the Ministry of Health is now more stringently charged with the regulation of health services nationally, both in the public and private sectors. This includes having a well defined, closely monitored and effective referral network which addresses every aspect of the referral process. That is, the directing, re-directing or transferring of a patient to an appropriate specialist or agencies. The element of counter-referral is also a vital part of the referral process.

These protocols and guidelines for our national referral system are indeed timely and useful and should provide medical practitioners with the necessary information to enable patient to be referred, transferred and counter referred in a safe, comfortable and efficient manner.

The in built evaluation mechanism in the referral protocol will allow for objective information on the use of the protocols as well as the identification of any area of the protocol that may need modifications.

I would like to gratefully acknowledge the hard work of the thematic group responsible for the elaboration of the national Referral System Protocols and Guidelines. I am sure that having the involvement of such a wide representation of Medical Chiefs of Staff and other health professionals will lead to the acceptance and use of the protocols.

(DR. JORGE POLANCO)
Ag. DIRECTOR OF HEALTH SERVICES
ACKNOWLEDGEMENTS:

The realization of this manual is through the efforts of several individuals. The need to develop an operational guide that would standardize the practice of referring patients in country was initiated by the Ministry of Health and supported by PAHO Belize.

Appreciation to Dr. Errol Vanzie, Director of Health Services, who was instrumental in steering the development and completion of this manual.

Appreciation must be expressed to the Chiefs of Staff for the liaison role they played in ensuring the current referral guidelines are in tandem with Regional Standards and one which can be applied to everyday practice.

Special recognition to Chairperson-Deputy Director Health Services, Mrs. Marjorie Parks and her team for the hard work and dedication in realizing the finished product:

Dr. Jorge Polanco  Deputy Director of Health Services
Dr. Fernando Cuellar  Medical Chief of Staff, Karl Heusner Memorial Hospital
Dr. Carl Meggs  Medical Chief of Staff, Northern Regional Hospital/Chairman, Medical Council
Dr, Glenda Major  Medical Chief of Staff, Corozal Comm. Hospital
Dr. Lesbia Guerra  Medical Chief of Staff, San Ignacio Hospital
Dr. Ninfa Ken  Medical Chief of Staff, Southern Regional Hospital
Dr. Javier Magaña  Medical Chief of Staff, Western Regional Hospital
Dr. José Lopez  Regional Manager, Central Regional Health System
Mr. Marnix Pérez  Administrator, Western Regional Hospital

Grateful acknowledgement to Dr. Reynaldo Holder, Health Systems and Services Development and Organization Advisor, PAHO, for guiding the development of the National Referral Guidelines.

Special appreciation the Chief Executive Officer of the Ministry of Health, Ms. Margaret Ventura for time spent supporting the efforts of the review team.

Last but by no means least the Ministry of Health Review Team of 2006:

Ms. Marjorie Parks – Chairperson, Deputy Director of Health Services
Ms. Michelle Cox Hoare – Quality assurance Coordinator, L& A Unit, MOH
Dr. Marcelo Coyi – Director Belize Medical Associates
Dr. Jesus Ken – Chief of Staff, WRH
Dr. Lesbia Guerra – Deputy Regional Health Manager, San Ignacio
Dr. Jair Osorio – Chief of Staff, NRH
Dr. Ida Coleman – Chief of Staff, Corozal Community Hospital
Dr. Curtis Samuels – Chief of Staff, KHMH
Dr. Phillip Castillo – Chief of staff, SRH
Dr. Bhupathi Raju – Chief of Staff, Punta Gorda Community Hospital
Dr. Kahlid Ghazy – Medical Director, Cleopatra White Health Center
INTRODUCTION

The Government of Belize is the main provider of health services. The Ministry of Health has divided the health care system into four sub-systems, called Regional Health Systems (Northern, Central, Western and Southern). Each Region is under the responsibility of a Regional Health Management Team charged with managing the delivery of personal and population-based health services to the population in the geographical areas under their responsibility.

The Ministry of Health operates a network of facilities country wide, which include: one National Referral Hospital (which is also the regional hospital for the Belize District or Central Region), three Regional Hospitals, six Community Hospitals or Polyclinics II, nine Polyclinics I, 24 Health Centers and Mobile Units. (Annex # 6) This health care delivery network reported for the year 2001: 132,378 outpatients’ visits (530 visits per 1,000); 15,981 discharges (64 per 1,000) and 7,313 live births. There are 467 hospital beds which constitutes 1.9 beds per 1,000.

