Sample LGU Referral Protocol

Quezon City: Referral Protocols and Procedures

List of Abbreviations

BJMP	Bureau of Jail Management and Penology
DepEd	Department of Education
DOH	Department of Health
DOLE	Department of Labor and Employment
DOTS	Directly observed treatment short course strategy; Delivery of Tuberculosis Services
DRTB	Drug-resistant tuberculosis
DSSM	Direct Sputum Smear Microscopy
DSWD	Department of Social Welfare and Development
EQA	External Quality Assessment
HC	Health Center
ISTC	International Standards of Tuberculosis Care
LGU	Local Government Unit
MD	Medical Doctor
MDR-TB	Multidrug-resistant tuberculosis
ME	Monitoring and evaluation
MOP	Manual of Procedures
MOU	Memorandum of Understanding
NTP	National Tuberculosis Control Program
PDI	Pharmacy DOTS (Directly Observed Treatment, Short Course) Initiative
PIR	Program Implementation Review
PLHIV	People Living with Human Immunodeficiency Virus
PNP	Philippine National Police
PPMD	Public-Private Mix DOTS (Directly Observed Treatment, Short Course)
PTSI-QI	Philippine Tuberculosis Society, Inc. – Quezon Institute
QAC	Quality Assurance Center
QAS	Quality Assurance System
QC	Quezon City
QCHD	Quezon City Health Department
QCMS	Quezon City Medical Society
QCTFC	Quezon City TB-free Council
RN	Registered Nurse
SHC	Social Hygiene Clinics
SMS	Short messaging service
SSDD	Social Services Development Department
STC	Satellite Treatment Center
TC	Treatment Center
TDRN	TB DOTS Referral Network
TODA	Tricycle Operators and Drivers Association

I. Participation in the TB DOTS Referral Network

1. The following are eligible to become members of the TB DOTS referral network:
   a. Public health facilities
      - Rural health units or health centers
      - Multidrug-resistant TB Treatment Centers (Lung Center of the Philippines, PTSI-QI)
      - Satellite treatment centers (Batasan Super Satellite Treatment Center (STC), East Avenue Medical Center, National Children's Hospital, Philippine Orthopedic Center)
      - Social Hygiene Clinic (SHC)
      - Treatment hubs and satellite treatment hubs (Clinica Bernardo)

   b. Other public facilities
      - Public hospitals, infirmaries and laboratories
      - Quezon City Jail (male dormitory also an STC)
      - Public schools (Department of Education)
      - Military barracks and clinics (e.g., Philippine National Police General Hospital)
      - Day care centers (Social Services Development Department)
      - Residential homes (DSWD; e.g., detention center for children in conflict with the law, drug rehabilitation center in Payatas)
      - Government workplaces (e.g., DSWD national office, Bureau of Jail Management and Penology-National Headquarters)

   c. Private health facilities
      - Private hospitals, infirmaries and diagnostic centers
      - Private clinics/Public-Private Mix DOTS clinics
      - Referring private physicians
      - Private companies (TB in the workplace)
      - Private schools
      - Private pharmacies
      - NGO-run DOTS clinics
      - Medical society (Quezon City Medical Society)

   d. Community partners
      - Community-based organizations
      - Homeowners' associations
      - TB task forces
      - Community health teams
      - Faith-based organizations
      - Barangay Health Management Council
      - Transport organizations (e.g., TODA in Payatas)

2. Engagement of participating facilities should be led by the Quezon City TB-free Council (QCTFC) through the creation of a TB DOTS Referral Network (TDRN) committee. The QCTFC should

determine the strategic direction in the engagement of other private or public partners. The Quezon City Health Department (QCHD), serving as secretariat of the QCTFC, should assess and determine health facilities/providers for engagement and recommend them to the TB council.

3. A provider who expresses interest to be part of the TDRN should be trained or oriented on basic DOTS and the NTP Manual of Procedures (MOP). The training course should be determined and provided by the local government unit (QCHD) in coordination with DOH. Trainers should be from QCHD, and a pool of trainers from other agencies may be tapped to conduct the orientations for non-health staff.

