COUNTY GOVERNMENT OF KAKAMEGA

DEPARTMENT OF HEALTH SERVICES REFERRAL POLICY

2019– 2030

2019

FOREWORD

The Kakamega County Health referral policy is anchored on the Kenya Health Policy 2014 - 2030. It is intended to ensure patients/clients, specimen and expertise movement in the County and beyond is in line with the Constitution of Kenya 2010 and Global Commitments under the County Government stewardship. The County's Health Strategic Plan 2018-2023 aims at ensuring that the County attains the highest possible standard of Health in a manner responsive to the needs of the population. This will only be possible through an effective and efficient referral system.It recognizes key issues spelt out in the Constitution of Kenya 2010 that includes; Equity, People-centered, participatory approach, Efficiency, Multi-Sectoral approach and Social Accountability in the delivery of health care services.This policy is cognizant of the fact that the County has serious challenges in the coordination, management, monitoring and evaluation of referral services in the County. It, therefore, seeks to address these challenges to ensure an effective and efficient referral system that is responsive to the need of the people of the county. The policy has addressed this comprehensively with a focus on the Kenya Essential package for health.It is my hope that this policy will bring long term solution to referral services challenges in this county. I urge all stakeholders and development partners to foster partnership and cooperate with the county Government in implementing this policy.

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ACKNOWLEDGMENT

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This policy document was successfully developed through the full support of the county government of Kakamega, with enormous contributions from the office of the CECM–Health, the Chief Officer Health services and Director Health services, Kakamega County .We appreciate the technical input from the County Health Management Team, Sub-county Health Management Teams and Hospital Management Teams, Kakamega County.Special thanks to all partners and stakeholders who participated in the process of development of this policy document including TupimeKaunti, KANCO, USAID/Afya Halisi, Red Cross E Plus and Jacaranda Health for their financial and technical support during the development and validation of this policy. We wish to recognize the Kenya School of Government (KSG) for the training and technical support offered to the LDG team on policy formulation and implementation that enabled the customization of this policy.

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.

LIST OF ABBREVIATIONS

A&E-Accident and Emergency

CECM- County Executive Committee Member

CHMT-County Health Management Team

CHU-Community Health Unit

CHV- Community Health Volunteer

EMR-Electronic Medical Record

HDU-High Dependency Unit

ICT-Information Communication Technology

ICU-Intensive Care Unit

JOOTRH-Jaramogi Oginga Odinga Teaching and Referral Hospital

KANCO-Kenya AIDS NGOs Consortium

KDHIS-Kenya Demographic Health Information System

KSG-Kenya School Of Government

KMHFL-Kenya Master Health Facility List

LDG-Leadership Development Group

M&E- Monitoring and Evaluation

MOH-Ministry of Health

MTRH-Moi Teaching and referral Hospital

PWD-People With Disability

USAID- United States Agency for International Development

WHO- World Health Organization

OPERATIONAL DEFINITIONS OF TERMS

Client movement

The actual client seeking an appropriate level of care at which his or her health needs are best addressed.

Client parameters movement

An indirect referral involving movement of client information for supportive diagnosis and management guidance to appropriate levels of the system. The scale-up of innovative ICT in the health services, particularly in the context of e-health scale-up, directly facilitates this form of referral.

Community services

Comprise all community-based demand-creation activities, organized around the Comprehensive Community Strategy defined by the health sector. Community-based referral mechanisms should exist to facilitate linkage with primary care services.

Consultation

A process of seeking specialized services by clients or health providers.

Counter-referral

A process of re-directing the referred patient back to the originating unit once the reason for referral has been resolved.

County Referral System

All the facilities in the county forms the county referralsystem, with specific services shared among the existing county referral facilities to form a virtual network of comprehensive referral services. Referrals are received from the following sources:

· Primary care facilities within the county referral area of responsibility

· Other county referral facilities in the county (horizontal referral)

· Community units that are linked to the county referral facility and for which the county referral facility provides primary care services

Emergency referrals

Referrals for emergency conditions that threaten life, limb, or eyesight

Expert

A trained health care provider who is an authority in a specific area of expertise

Expertise referral

The system of rotation and facilitation of health care providers' movement to reach patients in need of care in situations where it may be more efficient and cost effective. Expert referrals, including out-reaches, are used especially for non-emergency (scheduled) cases.