The private health sector is increasing in size and coverage, mostly in the very urbanized areas. The private healthcare delivery network is presently configured by 54 general or specialized clinics, mostly located in Belize City. There are a total of five private hospitals; totaling 79 beds (see Annex # 6)

According to NHISU in 2000 there were 251 medical doctors (10 per 10,000), 303 nurses (12.1 per 10,000)\(^1\) and 32 dental doctors (1.3 per 10,000). Belize does not have a Medical School (except for Off-Shore institutions that operate out of the USA and other countries). As such there are no medical students, interns or residents in the healthcare system. The University of Belize provides training in nursing through its Faculty of Nursing, Health Sciences and Social Work.

The Ministry of Health has established as one of its main objectives the improvement of the quality of care. As such, one of the National Priorities is “To implement a comprehensive, accessible and adequate model of health care with emphasis on the development and implementation of standardised norms, procedures and management protocols”.

A recent Hospital Accreditation Study states that accreditation for hospitals in Belize is not yet obtainable and the need for quality measures is of grave concern, especially in light of the leading causes of mortality and morbidity. Specific medical care concerns are the lack of mechanisms to guarantee the continuity of patient care, coupled with the lack of quality assurance programs and procedures or written protocols.

One of the major concerns is the lack of standard procedures and protocols for the referral of patients between the different levels of the health care delivery system. The major problem being the acceptance of referred patients by the reference centers, the counter-referral of patients from the higher levels to the primary care providers, and the quality of the information reflected on the referral forms and all of which has negative effects on the continuity of care.

\(^1\) Note is made that only 107 of these are Professional Nurses. (NHISU)
With the restructuring of the healthcare delivery system and the advent of the National Health Insurance, the Ministry of Health is now faced with the added responsibility of regulating and supervising the delivery of care both in the public and private sector. This will require standardized norms and procedures to ensure high quality in the delivery of services to the population.

To resolve these concerns, the Director of Health Services (DHS) has organized a Task Force charged with the development and implementation of Protocols, Clinical Management Guidelines and Procedure Manuals. The Task Force is divided into thematic groups and receives the technical cooperation of the Pan American Health Organization.

The thematic group responsible for the National Referral System: Protocols and Guidelines, was formed by the Medical Chiefs of Staff of the government hospitals and chaired by the Deputy Director of Health Services.
The National Referral System: Protocols and Guidelines was approved in 2003 and revised in June 2006.

____________________________                  ________________________
Dr. Jorge Polanco                                              Ms. Margaret Ventura
Ag. Director of Health Services     Chief Executive Officer
Ministry of Health

______________________________
Hon. Jose Coye
Minister of Health
Table of Contents

Introduction

National Referral System

Guidelines for the Referral System

   I – Referral Mechanism
   II-  Referral Flow Chart
   III- The patient Referral Form and
        Evaluation Mechanism

Annexes:

   Annex One:  Level of Services                  12
   Annex Two: National Patient Referral Form     13
   Annex Three: National Referral System Flow Chart  14
   Annex Four: Patient Access to Health Delivery Care  15
   Annex Five: National Referral System Evaluation Mechanism  16
   Annex Six: Services Provided by Hospitals in Belize  20
   Annex Seven: Guidelines for the Transportation of Patients  23
NATIONAL REFERRAL SYSTEM

Definitions:

- **Referral**: The process of directing, re-directing or transferring, a patient to an appropriate specialist or agency. 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.

- **Counter-Referral or Return-Referral**: Is the process of re-directing the referred patient back to the originating unit once the reason for referral has been resolved.

Policy:

1. At all times the healthcare delivery system will promote and encourage patients/clients to access the system through a Primary Care Provider (PCP) at the community level (see annex # 4). Only in cases of accident and emergency should patients access hospital care directly. All secondary and tertiary institutions will discourage self-referral and unnecessary use of hospital facilities.

2. All patients examined by a Primary Care Provider (PCP) or by an emergency care unit, in a public or private institution, who are deemed in need of specialized consultation, specialized treatment, or require care that cannot be provided at the said level will be referred to the specialist or institution capable of continuing or providing the level of care the patient is in need of. The referral should follow, as much as possible, the hierarchical level of services as depicted in Annex # 1.

3. For such a Referral, the attending healthcare provider will fill out the Patient Referral Form, approved by the Ministry of Health for use by all healthcare institutions and providers (see Annex# 2). The form must be as complete as possible, legible and written in English.

4. The healthcare provider that refers the patient will ensure that all necessary information, diagnostic results (laboratory, radiological studies, EKG, etc.) accompany the Patient Referral Form.

