



**GOVERNMENT OF KERALA**

Abstract

Health & Family Welfare Department - Medical Education Service -Referral System in Government Medical College Hospitals - Implemented - Orders issued

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**HEALTH & FAMILY WELFARE (S) DEPARTMENT**

**GO (MS) No. 391/2009/H&FD Dated, Thiruvananthapuram, 14.11.2009**

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- Read: 1. Minutes of the meeting held by the Hon. Minister (H&SW) with officials of the Health Department on 20.10.2009 regarding the implementation of Referral system in Government collegiate Hospitals
2. Letter No E4/ 14163/2009/MCTCR dated 16.10.2009 and 23.10.2009 from the Principal, Government Medical College, Thrissur
  3. Letter No. E5 9019/2009/TDMCA dated 11.11.2009 from the Principal, Govt. Medical college, Alappuzha.
  4. Letter No. E1/ 14046/2009/MCC dated 29.10.2009 from the Principal, Govt. Medical college, Kozhikode.
  5. Letter No. E6/14909/2009/MCK dated 26.10.2009 from the Principal, Govt. Medical College, Kottayam.
  6. Letter No. C1/16801/2009/DMO (H) A dated 12.10.2009 from the District Medical Officer, Alappuzha.
  7. Letter No. C1/14856/2009/DMO (H) dated 23.10.2009 from the District Medical Officer, Thrissur
  8. Letter No. C1/10281/2009 dated 05.11.2009 from the District Medical Officer(H), Kottayam.
  9. Letter No. C1/ 2669/2009/DMO(H) dated 07.11.2009 from the District Medical Officer, Thiruvananthapuram
  10. Letter No. F4/ 226942009/DME dated 03.11.2009 from the Director of Medical Education, Thiruvananthapuram

**ORDER**

Government have taken several steps to strengthen the Public Health care system in Kerala including general health care and medical education system. As a result a well established net work of public hospitals exists in the state. All Grama Panchayaths have Primary Health Centres. There are also well functioning Community Health Centers, Taluk Hospitals, District Hospitals/ General Hospitals in all Districts which are capable of providing secondary and tertiary care. Government Medical collegiate hospitals are envisaged to provide tertiary care in the form of Speciality and Superspeciality treatment to the needy patients. At present there are five Government Medical Colleges in the state imparting quality Medical Education to Under Graduate and Postgraduate level students.

Government Medical Collegiate Hospitals have been declared as Referral Hospitals years back. But in due course of time the referral system got diluted and the collegiate hospitals have become overcrowded by having to provide treatment for common ailments to the patients directly approaching these hospitals for the treatment of common diseases without utilizing the facilities available in nearby Primary and

Secondary level Hospitals. Hence the real benefit of Referral System could not reach to the public. This has created a chaotic situation in many of the Collegiate Hospitals and the patient load in these tertiary care Hospitals has gone far beyond their capacities. Studies have shown that a good proportion of the patients coming to the Government Medical Collegiate Hospitals have only common diseases which can be treated in the peripheral hospitals.

The main objectives of the Collegiate hospitals are to give Speciality/Super Speciality treatment for the required patients referred from primary and secondary care hospitals and to complement the medical, nursing and para medical education to the students. But due to the lack of Referral System and over crowding, proper speciality and superspeciality treatment could not be provided to the needy patients. In Government Medical Colleges, more stress has to be given to teaching, research and Speciality and Superspeciality treatment, in order to achieve the objective of the Government to develop this institutions as Centres of Excellence. For this purpose, Government Medical Collegiate Hospitals will have to be made Referral Hospitals in its proper sense. This will be done in a phased manner without hampering medical attention to the patients in any manner.

In the circumstances, all Government Medical Collegiate Hospitals in the State are declared as Referral Hospitals w.e.f 16.11.2009. The Medical Collegiate hospitals under the Directorate of Medical Education and Government Hospitals of various categories / names under the Directorate of Health Services in each district will function as a network in an integrated manner to provide all medical care to the patients. The detailed guidelines and features of the Referral system are Annexured to this order.

