***Guide Questions for Plenary Discussion during the Workshop on
Developing Referral Protocols and Procedures***

How to use the guide questions

The questions below are meant to assist you in coming up with an outline for the referral protocols. This will ensure that you have covered all the basic requirements of a referral protocol. You may add or delete items depending on the agreements and the situation of the LGU.

Process

- The questions are divided into sub-topics that correspond to the list of topics in the **Facilitator's Guide for the Workshop on Developing Referral Protocols and Procedures.**
- Look for your topic and try to answer the questions being asked to create your outline.
- For this workshop, just make short statements or phrases. The details and actual content will be written in Workshop 2.

REFERRAL AND FEEDBACK PROCEDURES

1. What will be the procedure for referral?
   a. What referral form will be used? Where will the forms come from?
   b. Will the LGU supplement/augment the supply from DOH?
   c. How can the RHU or receiving facility give feedback if patient has been received?
      i. Call, text message, email, social media (Facebook, Viber, Messenger)?
      ii. Ask patient/relative to bring back reply slip?
      iii. Give all referral forms to PHO coordinator who can summarize and give feedback to referring facilities/hospitals?
   d. How can the referral procedures be documented?
      i. Official communication from PHO with written referral guidelines?
      ii. Referral manual (simple document)?

Notes:

- An integral part of the protocols and procedures should be the referral tracking mechanism. It should be the referring facility's responsibility to determine the outcome of clients referred. If not feasible for all, it is important to develop and institute a referral tracking mechanism that puts minimal workload especially on private facilities. Representatives from the private sector present in the group may suggest a mechanism that will be acceptable to all parties.
- The community-based operations of the rural health units/health centers can be maximized to aid the private facilities in referral tracking through the network of community volunteers such as barangay health workers, CHTs and community-based organizations. Alternatively, ICT-based tools can also be used by the DOTS Network depending on their availability in the local setting. Examples of ICT-based tools are the NTP's Integrated TB Information System (ITIS) or local information systems (e.g., CHITS, WAH).
- Patient-centered care shall be a primary consideration in any procedure on referring and accepting referrals. Patients' rights and confidentiality should be considered in establishing this referral tracking mechanism.

LOGISTICS MANAGEMENT AND SHARING

2. What will the arrangements be for logistics (drugs, NTP forms)?
    a. For DOTS facilities −
        i. Will they request using the NTP quarterly drug request form?
        ii. Will drugs come from the PHO or from the RHU?
        iii. How much will be given to them by the RHU/PHO?
        iv. If with TB microscopy laboratory, what will the arrangements be for laboratory supplies?
    b. For all facilities, how will NTP recording and reporting forms be provided?
    c. Will the LGU supplement the supplies from the DOH?
        i. Hospital referral logbook
        ii. Presumptive TB master list
        iii. Quarterly report on hospital TB referrals
        iv. Other NTP quarterly reports – case finding and treatment outcome

RECORDING AND REPORTING PROCEDURES

3. What will be the recording and reporting process?
    a. How can the RHUs/PHO identify which among the TB patients are referred from what facilities (pharmacy, public hospital, private hospital)? Any notes or remarks in the TB register or presumptive TB master list?
    b. What reports need to be submitted?
        i. Quarterly report on hospital TB referrals (for all hospitals)
        ii. Quarterly report on case finding and treatment outcomes (for DOTS facilities)
        iii. Other forms of report agreed by the group (this should include the reports developed by the LGU to monitor the functionality of DOTS in SDN)
    c. How will the reports be submitted (through email, chat group, courier)?
    d. How often will the private sector submit the additional reports agreed upon by the group?
    e. Will the hospital (other facilities) submit reports to the RHU or PHO?
    f. How can the RHU/PHO provide regular feedback to hospitals on the number of referrals received and given treatment by RHUs?

MONITORING, SUPERVISION AND EVALUATION

4. Who will develop the monitoring and evaluation plan?
5. Who will develop the monitoring tool?
    a. What indicators will be monitored? To identify what indicators to use, please refer to the tool *Indicator Definition, MOVs, and Data Sources* for your guidance.
6. Who will be assigned to monitor the activities of the SDN?
    a. How will the data collected during the monitoring be used to address problems identified and improve the efficiency of the SDN?
    b. How often should the NTP team update the MSCC regarding DOTS in SDN activities?
    c. Who will be responsible for consolidating and analyzing the data?