5. Patients will be referred to the institution and level of care required for adequate quality of care following the Referral System Flow Chart annexed to these protocols. (Annex # 3).
6. Upon reception of a patient at the receiving institution or unit, responsibility for the patient’s care is transferred to that institution. The patient will be duly assessed, and the necessary action/interventions will be taken under the responsibility of the receiving institution. If a referral is deemed unnecessary, this matter should be dealt with at the administrative level and should never be made known to or involve the patient or relatives.

7. Telephone Consultations are an acceptable form of seeking guidance in dealing with a patient and are encouraged. However, it is unacceptable practice to delay or prevent a transfer by trying to diagnose and dictate treatment by telephone, when it is evident that the referring unit does not have the capacity to adequately manage the patient. Disrespectful remarks or treatment of referring physicians or other PCPs is both unacceptable and unethical.

8. For every referral event, there **MUST** be a counter-referral. Once the reason for referral has been resolved, the patient must be referred back to the originating attending healthcare provider for follow-up. The Counter-Referral Section of the Patient Referral Form must be completed with as much information as necessary for the adequate care of the patient. In case of death of the patient, the Counter-Referral form should reflect the Cause of Death.


GUIDELINES FOR THE REFERRAL SYSTEM

The National Healthcare Delivery Network functions in an interdependent manner whereby all units, at different levels of concentration or resolution capacity, depend on all other units for the harmonious performance of the system as a whole.

One of the main coordinating mechanisms that ensure this harmonious performance is the referral of patients from one level of concentration, and in some cases within the same level, to a higher level that will allow for a more adequate resolution of the patients needs, and the return of that patient to his attending provider at the community level. This mechanism is commonly called The Referral System.

The following guidelines are designed to improve and regulate the Referral Mechanism in use in Belize among providers and units both in the public and private services. The guidelines are sustained by the National Referral System Policies, and explain and complement these. The protocols are algorithms that synthesize the processes.

I – Referral Mechanism:

1) Any patient, examined by a Primary Care Provider (PCP) or at an emergency care unit, in a public or private institution, who is deemed to be in need of specialized consultation, specialized treatment, or requires care and procedures that cannot be provided at the said level, must be referred to the specialist or institution capable of continuing or providing the level of care the patient is in need of.

2) The attending provider will fill out a Patient Referral Form (annex # 3) in a legible manner (printed if necessary), in English and with as much information as necessary.

3) The following information must be complete and accurate:
   a) Full name
   b) Unique identifier number (Social Security)
   c) Address and phone number of patient
   d) Next of kin or Person Responsible in cases involving minors – (name, Address and Telephone Number)
   e) Date and hour of referral
   f) Date of birth, age and sex of patient
   g) Reason for Referral
   h) Diagnosis if known (using ICD-10 classification)
   i) Treatment Given, Patient’s Vital Signs
   j) Name of Physician or Provider who refers
   k) Signature
   l) Clinic or unit that refers.
   m) Patient Information/health education

4) All relevant diagnostic results (laboratory, radiological studies, EKG, and previous referral information, etc.) should accompany the Patient Referral Form.
5) The Referring Physician will communicate by telephone with the Receiving Physician to ensure advance notice of the referral is given and that the patient is expected. If possible the Referral Form will be faxed to the receiving unit prior to sending the patient.

6) All referrals should be governed by the MOH Clinical Management Guidelines and Protocols.

II- Referral Flow Chart:

7) All patients should be evaluated by a Physician, a Family Nurse Practitioner (FNP) or a Psychiatric Nurse Practitioner (PNP), before referral is made to a higher level of the system. However, in extreme emergency cases, Nurses and Midwives may refer patients directly to Emergency Units.

8) Primary Care Level:
   a- Health Post: Community Nurse Aids will refer to Public Health Nurses (PHN), Family Nurse Practitioners (FNP) or Midwives depending on the nature of the case.
   b- Health Centers: All Nurses and Midwives will refer to the General Practitioner (GP) at the health center or Polyclinic I level, except in cases of extreme urgency.
   c- The Medical Chief of Staff at the Community Hospital Level/Polyclinic II will act as Consultant to the GPs at the health centers and Polyclinics I. However, in cases of emergency, the GP can refer patients directly to the Emergency Units at the Regional Hospital. These guidelines strongly discourage the unnecessary referral of patients to hospital emergency rooms.
   d- Visiting Specialist from the Regional Hospitals, where available, will serve as Consultants in their respective specialties for ambulatory cases.

9) Secondary Care Level:
   a- The Regional Hospital will accept all referrals from the Primary Care Level to ensure quality and continuity of care. If a referral is deemed unnecessary, this matter should be dealt with at the administrative level and should never be made known to/or involve the patient or relatives.
   b- Referrals made to Regional Hospitals must be for the level of services offered by the hospital as reflected in Annex #6.
   c- In cases requiring surgical treatment, a schedule for Surgical Teams on Duty in the three Regional Hospital will be posted each month. Emergency Room personnel are urged to consult this schedule before referring a patient to a Regional Hospital.