A State level monitoring Committee and District level monitoring committees will be formed as envisaged in the Annexure to monitor the implementation of the Referral System in Government Medical Collegiate Hospitals.

By Order of the Governor  
Dr. Usha Titus  
Secretary to Government

To

The Director of Medical Education, Thiruvananthapuram  
The Director of Health Service, Thiruvananthapuram  
The Principals, All Government Medical Colleges  
The Superintendent of all Affiliated Collegiate Hospitals  
All District Medical Officers (H)  
The Superintendents of all General Hospital / District Hospital / Taluk Hospitals  
The Medical Officer in all Primary Health Centers / Community Health Centres  
The State Mission Director, NRHM, Thiruvananthapuram  
All District Programme Managers, NRHM  
The Director of Public Relations, Thiruvananthapuram  
All Departments in Health & Family Welfare Department  
Stock file / Office Copy.

Forwarded / By Order

Section Officer

**ANNEXURE TO GO (MS) 391 /2009/H&FWD DATED 14.11.2009**

**Annexure - A**

**GUIDELINES AND FEATURES OF THE REFERRAL SYSTEM IN GOVERNMENT  
MEDICAL COLLEGE HOSPITALS IN THE STATE.**

The referral system in Government Medical College Hospitals in Thiruvananthapuram and Kozhikode was introduced many years back. But in due course of time, the system got diluted and the Government Medical College Hospitals also started treating common ailments which can be managed in Primary and secondary care Hospitals and the benefit of specialist tertiary care was denied to the patients who need it, due to overcrowding in Collegiate Hospitals, treatment. Studies have shown that a good proportion of the patients coming to the Medical Collegiate Hospitals have only common diseases, which can be managed in the peripheral hospitals. This has also resulted in low utilization of resources at the peripheral hospitals. In order to ensure adequate treatment to all the patients who access public hospitals in a cost effective manner in general and to those who approach Collegiate Hospitals in particular, the Collegiate Hospitals should be made referral hospitals in the strict sense.

2. There is a well functioning network of peripheral health care institutions throughout Kerala. The main objectives of the Medical Colleges are to impart education to the Medical Under Graduate and Post Graduate students and to undertake medical research related activities apart from the objective of providing Specialty and Super Speciality treatment for the needy patients. The introduction of a proper referral system in Medical Collegiate Hospitals along with co-ordinated functioning of Primary and Secondary Care Hospitals under the Health Services department is imperative to achieve these objectives.

## **Referral System - Definition**

4. Referral System is a system by which a patient, seen by a doctor at a place of his/her convenience or hospital, is referred to a higher level hospital to avail of specialized consultation, medical care and ancillary services, which the doctor / lower level hospital is unable to provide. The Referral System enables doctors working in the primary and secondary care centers to obtain expert opinion with regard to diagnosis and management of difficult clinical problems from specialist doctors working in Collegiate Hospitals. The cardinal feature of this system is that the individual patient continues to be attached to the doctor whom he/she consulted first. Those who take admission in the Medical college Hospital are sent back after treatment to the first doctor/hospital with proper advice and guidance for follow up. In some case, referral may be resorted only for getting diagnostic services (lab/scan etc) available in the higher hospital and thereafter treatment may be done at the lower level hospital itself. The doctors working in the collegiate hospitals should ensure that clear-cut instructions be given to the patients on back referral. However review at tertiary care centers would be available for those patients who need to be reviewed in collegiate hospitals. Thus the referral system would facilitate proper utilization of resources available at various levels of health care. The referral and back referral would also facilitate continuing education of doctors which is essential for quality health care delivery. The referral system would also encourage effective communication between doctors at various levels.

5. The referral process does not mean simply transferring a patient from a lower hospital to a higher hospital or to transfer back the patient from a higher hospital to lower hospital. Patients may be referred to Collegiate Hospitals by Doctors who are practicing Modern Medicine. Reasons for referral and the details of diagnosis shall be specified in the referral card/letter. An effective referral system requires good communication and co-ordination between levels of care and support from higher level to lower level to help manage patients at the Primary and Secondary Care Hospitals. Hence the Superintendents/Principals/Doctors in Medical collegiate hospitals concerned will work in coordination with the primary and secondary care and district hospitals. The Collegiate Hospitals should offer significant support to personnel at the lower level and

Specialist doctors in the Medical Colleges should ideally be able to spend time for providing advice and support beyond the four walls of their own hospitals, either in person or through various modes of communication.

