



Office of the Head: Health

Reference: 16/4

Enquiries: Dr K Cloete

E-mail: Keith.Cloete@westerncape.gov.za

TO: ALL SMS MEMBERS, COOs of Central Hospitals

CIRCULAR H 131/2020

REFERRAL, ALLOCATION AND ADMINISTRATION PROCESS TO TRANSFER PATIENTS FROM THE PUBLIC TO THE PRIVATE SECTOR

The objective of this document is to provide guidelines for the referral of patients from the public sector facility to a Private facility. This is applicable to Emergency Care, Acute Care, Critical Care and Palliative Care and is in accordance with the terms of the agreement entered into between the WCDOH, the four hospital groups and the three Administrative Intermediaries.

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

A handwritten signature in black ink, appearing to read 'K Cloete', enclosed in a light grey rectangular box.

DR KEITH CLOETE

HEAD: WESTERN CAPE DEPARTMENT OF HEALTH

DATE: 03/07/2020

Copy: Private Hospital Groups, Administrative Intermediaries

REFERRAL, ALLOCATION AND ADMINISTRATION PROCESS TO TRANSFER PATIENTS FROM THE PUBLIC TO THE PRIVATE SECTOR

1. DEFINITIONS:

- *Emergency Care:* Care provided in the Emergency center as the first patient contact at a hospital
- *Acute Care:* Care provided in a medical bed to a patient. Can include face mask oxygen
- *High care / ICU:* Care provided to a patient on High Flow Nasal Oxygen or on a ventilator.
- *Palliative Care:* Where all active treatment is withdrawn, and the patient is kept comfortable in a ward setting.
- *WCDOH:* Western Cape Department of Health
- *Hospital Groups:* These include Netcare, Mediclinic, NHN and Life Healthcare
- *Admin Intermediaries (AI):* These include Discovery, Metropolitan Health Group and Medscheme
- *Health facility:* A hospital facility in either the public or private sector.

2. PROCEDURE

2.1. Identification of need for transfer

- 1) A patient presents to the public facility and there is a need for admission of the patient.
- 2) It is determined that there are no vacant beds for the patient to be admitted and all other avenues are exhausted.
- 3) The clinician takes a decision that the patient needs to be transferred to a private facility.

2.2. Transfer procedure

- 1) The clinician contacts the Manager Medical Services (MMS) on call for the hospital.
- 2) The MMS assigns an authorisation code (provided per hospital) for the transfer.
- 3) The MMS then calls Metro EMS.
- 4) The MMS must clearly identify whether the transfer is for acute care, critical care or palliative care.
- 5) Metro EMS will review the Bed Bureau system to determine where the nearest available bed is available at a private facility.
- 6) MMS then calls the relevant identified representative at the private hospital group command centre, who will authorise the hospital transfer from the private side to the specific facility. Private hospital command centre contact numbers are listed in Annexure 1.
- 7) The private hospital group command centre will provide the name and contact details of the clinician who will accept the patient at the private hospital.
- 8) MMS informs EMS and arranges the transfer time.
- 9) The MMS informs the referring clinician and provides the accepting clinician's details.
- 10) MMS provides the clinician with the authorisation code, which must be included on the referral note.
- 11) The referring clinician and the accepting clinician discuss the case.
- 12) The referring clinician completes a referral note with the patient sticker, detailing the patient name, surname, Date of Birth, ID number, referring hospital and folder number together with the relevant clinical information. The auth code must be included in the referral note.

- 13) The patient is transferred by EMS to the approved facility via the Emergency Centre.
- 14) All patient belongings and valuables will be transferred with the patient.
- 15) The referring hospital will contact the family of the patient to inform them of the location of the patient.

2.3. Administration process at the referring facility

- 1) An administrative clerk discharges the patient on Clinicom and assigns the referral to the private facility.
- 2) On a daily basis, the relevant MMS will complete the details in an excel sheet with the approved authorisation codes and send this to Dr B Patel. (Annexure 2)
- 3) The information will be completed on SharePoint and the relevant Administrative Intermediary will also have access to SharePoint, which they need to check daily.
- 4) Admin at GSH will ensure that there is no duplication within 24 hours.
- 5) If the referred patient is a medical aid patient, then the private facility accepts the patient following approval from Mr Kathree and the Revenue section. The relevant hospital and AI will be informed accordingly.
- 6) If the referred patient is not on medical aid, then the patient will be managed as per the agreement.
- 7) Weekly reports are sent to the chairperson of the governance committee in terms of the agreement.

2.4. Clinical guidelines

- 1) Guidelines of care developed by the WCDOH are to be followed by the private clinician.
- 2) Charges will be levied in terms of these guidelines.
- 3) Any additional procedures, regarded as 'carve out' procedures, must be included on an approved list of procedures otherwise must first be discussed with the referring clinician before implementation.
- 4) The referring clinician approves the procedure and informs the relevant MMS.
- 5) MMS informs Dr Patel using the same Excel sheet.
- 6) This information is updated onto SharePoint, so that a separate tariff can be billed in this regard.
- 7) All activities to be cross checked prior to authorisation for payment.
- 8) The flow process is outlined in Annexure 3.

