

ENCLOSURE
KAVAN
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TELEPHONE
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REFERENCE
VERWYSING
IBALATHING

DATE
DATUM
UMHLA

Dr T.J Sutcliffe

483-3561

H 5/15/8

14 April 1997

PROVINCIAL ADMINISTRATION: WESTERN CAPE
Department of Health

PROVINSIALE ADMINISTRASIE: WES-KAAP
Departement van Gesondheid

ULAWULO LWEPHONDO: INTSHONA KOLONI
Isebe Lezempilo

CIRCULAR No H/35

TO : REGIONAL DIRECTORS
DIRECTOR : MEDICAL EMERGENCY SERVICES
HEAD : METRO CONTROL
HEADS OF INSTITUTIONS
HEADS OF LOCAL AUTHORITY HEALTH DEPARTMENTS
HEADS OF AMBULANCE SERVICES
HEADS OF PROVINCIAL AIDED HOSPITALS
PART-TIME DISTRICT SURGEONS

REFERRAL AND SUPPORT ZONES OF PUBLIC SECTOR HEALTH INSTITUTIONS IN THE WESTERN CAPE PROVINCE

1. In keeping with the development of a district-based health service in the Western Cape, and with the re-organisation of the health services which are currently underway, the Provincial Health Department will be implementing the following referral and support zones between the district, regional and supra-regional levels of the service with effect from 1 May 1997.

As far as possible, all disciplines are covered by the system. The main exception is Psychiatry which has its own well established system of referral and support zones.

2. This document must be read in conjunction with Circular H73/1996 dated 27 August 1996 entitled "Policy on Diversion of Ambulances".
3. The following general principles are to be applied :
 - 3.1 Specified suburbs and areas, with all their private and public primary care and district-level facilities, will refer patients to specified secondary care regional hospitals, as set out on the attached schedule.
 - 3.2 Specified secondary care regional hospitals will in turn refer patients to specified tertiary care supra-regional hospitals, as set out on the attached schedule.

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- 3.3 Each tertiary care hospital and secondary care hospital has an obligation to support its own lower level of referring areas and institutions in providing service and in the on-going development of skills of personnel in those areas or institutions. In turn, each primary and secondary care facility has an obligation to ensure that only appropriate cases are referred to the next level of care.
- 3.4 Even if "full", the receiving hospital will not turn down a reasonable and appropriate request, made through the correct channels.
- 3.5 Every effort must be made to ensure that emergency patients are referred to the most appropriate level of care. Ambulance staff are trained to identify the correct level of facility to which a patient should be transported. It is emphasised that no "Red" category patients may be turned away by any hospital.
- 3.6 Direct appropriate admissions to the tertiary hospitals can be arranged by general practitioners, primary care centres and district-level facilities only by personal arrangement with the relevant clinicians of the specialist departments at the tertiary hospitals.
4. In the implementation of this referral and support system, personnel are requested to act at all times in the best interests of the patient. It is essential that no one should "yo-yo" between various facilities. Furthermore, ambulances will not be permitted to deviate from the system unless appropriate arrangements as described in this circular have been made.
- 4.1 Patients referred within the primary/secondary/tertiary system as set out in the attached schedule, must be given a referral letter by the referring doctor. The department or unit to which the patient is being referred, must be written on the outside of the envelope so that the patient can be correctly directed on arrival at the hospital. In the case of emergency referrals requiring immediate attention at the receiving hospital, it is preferable that the referring doctor also informs the hospital telephonically of the referral. This will enable immediate preparatory arrangements to be made to accept the patient.
- 4.2 Apart from the need for a referral letter, direct telephonic arrangements, doctor to doctor, must be made in the following circumstances:-
- 4.2.1 Emergency referrals requiring immediate attention at the receiving hospital. This will enable immediate preparatory arrangements to be made to accept the patient.

