KEMENTERIAN KESIHATAN MALAYSIA
MINISTRY OF HEALTH MALAYSIA

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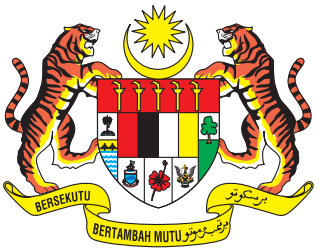
PEKELILING KETUA PENGARAH KESIHATAN Bil 2/2009

GARISPANDUAN RUJUKAN DAN PERPINDAHAN PESAKIT DI ANTARA HOSPITAL-HOSPITAL KEMENTERIAN KESIHATAN

BAHAGIAN PERKEMBANGAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA



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BAHAGIAN PERKEMBANGAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA

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Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri .....

Pengarah Hospital Kuala Lumpur

YBhg. Dato / Datin / Tuan / Puan,

SURAT PEKELILING KETUA PENGARAH KESIHATAN BIL 2 / 2009

GARISPANDUAN RUJUKAN DAN PERPINDAHAN PESAKIT DI ANTARA HOSPITAL-HOSPITAL KEMENTERIAN KESIHATAN

1. TUJUAN

Surat pekeliling ini bertujuan untuk memaklumkan perlaksanaan sistem rujukan dan perpindahan pesakit di antara hospital-hospital Kementerian Kesihatan Malaysia.

2. LATAR BELAKANG

2.1 Rujukan pesakit antara hospital-hospital Kementerian Kesihatan menjadi satu amalan bagi memastikan kesinambungan dalam penjagaan pesakit agar rawatan yang bersesuaian dapat diberi dalam usaha merawat pesakit.

2.2 Rujukan pesakit dilakukan bagi tujuan mendapatkan *step-up-care* selaras dengan masalah perubatan yang dihadapi oleh pesakit di mana pesakit dirujuk ke fasiliti kesihatan yang mempunyai kepakaran dan peralatan yang lebih baik untuk merawat penyakitnya. Pesakit juga dirujuk untuk *same level care*, apabila berlaku kekurangan sumber untuk tempoh waktu yang pendek, *step down care* untuk rehabilitasi atau stabilisasi dan di atas permintaan pesakit/waris. Sila rujuk Lampiran 1; senarai Hospital KKM mengikut jenis/tahap kepakaran.

2.3 Isu dalam proses merujuk dan memindah pesakit sering timbul kerana ia melibatkan dua pihak iaitu hospital yang merujuk dan hospital yang akan menerima pesakit. Kedua-dua pihak perlu bekerjasama bagi memastikan proses rujukan berjalan dengan lancar dan tidak menyukarkan mana-mana pihak terutama pesakit.

2.4 Garispanduan sediaada telah dikaji semula agar lebih jelas sebagai panduan kepada anggota di hospital.

3. PRINSIP-PRINSIP ASAS PERLAKSANAAN

I. Seorang doktor perlu menggunakan kemahiran dan kemampuan klinikalnya serta segala sumber yang ada di hospital masing-masing sebelum pesakit dipertimbangkan untuk dirujuk. Pesakit akan dirujuk ke hospital di mana rawatan yang sesuai atau lebih baik dapat diberikan kepada pesakit.

II. Sistem rujukan perlu dipersetujui di dalam satu *care-network* samada di dalam negeri atau zon tersebut atau mana-mana hospital rujukan yang berkaitan di luar zon yang ditetapkan.

III. Pegawai Perubatan Latihan Siswazah **tidak dibenarkan** merujuk kes atau menerima kes yang dirujuk.

4. PELAKSANAAN

Bagi memastikan Garispanduan Rujukan Dan Perpindahan Pesakit Di Antara Hospital-Hospital Kementerian Kesihatan dapat dilaksanakan dengan lebih lancar perkara-perkara berikut perlu diberi perhatian:

4.1 Tanggungjawab hospital yang merujuk kes

i. Keputusan untuk merujuk kes perlu diambil setelah mengambil kira keperluan pesakit tersebut dan kemudianya membuat persediaan dengan hospital yang dirujuk untuk menerima pesakit.

ii. Memastikan supaya pesakit selamat dalam perjalanan di mana keadaan pesakit perlu distabilkan terlebih dahulu sebelum memulakan perjalanan. Adalah menjadi tanggungjawab hospital yang merujuk memastikan keselamatan pesakit sehingga pesakit diterima oleh hospital yang dirujuk.

iii. Pesakit atau waris /wakil (*legally authorized representative*) perlu dimaklumkan apabila keputusan untuk merujuk pesakit dibuat untuk mendapatkan kebenaran (consent). Maklumat mengenai proses rujukan serta risiko-risiko terutama sekali sewaktu dalam perjalanan harus diberitahu dan didokumentasikan. Walaubagaimanapun, dalam keadaan kecemasan, doktor / pakar adalah bertanggungjawab dalam rujukan pesakit dan *consent* tidak diperlukan.

iv. Dalam keadaan di mana rujukan ini tidak dapat dimaklumkan kepada pesakit atau keluarga/wakil ianya perlu didokumentasi dalam rekod pesakit. Apabila pesakit enggan dirujuk ke hospital lain setelah perbincangan diadakan, ianya perlu didokumentasikan dengan kehadiran saksi.