2.5. Information sharing

Mutual trust will be placed on the principle of transparent information sharing.

3. FUNCTIONALITY

- Clinicians from referring facilities
- Clinicians at the receiving facility
- Clinical Managers
- Hospital group coordinating team
- Administrative Intermediaries
- All relevant Administrative staff

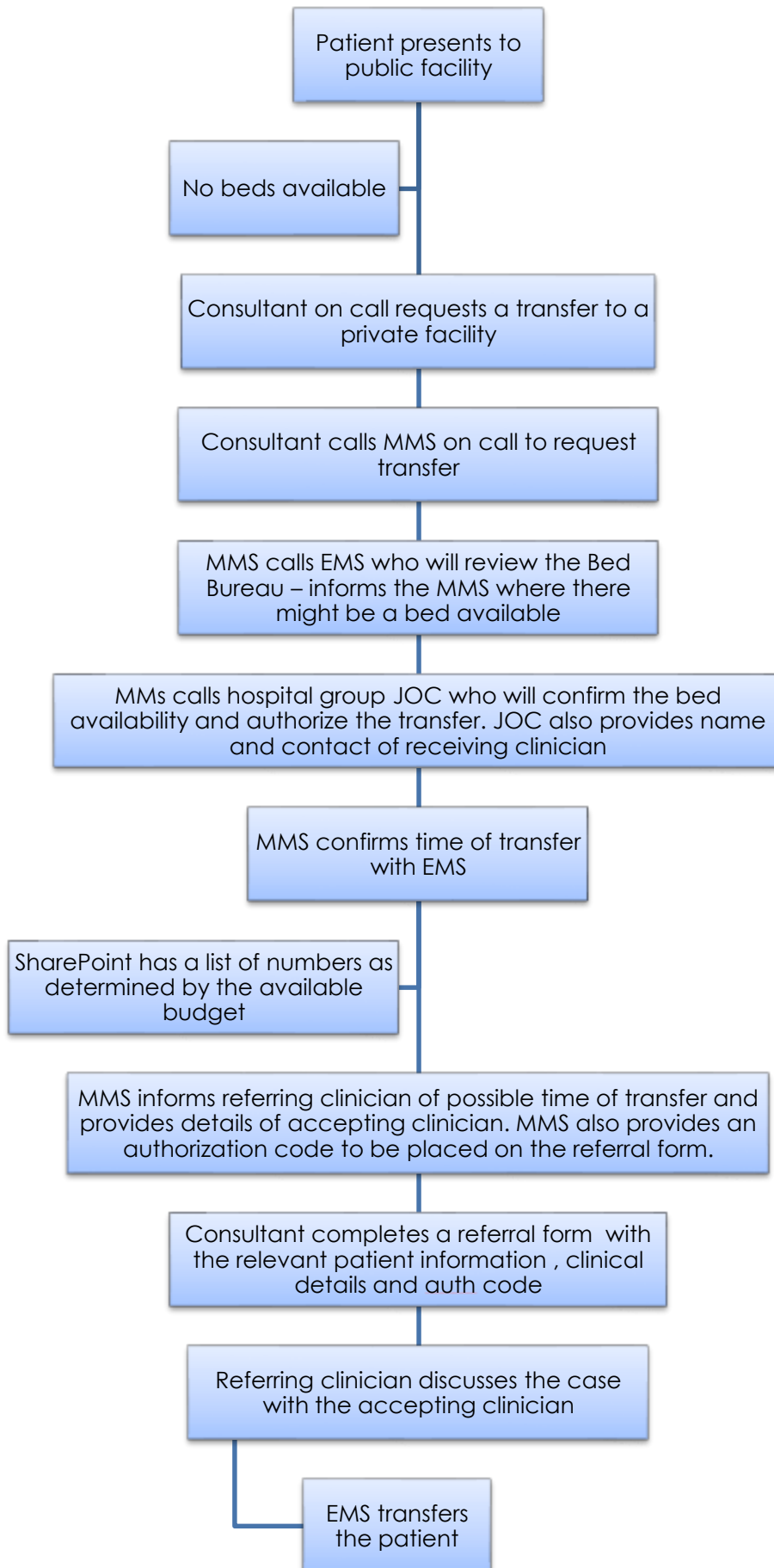
ANNEXURE 1: CONTACT DETAILS OF HOSPITAL GROUP CONTACT PERSONS ON CALL

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.

ANNEXURE 2: EXCEL SHEET TO BE COMPLETED BY MANAGER: MEDICAL SERVICES

Auth code	Name	Surname	Folder number	ID number	DOB	Referred from	Referred to
COV0004							
COV0005							

ANNEXURE 3: FLOW DIAGRAM



ANNEXURE 4: ADMINISTRATIVE PROCESS