10) Tertiary Level:
    a- The Karl Heusner Memorial Hospital (KHMH) is the National Referral Center and the ultimate level for in-patient and specialized care. As such, KHMH will receive referrals only from Regional Hospitals.
    b- As the National Referral Center, KHMH will receive and resolve consultations from colleagues in other institutions.
c- Referrals made from the Regional Hospitals to the KHMH require the authorization of the Head of Department (Pediatrics, Surgery, Medicine, and Obstetrics-Gynecology), the specialist on call or the Chief of Staff at the referring hospital. It is recommended that the person authorizing the transfer communicate by telephone with the receiving unit or counterpart at KHMH.

d- Karl Heusner Memorial Hospital will accept all referred patients. If a referral is deemed unnecessary, this matter should be dealt with at the administrative level and should never be made known to/or involve the patient or relatives.

11) Private Providers:
   a- Private providers may access the MOH system through a Health Center, a Community Hospital/Polyclinic II or a Regional Hospital. Private providers in Belize City may refer to KHMH.
   b- Private providers will adhere to these protocols and Guidelines for Clinical Management when referring to the MOH system.
   c- A previous telephone communication/approval is absolutely necessary prior to transferring a patient.
   d- Patients referred from a private provider will be treated with the same high standards and quality of care as any other patient and no special privileges will be afforded to the private provider while the patient is under the responsibility of the public system.
   e- Referrals can be made from the public setting to private providers.
   f- A counter-referral must be forwarded to the referring institution once the case is resolved.

III- The Patient Referral Form and The Monitoring and Evaluation Mechanism

12) The Patient Referral Form:
   a- The form will consist of an original and two (2) copies, to be distributed as follows:
      - Original (white): after the counter-referral is completed, returns to the originating unit with the first copy attached.
      - Second Copy (pink): completed with counter-referral information, remains in the patient chart at the receiving unit
      - Third Copy (yellow): remains in the Patient Chart at the originating unit

   Original White Copy: completed with counter-referral information, returns to originating unit, where the Medical Chief of Staff forwards it to the National Evaluation Committee.

13) The National Evaluation Committee:
   a- The Director of Health Services will appoint a National Evaluation Committee to monitor and evaluate periodically, the performance of the National Referral System.

   This Committee will make recommendations to the DHS on how to improve the performance of individual units or of the system as a whole.
Annex # 1
Level of Services

Tertiary Level
Karl Heusner Memorial Hospital (KHMH)

Secondary Level
Specialist
(Regional Hospital)

Primary Level (Primary Care Providers)
General Practitioner
(Visiting Specialist)
(Community Hospital)

General Practitioner
Public Health Nurse
(Health Center)

Rural Health Nurse
General Practitioner
(Health Post)

Public Health Nurse
(Primary Care Providers)
# MINISTRY OF HEALTH, BELIZE
## PATIENT REFERRAL FORM

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>REFERRING PHYSICIAN/GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSB Number:</td>
<td>Date of Referral:</td>
</tr>
<tr>
<td>Patient Name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
</tr>
<tr>
<td>Address of Patient:</td>
<td></td>
</tr>
<tr>
<td>Next of Kin:</td>
<td></td>
</tr>
<tr>
<td>Address of Next of Kin:</td>
<td></td>
</tr>
<tr>
<td>Next of Kin’s Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

### Reason For Referral

### VITAL SIGNS

<table>
<thead>
<tr>
<th>VITAL SIGNS</th>
<th>TIME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp</td>
<td>Pulse</td>
</tr>
</tbody>
</table>

### Treatment Given:

<table>
<thead>
<tr>
<th>Treatment:</th>
<th>Time:</th>
</tr>
</thead>
</table>

### COUNTER-REFERRAL INFORMATION

<table>
<thead>
<tr>
<th>CONSULTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Consultant/License No.</td>
</tr>
<tr>
<td>Hospital/Clinic:</td>
</tr>
<tr>
<td>Consultants Comments:</td>
</tr>
</tbody>
</table>

### Diagnosis:

<table>
<thead>
<tr>
<th>Diagnosis: (ICD 10) Classification</th>
</tr>
</thead>
</table>

### Treatment:

### Patient Information:

### Consultant’s Signature:

Note: Please return original copy of this form to institute/clinic from which referral originated after consultant’s comments have been completed.
Annex # 3