Initiating facility

Also referred to as the referring facility, an organization, service, or community unit that prepares an initial outward referral to communicate the client's condition and status.

National referral services

These include facilities that provide national referral services with specialized healthcare services, including hospitals, laboratories, blood banks, and research institutions. These facilities operate with a defined level of autonomy.

Non-urgent or routine referrals

Referrals for a second opinion, higher level investigation, and routine admission or management of a patient.

Primary care services

Comprise all dispensaries, health centres, (Level 2 and 3) and maternity homes for public and non-public providers. Their capacity will be upgraded to ensure they can provide the appropriate demanded services. Primary care services should manage referrals from communities and facilitate referrals to the nearest county referral facility.

Receiving facility

Organization, service, or community unit that accepts the referred clients or specimens from the initiating facility

Referral system

A mechanism to enable clients' health needs be comprehensively managed using resources beyond those available where they access care.

Specimen movement

A form of referral that involves movement of a specimen, usually for investigative purposes

Transfer

A process by which a client is moved from one facility to another for purposes of management

Urgent referrals

Referrals for conditions that may not threaten life, limb, or eyesight but require urgent attention to prevent them from becoming a serious risk to health

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CHAPTER 1: INTRODUCTION

1.1Background

A referral is the process where a healthcare worker at one level of care seeks the assistance in the form of medical products, equipment, and expertise from a different level of care. These types of assistance can be sought through referral of patients and clients, client specimens, medical products and expertise. Referral systems provide for a close relationship between all levels of care within the health system ensuring that the population receives comprehensive and quality health services closest to their homes. This ensures that patients and clients utilize services available at different levels of care appropriately hence optimizing on costs. Patients and clients can therefore access and utilize primary health services at primary health facilities and access timely specialist services where needed.

Globally, most countries have organized their health services to be provided in primary health care units and hospitals, where patients and clients are encouraged to be accessing the health system through primary care provision and be referred to other levels of care where necessary. In Kenya, the primary health services are offered at level 1 (community health units), level II (dispensaries) and level III (health centres). Such services are promotive and preventive health services including advocacy for uptake of health services, immunization services, reproductive health services, basic maternal and neonatal services among others. Level IV, V and VI (hospitals) offer curative and rehabilitative secondary health services which include medical management of different diseases and morbidities.

According to WHO, many countries are faced with challenges in the referral system where patients and clients bypass primary care and seek services directly from hospitals. Several studies have shown that perceived quality, drug stocks and costs are some of the reasons why patients and clients seek for services at higher levels of care. There are negative implications for this for the patients, clients and the health system. The patient spends more time and money to reach and access services from a secondary facility. The hospital suffers higher workload that could otherwise be handled at primary level which would free up their resources for management of cases requiring hospital services. Furthermore, where patients and clients require services accessible at other levels of care, physical access and/ or required movement for the patient and client may be a challenge. Kenya is no exception with regard to these challenges.

The fourth schedule of the constitution of Kenya 2010 highlights ambulance services as one of the key roles of the County Governments. Furthermore, the Health Act 2017 provides for emergency care and treatment services to be provided at all levels of health care. The Act further states that each County must have a referral hospital to provide care that cannot be provided at the lower levels.

While the Kenyan legislature has taken into account the need for emergency and referral services at county levels, Kakamega County lacks an overaching policy guiding the referral of patients/ clients, client specimen, medical products and expertise between different levels of care. This policy shall address this gap.

1.2 Situational Analysis

Kakamega County is one of the 47 counties of Kenya which borders Bungoma, Busia, Siaya, Vihiga, Nandi and Uasin Gishu counties. The county currently has 425 community health units translating to 99% coverage (Kakamega County Health Sector Strategic and Investment Plan, 2018-2023).