   The following are the minimum training recommended for each type of facility:

Private hospitals	NTP MOP training (TB core team) DOTS and ISTC orientation (private physicians)
TB microscopy laboratories	Training on direct sputum smear microscopy (DSSM)
Pharmacies	Pharmacy DOTS Initiative (PDI)
Workplaces	NTP MOP training for physicians and registered nurses
Jails	NTP MOP training
DepEd public schools	MOP training for physicians and registered nurses Orientation on TB and as treatment partners (TB 101)
Day care centers	Orientation on TB and as treatment partners (TB 101)
Community workers/groups	Orientation on TB and as treatment partners (TB 101)

4. Participation in the local TDRN should be formalized through any of the following:
   a. Individual Memorandum of Understanding (MOU) between a health facility and Quezon City LGU (for hospitals, private clinics, NGO clinics)
   b. Single "umbrella" MOU for large sectors/alliances: government offices (DepEd, DOLE, BJMP, etc.), pharmacies/drugstores, homeowner's association (through the federation)

5. A local directory of TDRN members should be developed, updated annually and disseminated. This should include information on: name and type of facility, complete address, contact number or email address, and the focal person. It should also indicate whether the facility is a referring or providing facility.

II. Referral Procedures

1. Facilities may refer to other facilities for any of the following reasons:
    a. Diagnosis
    b. Registration and initiation of treatment
    c. Continuation of treatment
    d. Management of serious side effects and complications
    e. Screening for MDRTB/DRTB
    f. Screening of TB among PLHIV

2. The provider should identify the DOTS/health facility where the client will be referred using the national DOTS or local TDRN directory, and mutually agree with the client where he/she will be referred. Facilities providing DOTS services within the QC TB DOTS referral network will be marked by a logo of the QCTFC.

3. A referring health facility (hospital, private clinic, private physician) should accomplish an NTP referral form *(Form 7)*. Other providers (pharmacies, community workers/groups, other government facilities) should accomplish a standard and duly recognized local referral form that bears the TB Council logo.

    Other pertinent documents should be attached when available, such as results of laboratory tests or X-rays and NTP records. The referral form and pertinent documents should be brought by the client to the receiving facility. The referring facility should inform the receiving facility about the referral using the local DOTS directory as reference.

4. All receiving facilities should accommodate the referral and assess the needs of the client. In cases where the referral form needs clarification or has been lost, and the patient is unable to provide details of the referral, all efforts should be exerted to contact the referring facility for clarification.

5. The receiving facility should record the referral in the institutional NTP records, as applicable (e.g., Form 1. Presumptive TB Masterlist; Form 3. NTP Laboratory Register; Form 6a. Drug-susceptible TB Register; Form 6b. DR-TB Register; Form 9. Hospital TB Referral Logbook). The specific name/type of the referring facility should be indicated in the appropriate columns or in the Remarks column.

6. The receiving facility should inform the referring facility of the outcome of referral through any of the following means:

    a. Return slip of the referral form
    b. Call (via telephone)
    c. SMS/text message
    d. Email

e. Other modalities (e.g., informing or submitting the referral acknowledgment form to the QCHD NTP program coordinator)

If there is no feedback within 1 week, the referring facility should contact the intended receiving facility to determine the outcome of the referral.

A list of referred clients should also be transmitted every month to the QCHD NTP coordinator (e.g., via email, fax, SMS) to facilitate tracking of lost referrals.

7. Once feedback is received, the referring facility should update its referral logbook on the outcome of the referral.

8. QCHD should communicate to all health providers within the network the catchment areas of the different health facilities, especially the health centers. In cases wherein the referred client is from outside the catchment area of the receiving facility, clarify with the client or the referring facility the reason for the referral (e.g., nearby workplace, residing in the boundary of the LGU but nearer the receiving facility, services not available within catchment area). Patient should still be accommodated by the receiving facility after agreement with the client of his/her responsibilities and on tracing mechanisms.