FACILITIES
Flow Chart

Karl Heusner Memorial Hospital

Community Hospital

Regional Hospital

Health Center

Private Clinic

Health Post
Annex # 4
Patient access to Health Delivery Network

[Tertiary Level]

[Secondary Level]

[Nurses]

[GP]

[CAN/TBA]

[Self Referrals]

[Emergency]

[Key]
Annex # 5
NATIONAL REFERRAL SYSTEM
EVALUATION MECHANISM AND TOOL

The Referral System, its Protocols and Guidelines, constitute a very important feature in the assessment of quality and continuity of care. As such, the frequent monitoring and evaluation of the Referral Protocols is necessary to guarantee the adherence of the different units of the system and to ensure the interdependent and harmonious functioning of the healthcare delivery network.

Essential to this monitoring and evaluation function is the quality of the referral forms and the compliance of the units to the guidelines in regards to routing of the copies. The Guidelines specify the number of copies and the destination of each of them, clearly ensuring that a copy of the final form (completed referral and counter-referral) is forwarded to the National Evaluation Committee.

The National Evaluation Committee will be formed by the Medical Chiefs of Staff of all Community, Regional and national Hospitals and will convene on the call of the Director of Health Services or his/her representative.

EVALUATIONS
It is recommended that evaluations be conducted according to the following schedule:
1- Monthly: By the Management Team of each hospital to monitor and assess the compliance of its staff with the guidelines and protocols.
2- Quarterly: By the National Evaluation Committee, to monitor the system by utilizing a sample of the referrals during the previous quarter.
3- Yearly: The National Evaluation Committee conducts a comprehensive evaluation in the context of the performance evaluation of the contractual agreements.

USING THE EVALUATION TOOL:
The Evaluation Tool is designed to facilitate the rapid assessment of a referral form. It is an electronic tool and allows for a quantitative analysis that serves as basis for a narrative report in which qualitative comments can be expressed.

The Tool is NOT designed to evaluate the clinical appropriateness of the referral of a patient.

It is intended to assess the compliance with the referral protocols and as such its value is more administrative than clinical. A clinical assessment of a referral will require a Medical Audit conducted by expert physicians.

The questions require an Affirmative or Negative response. An Affirmative Response is evaluated with a value of one (1) a Negative Response corresponds to a value of Zero (0). However, if the Committee is not unanimous, or considers that the response can be qualified, values ranging between Zero and One can be used and comments inserted to explain the decision of the evaluating committee.

VALUES:
- Complete/Affirmative = 1
- Incomplete/Affirmative = 0.6 to 0.9
- Incomplete/Negative = 0.1 to 0.5
- Negative = 0
<table>
<thead>
<tr>
<th>SECTIONS</th>
<th>AREA</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A PATIENT IDENTIFICATION</strong></td>
<td>1 Is the patient identification complete and legible?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 Patients name is complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Patients Address is complete (house #, street, City and District)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 DOB, Age and Gender are present.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4 Name of Next of Kin (or Responsible Persons in case of minors)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5 Telephone number and address of Next of Kin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6 All information is legible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Is the information on the Referring Health Provider/Unit complete?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1 Providers name, title and signature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Referring Unit address and telephone number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 PCP Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.4 Referral number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.5 All information is legible</td>
<td></td>
</tr>
<tr>
<td><strong>B REASON FOR REFERRAL</strong></td>
<td>1 Is the Reason for Referral complete and clearly stated?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1 The Reason for Referral is stated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 It includes a Clinical Diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 The Reason for Referral is Clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4 The Reason for Referral is Administrative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5 The referral contains a brief summary of history and clinical findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6 Vital Signs are recorded</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.7 Treatment Given is clearly stated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.8 All information is legible</td>
<td></td>
</tr>
<tr>
<td>SECTIONS</td>
<td>AREA</td>
<td>POINTS</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>C TRANSFER INFORMATION</td>
<td>The Transfer was executed in compliance with the established protocols?</td>
<td></td>
</tr>
<tr>
<td>C-1</td>
<td>1.1 The Receiving Physician/Unit was previously contacted by phone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 The Patient Referral Form was faxed to the Receiving unit previous to arrival</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Instructions for transfer are attached to the Patient Referral Form and were explained to Transfer Team.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4 All information is legible.</td>
<td></td>
</tr>
<tr>
<td>D TRANSFER RECEPTION</td>
<td>Was the referral reception completed in compliance with established protocols?</td>
<td></td>
</tr>
<tr>
<td>D-1</td>
<td>1.1 Vital Signs were recorded at reception</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2 Patient was received by professional personnel (Physician or Nurse)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 The Transfer/Reception Form is signed and attached to Patient Referral Form.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4 All information is legible.</td>
<td></td>
</tr>
<tr>
<td>E COUNTER-REFERRAL</td>
<td>Was a Counter-Referral form completed and sent?</td>
<td></td>
</tr>
<tr>
<td>E-1</td>
<td>3.1 Consultant's Name and Signature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2 Consultant's clinic address and phone number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-4 Consultant's Comments are relevant and clearly stated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.1 A final Diagnosis using ICD-10 Classification is present</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.2 Treatment and follow-up instructions are present and clearly stated.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL POINTS
### NATIONAL REFERRAL SYSTEM EVALUATION TOOL