The health system in Kakamega County is organized around five levels of care based on the scope and complexity of services offered. The first level comprises 425 Community Health Units (CHUs) staffed by 4,250 Community Health Volunteers (CHVs) (KHIS November 2020).

Kakamega County has a total of 235 Level – II and 80 level –III health facilities (KMHFL, 2020) which offer primary health care services. These levels of care form the interface between the community and the higher-level facilities. The facilities offer basic outpatient care, minor surgical services, basic laboratory services, maternity care and limited inpatient facilities. They also coordinate the community health units linked to them.

In Kakamega County, there are 17 Level – IV and one level – V facilities with one upcoming teaching and referral hospital, (KMHFL, 2020) that form the county referral facilities and offer a broad spectrum of curative, rehabilitative, palliative services and medical training for various institutions.

Referral services offered are mainly from community units to primary care health facilities and from lower level health facilities to hospital through the ambulance system. As at 2021, the county had 9 contracted and 8government–owned ambulances. The contracted ambulances are

used in patient evacuation while the government–owned ambulances are used as utility vehicles due to their condition.

1.3 Statement of the problem

Referral services remain a key component in patient care. Self referrals as well as seeking primary health services at higher levels of care, remains a problem in the county. Furthermore, in cases where patients and clients are referred to hospitals for emergency care the average ambulance response time is at between 1-2 hours against the acceptable 30 minutes (EMS, 2018). The number of patients being evacuated with the acceptable response time of 30 minutes is at the average 51% (EMS, 2018). Access, timely evacuation, feedback to the referring facilities and movement of clients and patients are below the expected standards. However, according to Kakamega County Emergency Service delivery data of up to 2021 indicate improvement levels of the average ambulance response time of 49 minutes out of which 49% is within the acceptable time of 30 minutes.

The County referral system has been synonymous with the ambulance system and transfer of emergency patients. This has narrowed the scope of strategic investment in the referral services only in patient evacuation services leaving out other referral components such as expertise; patient and clients' parameters and specimens; and medical products movement.

According to the Kakamega County Emergency services data 2021, one third of the referral cases are made to hospitals outside the County because of limited expertise particularly in neurology, cardiology, nephrology, reconstructive and plastic surgery; and specialized equipment in areas such as radiotherapy, orthopedics and oncology among others. The other one third is usually maternity cases due to non-availability of blood and blood products; and inadequate operating theatres in some of the delivery facilities.

1.4 Objectives

To address gaps in referral services, this policy shall-

1. provide for timely referral and transfer of patients to the appropriate points of care for services regardless of the ability to pay;
2. develop and implement communication mechanisms between referring and receiving facilities;
3. improve the transfer of patients and clients' parameters, specimens, medical products and expertise between different levels of healthcare;

4. provide mechanisms that will ensure that facilities are able to provide services appropriate for each level and reduce and eliminate self-referrals
5. strengthen partnership for resource mobilization for County referral services

1.5 Vision

A premier referral system that efficiently, effectively, equitably and holistically meets the needs of the people of Kakamega County and beyond

1.6 Mission

To provide effective, timely and quality referral services

1.7Guiding Principles

This policy adheres to the Kenyan constitution 2010 and upholds the following principles:-

1. Professionalism
2. Confidentiality
3. Timelines
4. Efficiency
5. Quality Care

1.8Policy and Legislative Framework

Kenya has enacted several pieces of legislation and policies to provide a framework for the referral system.

The Constitution of Kenya, 2010

Articles 43 (1)(a) and (2) provide that every person has a right to the highest attainable standard of health, including the right to health care services, and emphasizes access to emergency treatment for all.

Kenya Health Act, 2017

This Act establishes a unified health system, coordinates the interrelationship between the national government and county government's health systems, and provides the regulation of health care services, health care service provider and health technologies.

Kenya Vision 2030

Vision 2030 is Kenyan's development blue print with the aim of turning the country into a globally competitive and industrialized country by focusing on several agenda including the delivery of health services

Kenya Health Policy 2014-2030

This provides for policy formulation and programme implementation in Kenya towards the actualization of all the health related goals of the government of Kenya.

