



GOVERNMENT OF ODISHA
HEALTH&FAMILY WELFARE DEPARTMENT

No. HFW-MEII-COVID-0006-2021/ 11314 /H&F.W., Bhubaneswar, Dated 13-04-2021

From

Shri P.K. Mohapatra, IAS,
Additional Chief Secretary to Government

To

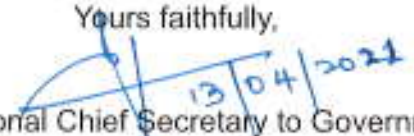
All Collectors & DM,
All Municipal Commissioners,
All CDM & PHOs

Sub: Advisory regarding the referral policy for Covid positive patients across districts.

Sir/Madam,

In inviting a reference to the subject cited above, I am to reiterate that due to the Covid pandemic resurgence, there is high and rapid rise of positive cases across the State. In order to streamline the referral of the critically ill patients to higher centers and to avoid the unnecessary overcrowding of patients at particular Covid Facilities and also to avoid the morbidity and mortality associated with transportation of patients, a Standard Operating Procedure for referral of Covid positive patients is enclosed (Annexure - A) which shall be followed scrupulously.

Yours faithfully,


Additional Chief Secretary to Government

Memo No- 11315 dated- 13-04-2021

Copy forwarded to MD, NHM / the Addl. DMET-cum-Chairman, Technical Committee, Covid-19/ all Govt. Medical Colleges & Hospitals / DHS, Odisha/ DPH, Odisha for kind information and necessary action.


Deputy Secretary to Government

STANDARD OPERATING PROCEDURE FOR REFERRAL OF COVID POSITIVE PATIENTS

In view of the resurgence of Covid-19 pandemic and high rise of patients, to manage the confirmed cases, each district has been equipped with Covid Facilities like Dedicated Covid Care Centers (DCCC), Dedicated Covid Health Centers (DCHC) and Dedicated Covid Hospitals (DCH) to prevent unnecessary movement of cases from one district to other so as to prevent community spread of the disease as well as decrease the load of such patients in one district. In order to prevent unnecessary crowding in certain Covid Facilities and to have a uniform patient load in different districts the following referral practice shall be followed.

A. Referral System:

- a. The facility that starts the referral process is called the **initiating facility**, and they prepare an outward referral to communicate the patient's condition and status.
- b. The facility that accepts the referred case is called the **receiving facility**.
- c. A **back referral** helps the initiating facility know what has been done which completes the referral loop between the 2 facilities. Its main goal is to improve and streamline communication among primary care physicians, secondary care specialists, and tertiary health care providers involved in a patient's care. Ultimately, the aim is to improve the overall quality of care being provided by increasing transparency, reducing operational inefficiencies, and enhancing existing processes for healthcare organizations both large and small.
- d. After the patient is cured it will be discharged as per the Government guidelines in force. The concerned district authority may take the patient and ensure home isolation as per the guidelines.

B. Referral mechanism inside a District.

- a. When a confirmed case is detected it shall be kept in an appropriate Covid facility like Covid Care Home (CCH) or Dedicated Covid Care Center (DCCC) when home isolation is not feasible. All the mild and very mild cases shall be kept only in such Centers and must not be kept in DCHC or DCH. Both the suspected and confirmed cases can be kept in such centers with separate arrangement for both so that no mixing occurs and may be allowed home isolation as per guidelines. It must be ensured that the oxygen saturation of patients is normal and for emergency, oxygen must be available in CCC for use till the patient is transferred.
- b. The Covid Care Centers and Covid Care Homes are mapped with a Dedicated Covid Health Center or Hospital. When a patient in a CCC develop symptoms it must be referred to a Dedicated Covid Health Center which are designed for management of moderate cases with separate arrangement for suspected and confirmed cases. When a

patient is detected with SARI or ILI like symptoms it must be placed directly in a DCHC instead of keeping in a CCC.

- c. When a case becomes severe in a DCHC or detected to be severe they can be placed in a Dedicated Covid Hospital which is designed for management of severe cases with HDU and ICU facility.
- d. In instances when there is no vacancy in a particular CCC or CCH of a district, the CCC or CCH in other districts in the cluster as enumerated in the **Appendix-1** shall be used for such patients till all the beds or facilities in the cluster districts are saturated or utilized. If need arises for referring a patient to Covid-19 facilities of districts other than cluster districts, it may be done by maintaining due procedure as stipulated in these guidelines.

C. Referral mechanism between districts:

When the facilities inside a district are filled up or when a patient requires a higher care, the case can be referred to a facility in other district after maintaining the following formalities.

- a. The Authorised Medical Officer of the concerned Covid facility shall intimate the Collector and CDM&PHO of own district regarding the status of the patient and need for referral to a facility in another district.
- b. If permitted, the AMO of the initiating Covid Facility shall contact the Authorised Medical Officer to which the patient is to be shifted with intimation to the State Level Authorised Officer. The contact details of the AMOs will be notified in the appropriate WhatsApp group.
- c. Before shifting the AMO shall gather the following information
 - i. Nature / condition of the patient / stability of the patient for shifting.
 - ii. Assess the nature of treatment required
 - iii. Decides the nearest possible Covid-19 Hospital to which the patient can be shifted.
 - iv. Contacts the Authorized Medical Officer of the receiving facility for availability of Facility (OT, Instruments, ICU, Ventilator etc) / Experts (Doctors) / Equipments & Instruments required for proper management of the patient.
 - v. Assess the availability of appropriate Ambulance (ALS /BLS)
 - vi. When required the experts (Faculty of Pulmonary Medicine, Critical Care, O&G, General Medicine, Orthopedic, Neurosurgery, Psychiatry or any other faculty as per case) are consulted along with the State Level Authorized Officer.