**6. The dimensions of the referral support functions shall include the following:**

- Specialist's advice to the patient and his/her local medical practitioner on post discharge care.
- Specialist advice on the long-term management of chronic conditions.
- Specialist attendance at lower level facilities through regular outreach clinics.
- Provision for expert diagnosis or consultation through telemedicine/e-mail/web/other mode of communication.
- Co-ordination of the development and training in the use of clinical protocol and referral protocols.
- Provision of technology support by skilled personnel.
- Quality assurance and quality improvement.
- Research and innovation

**7. Arrangements at the Collegiate Hospitals**

- Speciality OP's shall run either in the forenoon or afternoon depending on availability of space in the various centers.
- Each hospital shall display the list of various clinics run and their timing.
- Back referral shall be put in place.
- Local OP Clinic shall be continued / introduced along with the Referral OP System, for the benefit of the residents of the villages/wards adjoining the medical collegiate hospitals and for the staff in these hospitals.
- No referral is required for Casualty /Emergency Services, operating in 24 hours basis.
- All patients including accidents and emergency cases can directly access the Casualty/ Emergency Services units in all Government Medical Collegiate Hospitals, as done at present.
- The Specialty and Super Specialty doctors will be available for 24 hours on call duty by rotation, as is the practice now.

- Regular Medical Officers will be posted for duty in Casualty units on Rotation basis.
- All Junior and Senior Residents posted in Casualty will be under the control of the Duty Medical Officer in Casualty.
- The Medical Collegiate Hospitals and the Primary/Secondary/Tertiary level hospitals in their feeder areas shall work in an integrated manner as a network.
- List of peripheral hospitals in the network shall be published in front of the medical collegiate hospitals.
- The timing of issue of OP tickets will be clearly displayed.
- Suburban and Rural Health Centers attached to Medical Collegiate Hospitals shall be strengthened.
- Junior Residents / Senior Residents / House Surgeons shall be posted in Primary and Secondary Care Hospitals subject to availability, on the basis of requirement on rotation basis, on the basis of the decision of the concerned District co-ordination committee.
- Registry system is to be instituted once the referral system is in place.
- The feasibility of academic activities for Under Graduates / Post Graduates being carried out in secondary care hospitals are to be explored, once the referral system is in place.
- The OP clinics will be rearranged as Specialty/Super specialty wise.
- OP/Casualty registration in all the Government Medical Collegiate hospitals will be computerized within two months, by adopting the software implemented in Medical Collegiate Hospital, Thiruvananthapuram. The necessary expenses for this including for purchase of computers printers etc shall be met out of HDC funds.

**The Specialty OP Clinics will be as follows:**

General Medicine (and sub specialties/units)

General Surgery  
Obstetrics & Gynaecology  
Paediatrics (and sub specialties/units)  
Pulmonary Medicine  
Psychiatry  
Dermatology & Venereology  
Orthopaedics  
Infectious Diseases  
Radiodiagnosis  
Radiotherapy  
ENT  
Nuclear Medicine  
Physical Medicine & Rehabilitation  
Ophthalmology

**The Super Specialty OP Clinics will be as follows:**

Cardiology  
Neurology  
Nephrology  
Gastroenterology (Medical)  
Neuro Surgery  
Plastic & Reconstructive Surgery  
Genito Urinary Surgery  
Surgical Gastroenterology  
Cardio Vascular & Thoracic Surgery  
Paediatric Surgery etc.

**8. Casualty / Emergency Services**

- The Casualty/Emergency Services will function round the clock as of now.
- The Casualty Services will be under the control of Assistant Professors / Associate Professors/ Additional Professors / Professors on rotation wise

and Unit wise. Nobody can be exempted from Casualty duty on the basis of seniority and designation.