Kenya Health Sector Strategic and Investments Plan 2018 -2023

It provides a framework for investing in primary health care following the Astana declaration on primary healthcare. It also identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreak.

Kenya Emergency Medical Care Policy 2020-2030

This seeks to establish a working Emergency Medical Care System as a key component of the healthcare system and as an enabler to achieving Universal Health Coverage.

Kakamega County Health Sector Strategic Plan 2018 – 2023

It is a 5 year planning framework for the county department of Health Services which explains the strategic objectives of the department including how to improve and promote community health services.

CHAPTER 2. KAKAMEGA COUNTY'S REFERRAL SYSTEM POLICY OBJECTIVES AND DIRECTIONS

2.0 Policy Objectives and Directions

2.1Timely referral and transfer of patients and clients to the appropriate point of care for services regardless of the ability to pay

Health care comprises of multi-disciplinary services, with different specializations. These services are available at appropriate levels of care in the county, in other counties or at national referral hospitals. To facilitate timely universal access to the appropriate health care services, it is important to have a strong mechanism for patients and clients' referral across the levels of care.

2.1.1 Key Issues

a) Inadequate coordination mechanism including dedicated center, staff, communication infrastructure, guidelines and up to date directory for hospitals' contacts and services offered.
b) Inadequate patient evacuation capacity including enough ambulances and adequately equipped comprehensive ambulance management system.

2.1.2 Policy Directions

The County Government of Kakamega shall-

a) Put in place adequate coordination mechanism including dedicated center, staff, communication infrastructure, guidelines and up to date directory for hospitals' contacts and services offered.
b) Put in place adequate patient evacuation mechanism including enough ambulances that have skilled staff, are adequately equipped and a comprehensive ambulance management system.

2.2Develop and implement communication mechanisms between referring and receiving facilities

To improve pre- referral management, referring practices and ensure continuity of care, there is a need for facilities to communicate regarding referred patients and clients..

2.2.1Key Issues

a) Weak feedback mechanism to referring facilities on client management and outcomes.

b) Weak feedback mechanism to the source and/or primary health level for continuity of care for clients after discharge from referral facilities.

c) Lack of data base for referral.

2.2.2 Policy Directions

The County Government of Kakamega shall-

a) Establish an electronic referral system linking all health facilities for efficient exchange of referral data and maintenance of a referral data

2.3 To improve transfer of specimens, medical products and/or expertise between different levels of healthcare.

Better health outcomes leverage on the continuum of care. This entails seamless transfer of specimens; and expertise between different levels of healthcare system

2.3.1 Key Issues

a) No dedicated mechanism for moving samples and medical products

b) No payment structure for the referred samples

c) Weak reverse referral systems for specialist staff.

2.3.2 Policy direction

The County Government of Kakamega shall-

a) Establish an effective mechanism for moving and management of samples and medical products

b) Establish a mechanism for management of expertise.

2.4 provide mechanisms that will ensure that facilities are able to provide services appropriate for each level and reduce and eliminate self-referrals

Different levels of care are required to provide specific comprehensive services. This will enable patients and clients to utilize services at appropriate levels of care

2.4.1 Key Issues

a) Inadequate human resource, infrastructure and health products and technologies.

2.4.2 Policy direction

The County Government of Kakamega shall-

a) Progressively ensure provision of adequate human resource, infrastructure and health products and technologies at all levels of health care.

2.5To strengthen resource mobilization for County referral services

Inadequate financing for referral services poses a challenge in ensuring proper functioning of the referral system.

2.5.1 Key Issues

a) No budgetary allocation for movement and management of specimens; health products and technologies; and expertise.
b) Weak resource mobilization strategy to support referral service

2.5.2 Policy Direction

The County Government of Kakamega shall:

a) Increase budgetary allocation to support the management of referral services
b) Establish mechanism to improve resource mobilization by strengthening stakeholder coordination

CHAPTER 3. POLICY IMPLEMENTATION

This chapter details the roles of various offices and committees to successfully implement this policy.

3.1 Organizational Structure

The following levels of the County Government's organizational structure will contribute towards implementation as detailed below.