- d. Finally if suitable the Authorized Medical Officer of the initiating and receiving facility prepare for sending and receiving the patient.
- e. **Under no circumstances the patient of the initiating facility shall shift a patient**
 - i. Without informing the AMO of the receiving facility.
 - ii. If bed is not available in receiving hospital.
 - iii. If the patient is not stable and
 - iv. If the patient is not fit to travel in Ambulance.
- f. The documents like referral forms, appended to these guidelines, copy of case sheet, Covid test result must be accompanied with the patient.
- g. The AMO of the initiating facility shall intimate the time when the ambulance departed to the AMO of the receiving facility.
- h. The AMO of the receiving facility shall maintain a register regarding tentative arrivals of the referred patients and reserve the appropriate bed. It will prevent filling up of the bed by another patient while the ambulance reaches.
- i. The AMO of the receiving facility must ensure immediate admission of the patient and there shall not be any delay.
- j. After the treatment is completed the patient shall be shifted to the concerned initiating district for placing the patient in CCC or home isolation for another 7 days or as may be notified by Govt. from time to time in force and must be accompanied by details of treatment given.

D. Precautions before transfer:

- a. The detail vitals of the patient must be assessed so that the patient does not succumb on the way.
- b. Appropriate ambulance ALS/ BLS shall be used for such transfer.
- c. Patients on ventilator must be accompanied by an Emergency Medical Technologist or trained Pharmacist.
- d. The near relatives or attendant of the patient shall be clearly informed regarding the condition of the patient, to which hospital it is referred, why it is referred and probable outcome of such referral so as to get full cooperation from them and reduce unnecessary anxiety.

E. Responsibilities of the Receiving Facility:

- a. After getting information of referral from the initiating facility, the AMO must initiate preparedness for receiving the patient as soon as the ambulance arrives.
- b. The patient must be immediately admitted and taken to the bed. If the patient is ambulatory then he/she shall be welcomed with snacks, juice and drinking water bottles.

- c. The near and dears or the attendants are to be counseled and they must be appraised regarding the patient at regular intervals.
- d. Must ensure other protocols regarding Infection Prevention Control measures, cleanliness, sanitization, good food etc. The AMO shall take measures to avoid any mismanagement and report accordingly.

Appendix - 1

CLUSTER DISTRICTS FOR SMMOTH MANAGEMENT OF REFERRAL SYSTEM

Anugul Cluster	Angul
	Dhenkanal
Balasore Cluster	Balasore
	Bhadrak
	Mayurbhanj
Bhubaneswar Cluster	Khordha
	Puri
Bolangir Cluster	Bolangir
	Boudh
	Subarnapur
Cuttack Cluster	Cuttack
	Jagatsinghapur
	Jajapur
	Kendrapara
Ganjam Cluster	Ganjam
	Gajapati
	Nayagarh
	Kandhamal
Kalahandi Cluster	Rayagada
	Kalahandi
	Nuapada
Kendujhar Cluster	Kendujhar
	Deogarh
Koraput Cluster	Koraput
	Malkangiri
	Nabarangpur
Sambalpur Cluster	Bargarh
	Sambalpur
Sundergarh Cluster	Sundargarh
	Jharsuguda

Name of facility:		REFERRAL FORM				original / copy
Referred by:	Name:	Position:		Date of referral:		
Initiating Facility Name and Address:				Date of referral:		
Telephone arrangements made:	YES	NO	Facility Tel No.	Fax No.		
Referred to Facility Name and Address:						
Patient Name						
Identity Number				Age:	Sex: M F	
Patient address						
Clinical history						
Findings						
Treatment given						
Reason for referral						
Documents accompanying referral						
Name, sign & date:	Name:	Signature:		Date:		
Note to receiving facility: On completion of patient management please fill in and detach the referral back slip below and send with patient and send by email or any communicating media.						

-----<-----receiving facility - tear off when making back referral----->-----

BACK REFERRAL FORM			
Facility Name		Tel No.	Fax No.
Reply from	Name:	Date:	
(person completing form)	Position:	Specialty:	
To Initiating Facility: (enter name and address)			
Patient Name			
Identity Number	Age:		Sex: M F
Patient address			
This patient was seen by: (give name and specialty)			on date:
Patient history			
Special investigations and findings			
Diagnosis			
Treatment / operation			
Medication prescribed			
Please continue with: (meds, Rx, follow-up, care)			
Refer back to:			on date:
Name, sign & date	Name:	Signature:	Date:

REGISTER OF REFERRALS OUT

Date of referral made	Patient Name /sex (M or F)	Identity No.	Referred to (name of facility / specialty)	Referred for	Date of Back referral received	Follow-up required YES / NO	Follow-up completed YES / NO	Appropriate referral YES / NO

REGISTER OF REFERRALS IN

Date if referral received	Patient Name /sex (M or F) /age	Identity No.	Referred from (name of facility / specialty)	Referred for	Appropriate referral YES / NO	Summary of treatment provided	Date of Back Referral sent