



TO: All SMS Members / COOs and clinicians of Central Hospitals / COO's and clinicians of Regional Hospitals / COO's and clinicians of District Hospitals / EMS staff / Revenue Administration staff / Administration Intermediaries and Private Providers

CIRCULAR H.06/ 2021

REFERRAL, ALLOCATION AND ADMINISTRATION PROCESS TO TRANSFER AND GOVERNANCE OF CONFIRMED OR CLINICALLY SUSPECTED COVID -19 PATIENTS FOR ADMISSION FROM THE PRIVATE SECTOR TO PUBLIC SECTOR

1. BACKGROUND AND PURPOSE

There are existing and historical arrangements applicable to referrals; this circular has been compiled to facilitate such and to provide clarity and efficiency amongst all parties.

The objective of this document is to provide guidelines for the referral of known or suspected COVID-19 patients for admission to a public sector facility from a Private health facility.

2. OVERARCHING PRINCIPLE

Patients who have appropriate medical aid and patients who have not been duly assessed and stabilised in a private **Emergency Centre (EC)** will not be eligible for admission to a Western Cape Government Health (WCGH) hospital.

3. PERIOD OF APPLICATION

For immediate implementation and further distribution to all relevant role-players.

This circular is to be revisited end February 2021, or sooner if the level of pressure due to COVID-19 in healthcare facilities abates.

4. DISPOSITION OF KNOWN OR SUSPECTED COVID-19 PATIENTS

Patients who are *known* or *suspected* COVID-19 cases may be: discharged home; admitted to quarantine/isolation facilities; admitted to an acute dedicated COVID-19 bed in a medical ward; admitted to an intermediate care bed (such as in the Brackengate or Mitchells Plain Hospital of Hope);

considered for critical care; or referred to palliative care. All of these options are available in both the public and private sector.

Criteria for each of these dispositions have been provided across WCGH hospitals (Circular H:2/2021). The same criteria will be applied to referrals from private health facilities.

5. PROCESS FOR REFERRAL FROM PRIVATE TO PUBLIC HOSPITALS

As an Emergency Centre may not close, **all private patients must be seen, assessed, and stabilised in the private health facility Emergency Centre to which they present.** This includes patients transported by private EMS services to hospitals that are on divert or have limited in-patient bed capacity.

Examples / Categories / Scenarios:

These are the types of patients to consider.

5.1. Funded medical aid patients receiving treatment at Private Health Facilities (admitted patients)

These patients should continue to receive treatment at the Private Health Facilities and / or may be referred only to other Private Health Facilities.

5.2. Funded medical aid patients seeking a bed at Private Health Facilities, but the designated Private Health Facility has no available beds (non-admitted patients) and / or currently in a private EC

These patients must first be referred to **other** Private Health Facilities via the respective Private Hospital JOC structure BEFORE seeking treatment or available beds in Public Health establishments.

Process

If the patient meets the criteria for admission to a bed (acute care, intermediate care, critical care, palliative care *), the following steps are to be followed in sequence:

*Note in terms of the SLA 's concluded

Department responsibility includes:

4.1.1 provide regular updates and collaborate with all Parties and all related contracted Independent Healthcare Practitioners in terms of the latest treatment protocols and guidelines including those drafted by the Forum for Guidelines and Ethics and approved by the Critical Care Society for the treatment of all Patients;

Private Hospital responsibility includes

5.1.13 provide all reasonable assistance to the related contracted Independent Healthcare Practitioners in relation to adherence to the critical care guidelines referred to in Annexure I, on the understanding that the Independent Healthcare Practitioners can exercise their independent judgment as to which critical care guidelines to follow and the appropriate treatment regime to adopt in respect of each particular Patient, and the Department shall have no claim against the Private Provider should

- Private health facility EC attempts to admit to own hospital
- Private health facility uses private JOCs (see **Figure 1** for contact details) to seek a suitable bed within their own private hospital group.
- Private health facility uses private JOCs to seek a suitable bed in an alternative private hospital group
- Private health facility contacts independent private hospitals that do not have a JOC to seek a suitable bed
- Private health facility referring doctor calls Metro Control to seek a bed in WCGH hospitals
 - Call 021 931 9027
 - Provide details of referring facility
 - Provide details of steps taken to this point
 - Provide patient details (name, DoB, diagnosis, clinical details that determined level of bed being sought (as per H2/2021), details of current care escalation plan
 - Regarding critical care referrals, only patients who have triage Red and Priority 1 as per the provincial critical care triage policy tool (H83/2020) will be considered for ICU
- Metro Control discuss with Command Medic
 - Provincial bed status dashboard and daily bed huddle will be used to determine hospitals with capacity
 - Metro control will call duty medical superintendent of that / those hospitals to seek a bed
 - For critical care referrals, the medical superintendent will liaise with the local critical care consultant to determine if the patient is a candidate for ICU (note: the referring doctor will have to provide information or complete the critical care information assessment form to ensure there is equitable access)
- If a bed is located, Metro Control will call back to the referring doctor and provide details
 - Referring doctor calls receiving doctor at the receiving facility and makes a clinician-to-clinician referral
 - If the patient is accepted, referring facility then books private EMS if covered by the relevant Patient's medical aid, else, books with Metro EMS directly.
 - Referring facility calls Metro Control with the EMS booking details
- If the patient is not accepted, the referring facility will need to revert to their own hospital and JOCs to make a suitable plan for that patient