4.2.2 Emergency referrals from regional hospitals i.e. secondary level care to tertiary level institutions. This will promote an opportunity for doctors to discuss the appropriateness of the referral, alternative management options, etc. The doctor on call for the appropriate department can be contacted via the telephone exchange of the tertiary institutions :-

Groote Schuur Hospital	404-9111 or 404-3333 (paging)
Red Cross Children's Hospital	658-5111
Tygerberg Hospital	938-4911 or 938-4485 (paging)

- 4.2.3 Patients referrals outside the system set out in the attached schedule may only occur if the referring doctor has liaised directly with the doctor who is requested to accept the patient.** This may apply when a primary level institution wishes to refer a patient directly to a tertiary institution, by-passing the designated secondary institution. It may also apply when a doctor wishes to refer a patient to an institution other than the one designated for that geographical referral/support area. In all these cases, the name of the doctor and the unit/department who has agreed to accept the patient as well as the unit/department must be written on the outside of the envelope containing the referral letter.
- 4.3** When a hospital has diverted ambulances for a department, i.e. trauma/emergency, the referral of patients for that department should follow the policy set out in Circular H73/1996. According to the policy, secondary referrals will go to the other secondary hospitals within the drainage area and tertiary referrals will go across the drainage area in the event of a tertiary institution having diverted ambulances.
- 4.4** If a receiving hospital receives an inappropriate referral of a patient who has previously been under treatment at that hospital, a referral letter with all relevant background information about the patient is to accompany the patient to his/her appropriate referral hospital. It would be in the best interests of the patient that he/she receive treatment at that hospital on that occasion and later be transferred to the appropriate hospital. This will prevent the misuse of the ambulance services at the expense of transporting emergency cases.
- 4.5** Where there are established referral/support systems in respect of specific disciplines which are inconsistent with the attached schedule, such systems are to continue until specific arrangements have been made to alter them. With regard to psychiatric referral/support systems, the current arrangements with the three psychiatric hospitals are to continue until these have been amended by agreement with the psychiatric services.

5. It is emphasised that, although the attached schedules have been the subject of lengthy discussion and eventual agreement between the different institutions, they will be subject to on-going evaluation and possible amendment as necessary. Any comments, proposals and problem areas should be brought to the attention of the relevant Regional Director or Chief Medical Superintendent.
6. Regional Directors and Chief Medical Superintendents of the tertiary hospitals are asked to communicate directly with referring doctors and institutions in their own drainage areas in order to establish the correct procedure. A specimen letter is provided as a basis for this communication.
7. Explanatory statements are being provided to the media.
8. Your co-operation in the implementation of the referral and support system is appreciated.



HEAD OF HEALTH

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PROVINCIAL ADMINISTRATION WESTERN CAPE
REFERRAL AND SUPPORT OF PUBLIC SECTOR INSTITUTIONS
PROVISIONAL & SUBJECT TO REVIEW AS CAPACITY OF INSTITUTIONS IMPROVE

PRIMARY CARE AREAS (DISTRICTS) (Includes Clinics, Community Health Centres and District Hospitals)	SECONDARY CARE HOSPITALS	TERTIARY CARE HOSPITALS
<p>Cilly Bowl (District 1) (West of Searle Street)</p> <p>Atlantic Seaboard (District 1)</p> <p>West Coast :</p> <ul style="list-style-type: none"> - Milnerton - Tableview <p>(District 4 west of N7 and north up to Vredenburg, Bloubergstrand and drained by R27)- Molkbossstrand</p> <ul style="list-style-type: none"> - Allantia - Maare - Vredenburg * - Saldanha* 	<p>Sommersel Hospital</p>	<p>Groote Schuur Hospital for Adults</p> <p>Red Cross Children's Hospital for Children</p> <p>Sommersel Hospital for Burns.</p>
<p>Pinelands</p> <p>Kensington (District 1)</p> <p>Langa (District 1)</p> <p>Bonteheuwel</p> <p>Fraserburg</p>	<p>Conradie Hospital</p> <p>Mowbray Maternity Hospital</p>	
<p>Mitchell's Plain (District 9)</p> <p>Strandfontein</p> <p>Gugulethu (District 3)</p> <p>Crossroads (District 3)</p> <p>Mantberg</p> <p>West Khayiksha (District 7) Interim</p> <p>Nyanqa</p> <p>Philippi</p> <p>Heideveld</p>	<p>G.F. Jooste Hospital</p> <p>Mowbray Maternity Hospital</p>	
<p>Alhione and Hanover Park (west of M7) (District 2)</p> <p>Southern suburbs (North of Welton Road)</p> <ul style="list-style-type: none"> - Woodstock (East of Searle Street) - Salt River - Observatory - Mowbray - Rondebosch - Claremont - Kenilworth 	<p>Direct to GSH for Adults.</p> <p>Direct to RCCH for Children.</p>	
<p>Southern sub-structure (south of Welton Road) (District 8)</p> <p>South Cape/Karoo *</p>	<p>Victoria Hospital</p> <p>Mowbray Maternity Hospital</p> <p>George Hospital *</p>	

14/04/97