

**SOKOTO STATE CONTRIBUTORY HEALTHCARE
MANAGEMENT AGENCY
[SOCHEMA]**

**REFERRAL GUIDELINE
(PRE-AUTHORISATION CODES FOR SOCHEMA)**

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Table of Contents

Section 1:
Introduction/Background/Purpose.....2
Section 2: Referral System.....4
Section 3 Authorization Code.....5
Section 4: Basic Referral Information.....6
Section 5 : Information Required for Referral.....7
Section 6: Conclusion.....8
Section 7 ; Referral Form.....9

Section 1

1.0 Introduction/Background/Purpose

SOCHEMA referral guidelines aim to help Health care providers to decide which tests and treatments are appropriate for their patients based on their presenting symptoms and previous medical history. Consulting the relevant referral guideline before a patient is referred on to a specialist service may mean that an appointment can be booked sooner and the outcome of their consultation is more conclusive. It can also eliminate the need to refer a patient where preliminary tests rule out the need for specialist intervention.

These SOCHEMA Referral Guidelines are intended to:

1. Improve maternity care safety and quality
2. Improve the consistency of consultation, transfer and transport processes
3. To give confidence to SOCHEMA members, their families and other practitioners if a primary health care or specialist consultation or a transfer of clinical responsibility is required
4. Promote and support coordination of care across providers.
5. Accountability and enhance patients tracking

Section 2

2.10 REFERRALS The process by which A SOCHEMA enrollees is transfer from a primary care provider transfer clinical responsibility to another practitioner in a secondary or tertiary Health care health facilities.

2.11. Levels of Referral

Entry into the Programme is via the Primary Healthcare Facility. At that level, treatment is administered as recommended by the guidelines. Cases that require Specialized attention are referred following the laid down guidelines from the Primary to Secondary and tertiary levels.

2.12 Need for Referral

Referral can be vertical or lateral. A patient may be referred from a Primary to a Secondary/Tertiary Service Facility or from a Secondary to a Tertiary Service facility due to need for specialized investigations, for medical/ surgical reasons or other services – diagnostic, physiotherapy etc. Approval by the SOCHEMA is necessary, except in emergencies and notification of such should be served within 48hrs.

2.14 Access to referral

Referrals should be to the nearest specialist as contained in the list of SOCHEMA accredited facilities in the area.

Section 3

Authorization Code

All authorization codes must be given within 24hrs of the requesting facility making contact with the SOCHEMA and when such requests are denied, the Health care facility (HCFs) must be notified in writing within 24 hours stating reasons for denial and copied to SOCHEMA.

a. In chronic conditions covered by the Scheme, the primary facility shall refer the patient to the requisite level of care. SOCHEMA shall generate an authorization code that would cover follow up visits until the patient stabilizes. The payment to the secondary/tertiary care facility for all follow up visits shall be borne by the SOCHEMA. See PPM.

b. All Facilities are expected to provide counseling as an integral part of quality care.

c. Authorization referral code covers enrollee's for 2 weeks then re-validation to ensure tracking and proper documentation.

d. There should be effective referral communication system with proper referral documentations and feedback from referred Health care facility.

f, Authorization code shall be It must be Pre-Authorized .

Section 4

4.0 Basic Principles of Referral

- a. A referral line must be established.
- b. There must be a clinical basis for referral.
- c. A referral letter must accompany every case.
- d. Primary care physicians are obliged to refer early enough to the next level of care.
- e. Personal and medical details must be contained in the referral letter.
- f. All investigations carried out at a lower level must be sent to a higher level.
- g. The outcome of a referral should be satisfactorily and properly documented.
- h. Referred cases must be sent back by the specialist after completion of treatment to the referring healthcare facility, with a medical report and instructions for follow-up management.

Section 5

5.0 Information Required for Referral

- a. Patient's name, gender, age, address and phone number

- b. Referral location (department/clinic)
- c. Patient's hospital number
- d. Patient SOCHEMA number
- e. Referring Healthcare facility's SOCHEMA unique identifier
- f. Referral date and time
- g. Clinical findings/investigations and results
- h. Treatment administered before referral
- i. Provisional diagnosis
- j. Reasons for referral
- k. The patient's authorization code
- l. Referring personnel's name, signature and phone number

6.0 Conclusion

Referral system should be a closed circuit communication to ensure proper enrollee management, thus guarantee quality health care, avoid leakage and enrollee's satisfaction.

REFERRAL FORM

DATE: _____

FROM (HEALTH FACILITY) _____

SOCHEMA REG. No. _____

REFERRED TO

PATIENT'S NAME _____

SOCHEMA ID No. _____

PATIENT'S TPA _____

TPA REG. No. _____

CLINICAL

FINDING: _____

INVESTIGATION _____

_____ -

PROVISIONAL

DIAGNOSIS _____

REASON FOR

REFERRAL _____

NAME OF REFERRING

DOCTOR _____ MDCN

No. _____

SIGNATURE & STAMP _____

DATE _____

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ACKNOWLEDGEMENT SLIP

RECEPIENT'S
FACILITY _____

PATIENT'S NAME _____ SOCHEMA ID

No. _____

ACTION

TAKEN: _____

DOCTOR'S SIGNATURE. DATE