3.1.1 Office of the Governor

H.E the Governor holds the vision of this policy to serve the people of Kakamega. Implementation of this policy is on behalf of the office the governor.

3.1.2 County Executive Committee

The county executive committee shall guide stakeholder engagement in the implementation of this policy by providing a conducive political and institutional environment.

The county executive committee member for health shall be the the custodian of this policy and shall guide its overall implementation

3.1.3 County Assembly

The County Assembly shall ensure enactment of appropriate laws that will support efficient delivery of referral services. It shall also facilitate resource allocation and provide oversight for implementation of this policy

3.1.4. County Government Department of Health Services

The Department of Health shall develop and implement referral guidelines that are informed by this policy. It shall also carry out activities in compliance to the referral policy and guidelines.

3.2 Stakeholders

3.2.1 Partners

The partners shall adhere to the directions provided by this policy and any other laws and/ or guidelines informed by this referral policy

3.2.2 Residents of Kakamega County

The residents of Kakamega County shall act in a manner that upholds the directions provided by this referral policy

3.3 Implementation

This policy will be implemented through-

a) Kakamega County Health Act 2020

b) Referral Guidelines

CHAPTER 4: MONITORING AND EVALUATION

This policy will be implemented through the county referral guidelines. Thus monitoring will assess the progress of implementation of planned referral services interventions. Periodic evaluations will be conducted to assess effectiveness of the interventions.

To inform the implementation of the referral policy and the functioning of the health referral system, monitoring and evaluation plan will be developed in collaboration with all stakeholders. The following monitoring template will be used to track implementation progress.

Output/ Outcome	Indicator	Target	Data Source	Frequency of Data Collection	Person Responsible

Key performance indicators for tracking will be selected based on validity, reliability, availability and/ feasibility of collection and relevance.

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5. Dr Collins Matemba – County Executive Committee Member – Health
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7. Dr Mike Ekisa – Head Division Health Programs
8. Dr ArtherAndere – Former Director Partners Coordination
9. Dr Zimbulu – Medical Superitendent - Kakamega County General Hospital
10. Mrs Jacinta Angote – Head Division Nursing Services – Kakamega County
11. Mrs. AmeldaBarasa – Reproductive Health Coordinator – Kakamega County
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25. Dr Wanjala – Medical Officer Incharge St. Marys Hospital - Mumias
26. ReginataAroko – Matungu Sub-County Public Health Nurse
27. Dr Moses Okware – Medical Superitendent – MalavaSubCounty Hospital
28. Dr Were –Subcounty Medical officer of Health Shinyalu
29. Gregory Brian Onyango – KANCO Representative
30. Temesi Munyendo – USAID/Afya Halisi Representative

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ANNEXES I

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF KAKAMEGA

DEPARTMENT OF HEALTH SERVICES

Newborn Referral form
(To be completed in triplicate)

Complete for all newborns requiring admission to the Newborn Unit

Date...(dd/mm/yyyy) Time.................................am/pm
TYPE OF REFERRAL - Emergency/Urgent/Routine. **LOCATION -** Local/Intercounty/Overseas

Ambulance Dispatch Centre Called YES/NO---------------Date-------------------------Time-------------

Mother's details										
Name		**Age**		**IP No.**						
Residence		**Sub-County**		**County**						
Parity	+	**Gestation**	wks	**LMP**	dd/mm/yyyy	**EDD**	dd/mm/yyyy			
Gravida		**No. of Visits**								
Type of pregnancy		**Single**		**Multiple**		**Others**				
Presentation of Foetus										
Interventions	**TT**		**IPT**		**Iron Suppleme nt**		**ITN**		**ARV**	
ANC attendance	Y□N□	**Blood Grp**	A□B□AB□O□unkn□	**Rhesus**	Pos□Neg□unkn□					
VDRL	Pos□Neg□unkn.□	**PMTCT Status**	Pos□Neg□unkn.□	**Mother ARVs**	Y□ N□					
Diabetes	Pos□Neg□unkn.□	**Current TB treatment**	Y□N□ unkn.□	**Antibiotics**	Y□ N□					
Fever	Y□N□	**APH**	Y□N□	**Multiple PG**	Y□N□ ***if YES number? =***					
HTN in Pregnancy	Y□N□ unkn.□	**Pre-eclampsia**	Y□N□	**Eclampsia**	Y□N□					
Any other maternal condition										
Current Maternal Drugs										
Delivery										
Labour	**1st Stg**	hr	**2nd Stg**	min	**ROM**	<18h□>=18h□unkn.□				
Date of Delivery		**Time of Delivery**		**Partograph Use**						