III. Recording and Reporting

1. Standard NTP recording and reporting forms should be used, as applicable to the facility. For referral, *Form 7. NTP Referral Form* (for hospitals and private physicians) or the standard local referral form bearing the TB Council logo (for pharmacies, community workers/groups, other government facilities) should be used.

2. Hospitals will maintain the *NTP Form 8. Hospital TB Referral Logbook* to record all clients received and referred.

   For other DOTS-referring facilities/providers (pharmacies, community workers/groups, company clinics, other government facilities), a logbook of clients referred should be maintained. This should contain basic information on referred patients, such as: date referred, name, age, sex, address, contact number, reason for referral, outcome of referral/outcome of treatment and date received by other facility.

3. Receiving facilities should indicate in the NTP recording forms (viz., presumptive TB masterlist, NTP Laboratory Register, DSTB Register, DRTB Register) the specific name and type of the referring facility (e.g., Mercury Drugstore). This will be in specific sections of the forms (as applicable) or under the Remarks column.

4. All DOTS facilities should submit the quarterly NTP reports on the 5th working day of the following month of each quarter (e.g., January 5, April 7, July 6, October 7). This includes *Report 6. Quarterly Report of Hospital TB Referrals* for all hospitals.

In addition to routine NTP reports, health centers should also submit a quarterly summary report on referrals received/treated. (*to be developed)

Other DOTS-referring providers should also submit (e.g., via email, fax, courier) to the health center (for community workers/groups) or to QCHD (pharmacies and other government facilities) a quarterly summary report on referrals. (*to be developed)

5. Quarterly accomplishments of the different types of TDRN facilities should be reported during quarterly meetings of the QCTFC and during program implementation reviews.

IV. Logistics Management

1. All facilities formally engaged in the TDRN should be eligible to receive first-line anti-TB drugs from DOH through the health centers (for providers acting as treatment partners only) or QCHD (for DOTS-providing facilities and hospitals). This will be subject to availability of drugs from DOH.

   One of the bases for the provision of drugs will be compliance of the facilities to the agreed reporting requirements (i.e., no report, no supply).

2. In cases of unforeseen stock-outs, the DOTS-providing facilities are encouraged to procure their own supply of anti-TB drugs and dispense these according to the NTP procedures.

3. DOTS-providing facilities should submit a quarterly request for TB drugs using the NTP Quarterly Report on Drug and Supply Inventory and Requirement *(Report 4)*.

4. Depending on the agreement with QCHD and on stocks available, anti-TB drugs may be provided to DOTS-providing facilities either in accordance with the NTP MOP (i.e., 1 quarter supply and 1 quarter buffer supplied every quarter), or a minimum buffer stock will be maintained (e.g., 3–5 kits).

5. Drugs should be picked up by, or delivered to the facility from QCHD on agreed dates and site.

6. The supply chain for anti-TB drugs should be consistent with the reporting flow (e.g., from facility to health center to QCHD).

V. Monitoring and Evaluation (including Quality Assurance)

1. Participating facilities should cooperate with QCHD and QCTFC in the conduct of technical monitoring of program implementation. Records and reports relevant to the program should be made available to the technical monitors.

2. QCTFC or QCHD should lead and coordinate monitoring visits to the participating facilities. An M&E plan and monitoring tool should be developed by the QCTFC (M&E Committee) which will be the basis for the conduct of M&E activities.

3. Technical monitors should be the QCHD program coordinators (City and District), QCTFC members who are trained on the NTP M&E, DOH representatives, or partners.

4. All monitoring findings should be relayed to the monitored facility and kept confidential. Monitors should provide a supervisory report to the facility. Assistance to improve program implementation will be discussed.

5. Periodic program implementation review (PIR) should be conducted. This may include:
   - Separate hospital PIR
   - Integrated PIR of QCHD with other sectors/partners (other government agencies, communities, pharmacies and other private sector partners)

6. TB microscopy laboratories should participate in the Quality Assurance System through quarterly selection and re-reading of a sample of slides. This should be coordinated with the Quezon City Quality Assurance Center (QAC). The QAC should provide feedback to the TB microscopy laboratory on External Quality Assessment (EQA) results within the quarter.

