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**TO ALL SMS MEMBERS,  
COOS OF CENTRAL HOSPITALS,  
ADMINISTRATION INTERMEDIARIES AND  
PRIVATE PROVIDERS**

**CIRCULAR H 156 of 2020: REFERRAL, ALLOCATION AND ADMINISTRATION PROCESS TO TRANSFER and GOVERNANCE of 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.

This circular is an update of Circular H 131 of 2020.

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

Kind regards



**DR KEITH CLOETE**

**HEAD: WESTERN CAPE DEPARTMENT OF HEALTH**

**DATE: 23 JULY 2020**

# 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- *Palliative Care*: Where all active treatment is withdrawn, and the patient is kept comfortable in a ward setting.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.

#### Per the NDOH tariff pronouncement:

Provincial Departments must implement a **Joint Operations Committee (JOC)** responsible for authorisation to **refer** patients to Private Providers and to approve additional clinical procedures ('carve-out'). This is a clinician to clinician contact.

In the interim (until otherwise notified with fair notice) it is agreed by the JOC that carve outs specifically:

- Haemodialysis
- Blood Transfusion

which are causally related to Covid19 but are infrequent and not included in the Covid19 fixed Global Tariff for Critical Care:

and

- other Carve outs

are approved and may proceed and be processed by the Administration Intermediaries with the understanding that the clinician oversight and approval will occur as follows:

There will be an increased reliance on the Departments referring clinician to regularly follow up with the Private Providers and Private Clinicians as to the progress and status of the referred state patients

Reporting of all carve out procedures on Sharepoint with further oversight via the weekly JOC reporting structures

A renewed focus and reliance on relationships and trust between Public and Private Clinicians.

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
<b>Netcare</b>	Line 1 (011) 301 0387 Line 2 (011) 301 0401 Line 3 (011) 301 0174 Line 4 (011) 301 0419
<b>Mediclinic</b>	(021) 8616101
<b>Life Healthcare</b>	0800660602
<b>NHN</b>	Individual hospitals need to be contacted. EMS to provide details.

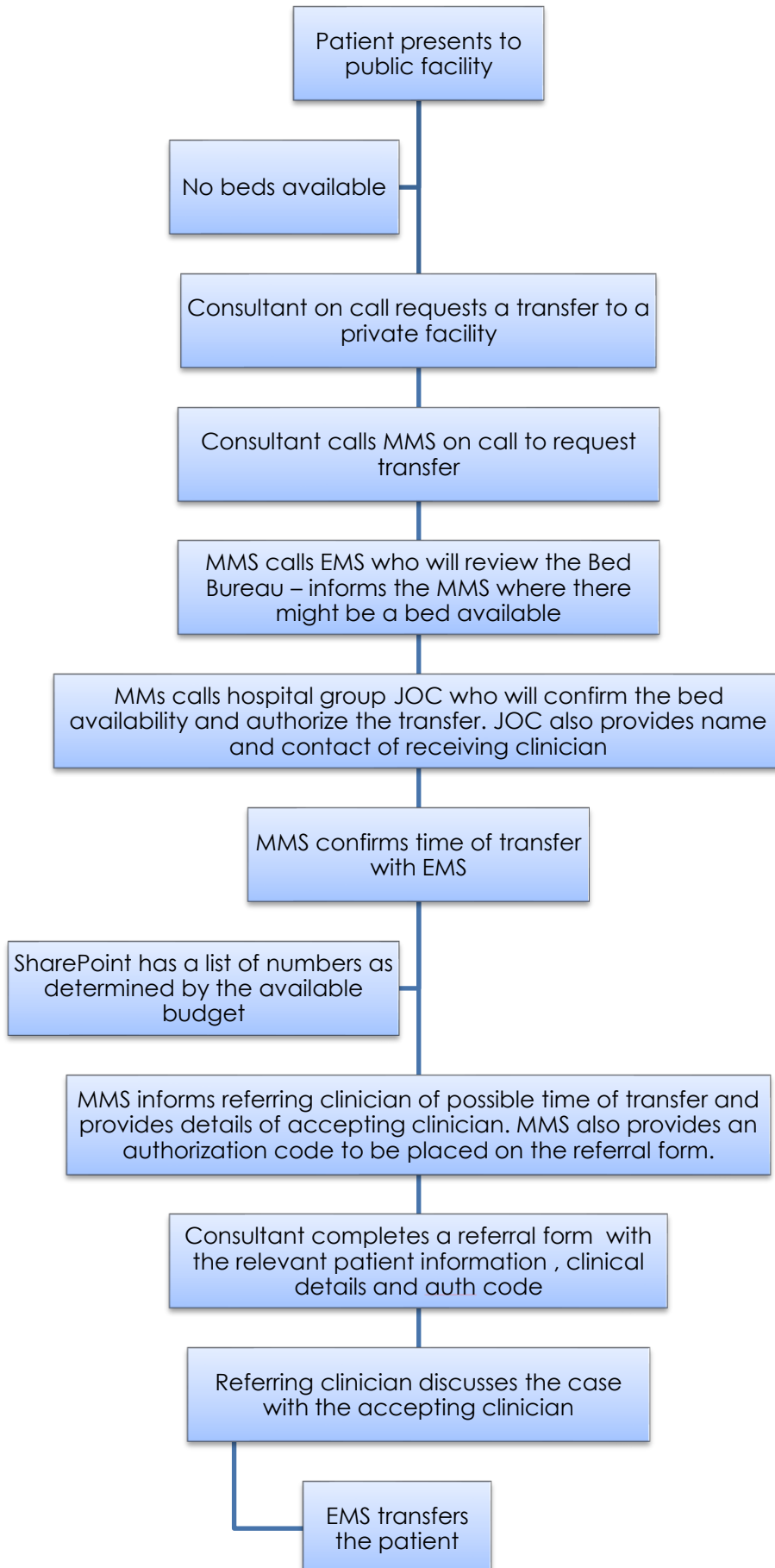
Facility Name	Address	Contact Name	Contact Telephone Number	email address
<b>Melomed Gatesville</b>	Clinic Road Gatesville 7764	Henry Hendricks	076 992 4701 021 637 8100	henry.hendricks@melomed.co.za
<b>Melomed Bellville</b>	Cnr Voortrekker & AJ West Streets Bellville 7530	James Van Vught	066 485 2466 021 948 8131	james.vangught@melomed.co.za
<b>Melomed Mitchells Plain</b>	Symphony Walk, Town Centre Mitchell's Plain 7785	Faizel Hendricks	073 610 7216 021 392 3126	Faizel.hendricks@melomed.co.za
<b>Melomed Tokai</b>	Cnr. of Main & Keyser Roads Tokai, Western Cape, 7945	Evan Swart	079 493 4877 021 764 7000	evan.swart@melomed.co.za
<b>Rondebosch Medical Centre</b>	85 Klipfontein Road Rondebosch 7700	Matron Williams Hospital Co-ordinator	079 387 2871 067 369 0268 021 680 5920	
<b>Busamed Paardevlei Private Hospital</b>	4 Gardner Williams Avenue Paardevlei Estate Somerset West 7130	Sr on call for the hospital	0822291561 – available 24 hours per day 021 840 6600	

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**