Fetal Distress	Y□N□	Thick Meconium	Y□ N□ If yes, Meconium grade? 1□ 2□ 3□
Delivery	SVD□CS□Breech□ Vacuum□ Forceps□FTP □	*If CS, type?*	Elective□ Emergency□
Reason for Emergency CS			

BVM Resuscitation?	Y□N□	Placenta Complete?	Y□N□	Abnormal Placenta?	Y□N□
Specify Placenta Abnormalities					

Preventive care given	OPV	Y□ N□	BCG	Y□ N□	TEO	Y□ N□	Vit K	Y□ N□	CHX	Y□N□
Outcome of the Mother										

Infant's Details

Date of Birth	(dd/mm/yyyy)	Sex	F□M□Indeterminate□	IP. No	

Apgar	1m	5m	10m	Birth Wt.	grams	Weight now	grams

Baby from postnatal ward?	Y□N□*if Yes Fill in Age and* BBA	Age	days	hrs.
Born outside this facility?	Y□ N□*if Yes, born where?* Home/Roadside□Other facility□			

Reasons for referral to NBU

Completed by: (Referring Officer		Designation		Sign	

Handed over to Ambulance crew by Name--Design------------------Time----------------

Received by (Paramedic)-------------------------------------Veh. Reg..No.--------------------Sign-----------------------------

Time of Arrival------------------------Odometer reading-----------------------------Time of Departure ----------------------

Receiving Institution--

Condition of pt. on arrival. Temp------------Pulse-----------Resp----------Bp---------- SPO_2--------GCS /AVPU----------

Baby received on NBU by:--------------------------------Design---------------------------------Sign------------------------

Time……………………………am/pm

Remarks---

ANNEX II

PATIENT/CLIENT REFERRAL FORM (To be filled in triplicate)

TYPE OF REFERRAL - Emergency/Urgent/Routine**. LOCATION -**Local/Intercounty/Overseas

Ambulance Dispatch Centre Called YES/NO---------------Date-------------------------Time--------

Name of patient---Age-------Sex----Residence -----------------

Consent for Referral: I understand **r**eason for referral which has been explained to me. Sign----

NEXT OF KIN/ACCOMPANIED BY

Name----------------------------Relationship------------------Contact--------------- Sign--------------

Referring facility/Location (Specify)---------------------------------Referred to---------------------

History--
Vital Signs--
Investigations---
Diagnosis---
Previous management---
Reason for referring/Recommendation---

Referring Officer --------------------------------------Design--------------------Sign-----------------

Handed overby Name---Design-------------------Time---------

Received by Name---------------------------------------Veh. Reg.No.-----------Sign------------------

Time of Arrival-------------------Odometer reading---------------Time of Departure -----------

Receiving Institution---

Condition of pt. on arrival. Temp-------Pulse-----Resp------Bp---- SPO_2--------GCS /AVPU---------

Received by------------------------------Design----------------------Sign--------------Time--------

Remarks--

Patient Admitted to----------------------------------- IP/No---

Nurse handing over----------------------------Sign-----------------------Date-------------Time------

Admitting Nurse/Doctor/Clinician---------------------------Sign------------Date------------time----

ANNEX III

NAME OF FACILITY-------------------------------------SUBCOUNTY------------------------------

Proposed Referral Register

No	Date	Time Dispatch informed	Pt's name	A G E	S E X	Dx	Reason for referral	Receiving facility	Time receiving facility informed	Contact person	Referral processed by	Time Amb. Arriv

ANNEX IV

REFERRAL PROCESS