- Senior Residents / Junior Residents and other Junior Doctors will be under the control of Duty Medical Officers in Casualty. They shall be pooled from various departments and shall take 12 hours stay duty on Casualty unit on rotation wise. For Residents, duties and responsibilities mentioned in the Residency manual will also be applicable.
- The Casualty Operation Theatre will be under the charge of Duty Anesthesiologists. (Assistant Professor / Associate Professor). The Priority queue will be organized by the Duty Anesthesiologists for the surgeries in the Emergency Operation theatre. The Surgical units shall liaise with Anesthesiologists to prioritise the cases.
- The Head Nurse in Casualty theatre (Emergency theatre) shall maintain Registers and Operation Theatre Records.
- The Duty Medical Officer shall prepare a list of seriously ill patients and hand it over to Assistant Professors/ Associate Professors / Unit Chief in the Ward before she/he leaves on completion of her/his duty turn.
- Emergency lab services will be provided round the clock by the departments concerned.

## **9. ROUTINE DUTY HOURS OF THE CLINICAL FACULTIES.**

- 1) The timings of the faculties in Clinical side will be 8.00AM to 3.00PM, including lab and Blood Bank.
- 2) The timings of the Non- Clinical and Para Clinical Faculties will be 9.00AM to 4.00PM
- 3) The After Noon Hours should be dedicated to Under Graduate / Post Graduate Teaching and Research Activities.
- 4) All Clinical /Non Clinical and Para Clinical Faculty members (Including Assistant Professor to the level of Professor) will be available on 24 Hours call duty by rotation on their admission days. No body can be exempted from duty on the basis of Seniority and Designation.



- 5) A roster on duty shall be prepared by the Unit Chief and given to Operation Theatres / ICUs/ Nursing Officers in advance on the first of every month.
- 6) All faculty members shall be eligible for duty off and weekly off as per norms.
- 7) The timings of Laboratories and other Auxiliary Services and duties and responsibilities of the staff thereon shall be reorganized with the introduction of the Referral System to ensure 24 hours service to the patients.
- 8) The shift duties of Lab Technicians/ X- Ray Technician, Radiographers and other paramedical staff shall be arranged by the Heads of the Departments concerned in consultation with the Medical Superintendents.

**10. Referral Card** - Specimen given as Annexure - E

**11. Monitoring**

There shall be a State level Monitoring Committee as in Annexure - B and District Co-ordination Committees in the five Districts where Medical College Hospitals are situated to review and monitor the implementation of the Referral System, consisting of the members as in Annexure - C.

## **ANNEXURE - B**

### **State Level Monitoring Committee**

There shall be a state level monitoring committee consisting of the following to supervise and monitor the implementation of the Referral System and to take remedial action to sort out any problem, that may arise.

1. Secretary to Government, Health & Family Welfare Department
2. Secretary to Government, Health (Medical Education)
3. Director of Medical Education
4. Director of Health Services
5. Joint Director of Medical Education (Medical)
6. Additional Director of Health Services (Family Welfare)
7. Additional Director of Health Services ( Public Health)
8. Additional Director of Health Services (Planning)
9. Additional Director of Health Services (TB)

**ANNEXURE - C**  
**District level Co-ordination Committees**

**Thiruvananthapuram**

1. Mayor, Thiruvananthapuram Corporation
2. District Panchayat President, Thiruvananthapuram
3. District Collector, Thiruvananthapuram
4. Chairpersons, Standing Committee on Health, District Panchayat/ Corporation/Municipalities in Thiruvananthapuram, Kollam and Pathanamthitta.
5. Principal, Medical College, Thiruvananthapuram (Convenor)
6. Medical Superintendent of Medical College Hospital, Thiruvananthapuram
7. Medical Superintendent SAT Hospital, Thiruvananthapuram
8. Head of the Departments of Medicine, Surgery, Paediatrics, O&G, Orthopaedics of Medical College, Thiruvananthapuram
9. Superintendents of General /District/ Women & Child Hospital/ Taluk Head Quarters Hospitals in Thiruvananthapuram District.
10. District Medical Officers of Thiruvananthapuram, Kollam and Pathanamthitta districts.