<table>
<thead>
<tr>
<th>SUMMARY</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A- PATIENT IDENTIFICATION</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>B- REASONS FOR REFERRAL</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>C- TRANSFER INFORMATION</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>D- TRANSFER RECEPTION</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>E- COUNTER-REFERRAL</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

### EVALUATION SUMMARY CHART

![EVALUATION SUMMARY CHART]

- **Average**
  - 0.6
  - 0.7
  - 0.8
  - 0.9
  - 1.0

- **Areas**
  - 0
  - 1
  - 2
  - 3
  - 4
  - 5
## Annex # 6

**Services Provided by Hospitals in Belize**  
*(Does not include Primary Care Services)*

### Section A: Public Sector Network:

<table>
<thead>
<tr>
<th>Health Region</th>
<th>Population (Enumerated 2002)</th>
<th>Regional Hospital</th>
<th>Community Hospital/ Polyclinic I</th>
<th>Polyclinic II</th>
<th>Health Center</th>
<th>Health Post</th>
<th>Mobile Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>71,598</td>
<td>Northern Regional (Orange Walk)</td>
<td>Corozal CH</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Central</td>
<td>66,197</td>
<td>KHMH</td>
<td>Matron Roberts HC Cleopatra White HC</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Western</td>
<td>52,564</td>
<td>Western Regional (Belmopan)</td>
<td>San Ignacio CH</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Southern</td>
<td>47,845</td>
<td>Southern Regional (Dangriga)</td>
<td>Punta Gorda CH San Antonio HC</td>
<td>2</td>
<td>10</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>240,204</strong></td>
<td></td>
<td></td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>25</td>
</tr>
</tbody>
</table>

### Section B: Services Provided by Public Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th># of Beds</th>
<th>Services Provided</th>
</tr>
</thead>
</table>
| Karl Heusner Memorial Hospital (KHMH) | 115 | For secondary care services: general Surgery, Pediatrics, Internal medicine and Obstetrics and Gynecology, Orthopedics  
Tertiary level care services include:  
- Intensive care Services  
- Neonatal Intensive Care  
- Neurology/Neurosurgery  
- Otolaryngology (ENT)  
- Ophthalmology – contract basis  
- Maxilo-facial – contract basis  
- Urology  
- Gastroenterology  
Other services include: Physiotherapy and respiratory therapy |
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Services</th>
</tr>
</thead>
</table>
| Northern Regional Hospital       | 57   | - Out-Patients Specialty Clinics (Gynecology, Obstetrics, Surgery, Internal Medicine, Pediatrics, High Risk Antenatal)  
|                                  |      | - In-Patient Services: Pediatrics, Maternity and Nursery, Intensive Care, Surgical Ward and Operating Theater  
|                                  |      | - Imaging Services: Radiology (Chest, Abdominal, Skeletal, Urinary System, Gastric System, and Intestinal System. Ultrasonography  
|                                  |      | - Laboratory  
|                                  |      | - Pharmacy  
|                                  |      | - Emergency Services (24 hours)  
| Western Regional Hospital        | 50   | - Out-Patients Specialty Clinics (Gynecology, Obstetrics, Surgery, Internal Medicine, Pediatrics, High Risk Antenatal)  
|                                  |      | - In-Patient Services: Pediatrics, Maternity and Nursery, Intensive Care, Surgical Ward and Operating Theater  
|                                  |      | - Imaging Services: Radiology (Chest, Abdominal, Skeletal, Urinary System, Gastric System, and Intestinal System. Ultrasonography  
|                                  |      | - Laboratory  
|                                  |      | - Pharmacy  
|                                  |      | - Emergency Services (24 hours)  
| Southern Regional Hospital       | 52   | - Out-Patient Clinics: Pediatrics, Internal Medicine, Surgery, Gynecology-Obstetrics  
|                                  |      | - In-Patient Services: Pediatrics, Maternity, Gynecology, Surgery, Internal Medicine  
|                                  |      | - Imaging Services: Radiology  
|                                  |      | - Pharmacy  
|                                  |      | - Emergency Room (24 Hours)  
| Corozal Community Hospital       | 30   | - Out-Patient Clinics: Internal Medicine, Surgery, Gynecology-Obstetrics, Pediatrics, Mental Health  
|                                  |      | - In-Patient Services: Medical, Pediatric, Maternity, X-Ray Services  
|                                  |      | - Laboratory  
|                                  |      | - Pharmacy  
|                                  |      | - Accident & Emergency  
| San Ignacio Community Hospital   | 18   | - Out-Patient Clinics: General, Pediatrics, Surgery, Internal Medicine Gynecology-Obstetrics  
|                                  |      | - In-Patient Services: Labor & Delivery, Male, Female and Pediatrics Wards  
|                                  |      | - Imaging Services; X Rays  
|                                  |      | - Laboratory  
|                                  |      | - Pharmacy  
| Punta Gorda Community Hospital   | 28   | - Out Patient Clinics (Polyclinic II)  
|                                  |      | - In-Patient Services: Maternity, Minor Surgery, Emergency Surgery (?)  
|                                  |      | - X-Rays  
|                                  |      | - Laboratory  
|                                  |      | - Pharmacy  