5.3. Unfunded patients / walk-in patients receiving treatment at ECs at Private Health Facilities.

If these patients need to be admitted to a Public Facility, the WCG EMS Metro service may be contacted on **021 931-9027 or local rural health facility arrangement.**

Note such patients must receive all necessary emergency care services from the responsible private health facilities in keeping with patient's constitutional rights

The Private health facility may not admit such patients without a COV Auth number. These numbers have been delegated to the responsible clinicians at WCGH Central, Regional or District hospitals.

5.4. COVID 19 Patient with medical aid, currently an in-patient in a private health facility, but medical aid has been depleted

These cases will require the Medical Aid and the Private hospital group to continue to provide treatment as COVID-19 is a PMB.

5.5. Non -COVID Medical aid Patients receiving treatment in Private Health Facilities.

These patients need to be referred to the respective Case Managers in WCGH as per the norm to ascertain if they may be referred, where after, WCGH EMS services may be contacted.

The process will also include an assessment if the case is defined / included as a Prescribed Minimum Benefit.

These patients will be governed by the medical aid rules and the applicable Designated Service Provider arrangements concluded with the WCGH with the inclusion of certain exceptions pertaining to certain funds for example the motor industry fund and others.

General note

The above arrangements are applicable to both a Metro and a Rural context but there may be instances where there is only one available public or private health facility, or no private health facility.

In these instances:

- All patients who arrive at private health facility EC who need to be referred to the EC for work-up, treatment and continuation of care should be referred with a referral letter and, where possible, a courtesy call.
- Selected groups of patients who have a medical diagnosis made at private health facilities and who need inpatient care should be discussed with the relevant inpatient speciality
- Covid-19 Person under Investigation (PUI)
 - Patients who arrive at private health facility ECs who require referral for testing need to be referred to the Viral Testing Unit (VTU)
 - Where possible, isolation should be arranged by the initial health care facility
- Covid-19 Positive
 - Patients at private health care facilities who meet criteria for acute care admission should be referred to Internal Medicine/Paediatrics
 - Patients who require quarantine should be referred to the I&Q Admission Group

Funded/Medical Aid

- These group of patients that are referred from private rural health facilities including GP practices should be discussed with the CEO/Hospital manager before transfer is arranged.
- For acute care beds/high care admissions those patients should be discussed with Internal Medicine/Paediatrics

The private rural hospitals may phone the relevant rural WCGH hospitals who then in turn may contact our EMS or Private EMS as the case maybe who then may make the transfers if the clinical criteria are met.

The circular is therefore also applicable where eg rural private GP's seek to refer medical aid patients to rural public health facilities in these instances there should always be a clinician to clinician referral which need to take place. (Consultant or senior doctor on call for CVD.)

There are further challenges particularly for rural public health facilities which are near Provincial borders where patients simply present at the WCGH health facility. These patients must be treated by the facility at which these patients present.

6. GOVERNANCE OF THE SYSTEM

This referral system will be reviewed at the weekly WC JOC meeting currently chaired by the CEO of GSH.

Any cases contravening this process will be escalated to the WCJOC for feedback.



DR SAADIQ KARIEM

DDG: CoO

DATE: 18/01/2021

Figure 1 Private hospital JOC contact structure

HOSPITAL GROUP	CONTACT DETAILS FOR AUTHORISATION
Netcare	Line 1 (011) 301 0387 Line 2 (011) 301 0401 Line 3 (011) 301 0174 Line 4 (011) 301 0419
Mediclinic	(021) 8616101
Life Healthcare	0800660602
NHN	Individual hospitals need to be contacted. EMS to provide details.

Facility Name	Address	Contact Name	Contact Telephone Number	email address
Melomed Gatesville	Clinic Road Gatesville 7764	Henry Hendricks	076 992 4701 021 637 8100	henry.hendricks@melomed.co.za
Melomed Bellville	Cnr Voortrekker & AJ West Streets Bellville 7530	James Van Vught	066 485 2466 021 948 8131	james@melomed.co.za
Melomed Mitchells Plain	Symphony Walk, Town Centre Mitchell's Plain 7785	Faizel Hendricks	073 610 7216 021 392 3126	Faizel.hendricks@melomed.co.za
Melomed Tokai	Cnr. of Main & Keyser Roads Tokai, Western Cape, 7945	Sirferaaz Ebrahim	076 911 0225 021 764 7000	sirferaaz.ebrahim@melomed.co.za
Rondebosch Medical Centre	85 Klipfontein Road Rondebosch 7700	Matron Williams Hospital Coordinator	079 387 2871 067 369 0268 021 680 5920	
Busamed Paardevlei Private Hospital	4 Gardner Williams Avenue Paardevlei Estate Somerset West 7130	Sister on call for the hospital	0822291561 – available 24 hours per day 021 840 6600	