**ALAPPUZHA**

1. Chairman, Alappuzha Municipality
2. District Panchayat President, Alappuzha
3. District Collector, Alappuzha
4. Chairpersons, Standing Committee on Health, District Panchayat/ Corporation/Municipalities in Alappuzha and Ernakulam.
5. Principal, Medical College, Alappuzha (Convenor)
6. Medical Superintendent of Medical College Hospital, Alappuzha
7. Head of the Departments of Medicine, Surgery, Paediatrics, O&G, Orthopaedics of Medical College, Alappuzha
8. Superintendents of General /District/ Women & Child Hospital/ Taluk Head Quarters Hospitals in Alappuzha District.
9. District Medical Officers of Alappuzha and Ernakulam districts

## **KOTTAYAM**

1. Chairman, Kottayam Municipality
2. District Panchayat President, Kottayam
3. District Collector, Kottayam
4. Chairpersons, Standing Committee on Health, District Panchayat/ Municipalities in Kottayam, Idukki and Ernakulam.
5. Principal, Medical College, Kottayam (Convenor)
6. Medical Superintendent of Medical College Hospital, Kottayam
7. Head of the Departments of Medicine, Surgery, Paediatrics, O&G, Orthopaedics of Medical College, Kottayam
8. Superintendents of General /District/ Women & Child Hospital/ Taluk Head Quarters Hospitals in Kottayam District.
9. District Medical Officers of Kottayam, Idukki and Ernakulam districts

## **THRISSUR**

1. Mayor, Thrissur Corporation
2. District Panchayat President, Thrissur
3. District Collector, Thrissur
4. Chairpersons, Standing Committee on Health, District Panchayat/Corporation/ Municipalities in Thrissur and Palakkad.
5. Principal, Medical College, Thrissur (Convenor)
6. Medical Superintendent of Medical College Hospital, Thrissur
7. Head of the Departments of Medicine, Surgery, Paediatrics, O&G, Orthopaedics of Medical College, Thrissur
8. Superintendents of General /District/ Women & Child Hospital/ Taluk Head Quarters Hospitals in Thrissur District.
9. District Medical Officers of Thrissur and Palakkad districts

## **KOZHIKODE**

1. Mayor, Kozhikode Corporation
2. District Panchayat President, Kozhikode
3. District Collector, Kozhikode
4. Chairpersons, Standing Committee on Health, District Panchayat/Corporation/ Municipalities in Malappuram, Kozhikode, Wayanad, Kannur and Kasaragode.
5. Principal, Medical College, Kozhikode
6. Medical Superintendent of Medical College Hospital, Kozhikode.
7. Medical Superintendent, IMCH, Kozhikode
8. Head of the Departments of Medicine, Surgery, Paediatrics, O&G, Orthopaedics of Medical College, Kozhikode
9. Superintendents of General /District/ Women & Child Hospital/ Taluk Head Quarters Hospitals in Kozhikode District.
10. District Medical Officers of Malappuram, Kozhikode, Wayanad, Kannur and Kasaragode districts

**ANNEXURE D**

**Feeder Areas of various Government Medical Colleges**

(Note: Referral of patients will not be restricted to the feeder districts only)

<b>Sl. No.</b>	<b>Name of Collegiate Hospital</b>	<b>Feeder Area (Districts)</b>
1	Govt. Medical College, Thiruvananthapuram	Thiruvananthapuram, Kollam, Pathanamthitta
2	Govt. TD Medical College, Alappuzha	Alappuzha, Ernakulam
3	Government Medical College, Kottayam	Kottayam, Ernakulam, Idukki
4	Govt. Medical College, Thrissur	Thrissur, Palakkad
5	Government Medical College, Kozhikode	Malappuram, Kozhikode, Wayanad, Kannur, Kasaragode

ANNEXURE - E  
**REFERRAL CARD**

Name of the patient

Age

Sex

Income

BPL No.

Brief on illness

Investigations done

Diagnosis

Treatments given

Reasons for reference

Referred to

Signature  
Name & Designation of Doctor  
TCMC Regn. No.  
Name of Hospital