National Referral System
### Section C: Services Provided by Private Hospitals:

<table>
<thead>
<tr>
<th>Hospital</th>
<th># of Beds</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize Medical Associates</td>
<td>25</td>
<td>• 24 hour emergency services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating Theater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Radiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ambulance</td>
</tr>
<tr>
<td>Universal Health Services</td>
<td>20</td>
<td>• Emergency Room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating Theater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Dialysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minimally Invasive Surgical Technology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Intensive Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Specialist Out-Patient Clinics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ultrasonography</td>
</tr>
<tr>
<td>La Loma Luz Hospital (San Ignacio, Cayo)</td>
<td>20</td>
<td>• 24 hour emergency services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• X Ray Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating Theater</td>
</tr>
<tr>
<td>Northern Medical Specialty Plaza</td>
<td>8</td>
<td>• Maternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating Theater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minor Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 24 hour emergency service</td>
</tr>
<tr>
<td>Emmanuel Clinic</td>
<td>6</td>
<td>• 24 hour emergency service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maternity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating Theater</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Minor Surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• X-Ray</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pharmacy (in-patients only)</td>
</tr>
</tbody>
</table>
Annex # 7
GUIDELINES AND PROTOCOL FOR
THE TRANSPORTATION OF PATIENTS

The transfer of a patient from one institution/unit of the healthcare delivery network to another is a common event, but also entails great risk. During transfer the patient and sometimes other family members are under the direct responsibility of the institution and are considered to be in a vulnerable situation.

Because these transfers imply risk to patients and healthcare workers, the Ministry of Health through the Director of Health Services, has instituted these guidelines and protocols to protect as much as possible the integrity of patients, health workers and the general public and safeguard the responsibility of the institution.

Policy:

1. Patients will be transported from one unit to another only under direct authorization of a Medical Specialist or the Medical Chief of Staff.

2. Patients should be transported only in vehicles specially equipped for the purpose of transporting sick or injured persons.

3. Patients to be referred should be stabilized prior to transfer. When this is not possible the attending physician, with authorization of the Medical Chief of Staff or the Specialist on Call, will decide if it necessary to conduct an Air-Evacuation of the patient. The transfer of unstable patients by road should be discouraged.

4. Transfers of patients should be done preferably during daylight hours. Transfer of patients during the night should be dictated by extreme clinical criteria and approved by the specialist on call.

5. All transfers must comply with the Referral System protocols and guidelines, and accompanied with a Patient Referral Form and a Transfer and Reception Form.

6. The next of kin, parent or guardian must be informed of the decision and reasons for transfer. A Consent Form must be signed by the parent or guardian, in cases of transfer of minors.

7. All patients will be transferred accompanied by a trained healthcare worker. The Attending Physician will establish what level of personnel will escort the patient during the transfer in accordance with the state of the patient. The Transfer Team should be fully informed of the clinical condition of the patient being transferred, including information on test, procedures, etc. Instructions should be given verbally and recorded on the Transfer/Reception Form. The Attending Physician will ensure that the Transfer Team has the necessary equipment for the secure transfer of the patient. Members of the Transfer Team should be trained in basic CPR.
8. At the reception point, referred patients traveling in ambulances or coming from an Air-Evacuation transfer will take precedence over other less urgent patients. The reception of the patient should be conducted immediately, and the Transfer Team be allowed to return to their unit.