VI. Roles and Responsibilities

1. QC TB-free Council
   a. Create a subcommittee on TB DOTS Referral Network (TDRN) that will spearhead activities for developing and sustaining the TDRN
   b. Formulate the strategic approach to expanding the TDRN—including identification of facilities to engage and timelines of engagement
   c. Develop a strategic plan, monitoring/evaluation plan and monitoring tools for TDRN development and implementation
   d. Coordinate the monitoring activities with participating facilities and provide feedback after monitoring
   e. Participate in monitoring activities as technical monitors
   f. Recommend the necessary policy development to the LGU to assist in developing and sustaining the TDRN
   g. Facilitate the crafting and signing of the memorandum of understanding (MOU) between participating facilities/providers
   h. Receive feedback from participating partners (through the QCTFC secretariat) and discuss interventions to address any problems

2. Health Centers
   a. Receive, accommodate and assess referrals from participating facilities
   b. Provide TB care in accordance with the NTP Manual of Procedures
   c. Inform the referring facilities of outcome of referrals

d. Collect and submit the referral form/acknowledgment slip to the district/city program coordinators
e. Perform the agreed (quarterly) reporting procedures (including summary report of referrals)
f. Record all referrals from participating facilities in the "Presumptive TB Masterlist" or DSTB Register; ensure timely submission of NTP reports to QCHD
g. Provide anti-TB drugs and other supplies to participating facilities (serving as treatment partners) based on agreed modes of requisition and delivery (e.g., monthly)
h. Provide feedback to participating facilities and QCHD or QCTFC about any problems encountered in implementing the TDRN
i. Participate in monitoring and evaluation activities and PIRs

3. Quezon City Health Department
    a. Coordinate with the DOH Regional Office in the conduct of trainings and orientation for participating facilities
    b. Provide resource persons in training and orientation of participating facilities on NTP and DOTS
    c. Serve as over-all technical lead in NTP program implementation at the local level
    d. Assist the QCTFC, as its secretariat, in carrying out its functions in the TDRN
    e. Coordinate with the DOH Regional Office for the supply of anti-TB drugs, laboratory supplies and other logistics that may be required
    f. Ensure the regular allocation and delivery of anti-TB drugs and other supplies to health centers and other service delivery points
    g. Receive necessary NTP reports from health centers and participating facilities
    h. Act as technical monitors
    i. Facilitate the conduct of PIRs

4. Participating DOTS-providing facilities (hospitals, clinics, laboratories, jail-male dormitory)
    a. Implement NTP policies and procedures in TB case finding, case holding, recording and reporting
    b. Comply with the Quality Assurance System for TB microscopy
    c. Receive, accommodate and assess referrals from other participating facilities
    d. Record all received referrals in the referral logbook
    e. Provide feedback to referring facilities on outcome of referrals
    f. Perform the agreed (quarterly) reporting procedures (including summary report of referrals)
    g. Request, transport, store and use anti-TB drugs and other supplies in accordance with NTP policies and procedures (for DOTS-providing facilities)
    h. Provide feedback to the CHO or QCTFC about any problems encountered in implementing TDRN
    i. Cooperate during monitoring and evaluation activities
    j. Participate in PIRs

5. Participating DOTS-referring facilities (community groups, workplaces, schools, pharmacies, jail-female dormitory)
    a. Refer identified presumptive TB cases to DOTS facilities within the TDRN
    b. Comply with agreed referral procedures and forms
    c. Record all referrals in the referral logbook and update outcome of referral
    d. Coordinate the referral of clients with the receiving facility and determine outcome of referral/treatment
    e. Act as treatment partner, as applicable
    f. Submit the necessary reports (quarterly) to the health center (for community partners) or QCHD (other public facilities and DOTS referring private facilities), including summary report of referrals
    g. Provide feedback to QCHD or QCTFC about any problems encountered in implementing the TDRN
    h. Cooperate during monitoring and evaluation activities
    i. Participate in PIRs