Guidelines:

I- Preparing for Transfer:

1. The responsibility of preparing the transfer of a patient lies with the Medical Doctor who orders such transfer. 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.
2. The Referral Forms and Transfer/Reception Form must be completed. Family members should be alerted when possible and informed of decision and reasons for transfer.
3. The Receiving Unit must be alerted of the transfer, especially in the case of very ill patients.
4. The Transfer Team will review the Transfer and Reception Form, ensuring that all instructions are clear. They will record the vital signs of the patient upon departure.

II- During Transfer:

1. Drivers are not qualified to transfer patients alone.
2. During transfer, the driver will at all time exercise the strictest defensive driving precautions. Speed is unnecessary in most cases, as the patients would have been stabilized before transporting.
3. 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.

III- At Arrival:

1. Upon arrival at the Receiving Unit, the Transfer Team will inform the person receiving the patient (a Physician or Nurse) of the condition of the patient, of any changes or incidents during the transfer trip.
2. The person receiving the patient will record the vital signs and neurological condition of the patient upon arrival, register it on the Transfer/Reception Form, sign the form and return the original to the Transfer Team, keeping a copy for the patients file. As soon as this is completed the patient is now the full responsibility of the Receiving Unit.
III- The Transfer/ Reception Form:

This form is designed for the purpose of recording important information on the actual transfer and reception of the patient, and constitutes a registry of the process of transportation.

1. The Transfer/Reception Form must be filled out by the Physician in-charge of the referral in coordination with the highest qualified member of the Transfer Team.

2. The Form will have an Original and three copies to be distributed in the following order:
   - Original: once signed at the reception point returns completed to the originating unit, for evaluation by the Medical Chief of Staff.
   - Copy III: filled out only with information at the originating unit, this copy goes to the Patients Chart in that unit.
   - Copy II: with complete information and signed at the reception unit, goes to the Medical Chief of Staff of that unit for evaluation.
   - Copy I: completed and signed at the reception point, returns to the originating unit with the original and from there is sent to the National Evaluation Committee attached to the corresponding Referral Form.
TRANSFER PROCESS ALGORITHM
REFERRING UNIT ➤ RECEIVING UNIT

Decision to Transfer

1- Stabilize and prepare patient
2- Notify Specialist on Call
3- Prepare Referral and Transfer Forms
4- Notify Transfer Team and Next of Kin
5- Notify Receiving Unit

Referring Unit
1- Brief Transfer Team
2- Transfer
   a. Monitor Vital Signs

Reception Unit
1- Arrival/Delivery of documents and patient
2- Verification of Patient’s ID, clinical status
3- Sign Reception Form

Transfer Team returns to Referring Unit
PATIENT TRANSFER AND RECEPTION FORM

Date: __________________             Time of Departure_________________________        Referring Unit:__________________________________________

Patient Name __________________________________________________________ Unique Identifier #__________________________________________

Type of Transport:                                                        Type of Transfer:                                                        __________________________________________
  □ Ambulance                                                            □ Emergency
  □ Other Motor Vehicle                                                   □ Non-Emergency
  □ Air-Evac                                                              □ Round Trip

Transfer Team:                                                                          ________________
  □ Driver       □ Nurse Assistant/EMT □ Nurse □ Medical Doctor

Transfer Care Instructions:
1. ____________________________________________  2. ____________________________________________
3. ____________________________________________  4. ____________________________________________
5. ____________________________________________  6. ____________________________________________

Special Equipment Required for Transfer:
□ Oxygen Tank □ Ambu □ Defibrillator □ Resuscitation Kit □ Other:________________________

Monitoring of Vital Signs:

<table>
<thead>
<tr>
<th>VITAL SINGS</th>
<th>DEPARTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Rate</td>
<td></td>
</tr>
<tr>
<td>Hearth Rate/Pulse</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Neurological Status</td>
<td></td>
</tr>
<tr>
<td>Date:_____________________</td>
<td>Time of Arrival:_____________________</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Patient’s Identity Check: Y____ N____</td>
<td>Referral Form Check: Y _____ N ______</td>
</tr>
<tr>
<td>Vital Signs at arrival:</td>
<td></td>
</tr>
<tr>
<td>Respiratory Rate:</td>
<td></td>
</tr>
<tr>
<td>Hearth Rate/Pulse:</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure:</td>
<td></td>
</tr>
<tr>
<td>Neurological State:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Person that receives patient:</td>
<td></td>
</tr>
<tr>
<td>Name: __________________________</td>
<td>Post: ___________________________</td>
</tr>
</tbody>
</table>

NATIONAL REFERRAL SYSTEM: Guidelines and Protocols
Approval : April, 2003
Revised June 2006