4.2 Tanggungjawab hospital yang akan menerima kes

i. Hospital yang menerima kes perlu memastikan pesakit yang dirujuk diperiksa oleh pegawai yang berkenaan dengan kadar segera serta memasukkan pesakit ke wad jika perlu. Adalah menjadi tanggungjawab hospital yang menerima pesakit membuat persediaan untuk mendapatkan katil.

ii. Memberi maklumbalas tentang keadaan pesakit kepada hospital yang merujuk.

iii. Pesakit yang dirujuk boleh didiscaj terus dari hospital yang dirujuk dan rawatan susulan diteruskan atau dirujuk kembali ke hospital yang asal. Pengangkutan untuk menghantar pesakit balik ke hospital yang merujuk perlu diuruskan. Jika bantuan kewangan diperlukan, pihak hospital boleh membantu menguruskannya dengan menggunakan peruntukan belanja mengurus hospital. Sila rujuk Lampiran 2.

4.3 Komunikasi

i. Rujukan pesakit adalah rujukan dari doktor kepada doktor yang lain. Sebaik mungkin, perlu ada komunikasi melalui telefon atau surat di antara doktor / doktor (Pegawai Perubatan atau Pakar)

ii. Komunikasi di antara pihak hospital yang merujuk dan pesakit atau waris /wakil *(legally authorized representative*) adalah diwajibkan apabila pesakit dirujuk ke mana-mana hospital.

iii. Penggunaan surat rujukan dan maklumbalas, seperti di Lampiran 3 dan 4, untuk merujuk kes adalah diwajibkan.

iv. Senarai Pakar-Pakar pelbagai disiplin di hospital-hospital pakar perlu di panjangkan kepada hospital tanpa pakar di negeri atau zon yang sama. Maklumat untuk dihubungi / *contact details* pakar-pakar ini perlu diketahui oleh telefonis hospital.

v. Mesyuarat berkala perlu diadakan di peringkat negeri atau zon (*regional care network*) untuk memastikan perlaksanaan sistem rujukan berjalan dengan lancar.

4.4 Kriteria dan Protokol Rujukan

i. Hospital-hospital rujukan di peringkat negeri atau zon, perlu menyediakan kriteria dan protokol rujukan masing-masing dan memaklumkannya kepada hospital-hospital yang akan merujuk kes.

ii. Pesakit boleh dirujuk ke Jabatan Kecemasan atau terus ke ICU / HDW, Bilik Bersalin atau Wad mengikut arahan yang diberi oleh hospital yang akan menerima kes. Bagi tujuan ini, komunikasi yang jelas antara kedua-dua belah pihak diperlukan. Dalam keadaan di mana arahan adalah kurang jelas, atau keadaan pesakit menjadi tidak stabil adalah lebih baik pesakit dibawa terus ke Jabatan Kecemasan.

4.5 Kriteria kemasukan dan discaj

i. Setiap hospital perlu menyediakan kriteria kemasukan dan discaj masing-masing dan membuat hebahan kepada setiap anggota yang bertugas

4.6 Sistem Pengangkutan

i. Kenderaan yang digunakan bagi membawa kes-kes kecemasan atau bukan kecemasan perlu diselanggara dengan baik untuk memastikan keselamatan pesakit dan anggota kesihatan. Keperluan perlesenan serta undang-undang yang berkaitan perlu dipatuhi.

ii. Waris pesakit tidak dibenarkan menaiki kenderaan bersama pesakit kecuali dalam keadaan yang tertentu di mana diperlukan.

5. TANGGUNGJAWAB PROFESIONAL

Garispanduan ini menjelaskan secara terperinci tanggungjawab anggota-anggota yang terlibat dalam rujukan pesakit termasuk;

- Pegawai Perubatan / Pakar,
- Jururawat,
- Jururawat dan Paramedik yang akan menemani pesakit dalam perjalanan.

6. TARIKH PELAKSANAAN

Garispanduan ini berkuatkuasa mulai dari tarikh surat ini dikeluarkan. Dengan ini Surat Pekeliling Pengarah Perkhidmatan Perubatan Bil. 8 /1986 mengenai sistem rujukan yang telah diedarkan pada 23 Julai 1986 adalah terbatal.

7. TANGGUNGJAWAB PENGAWASAN

Garispanduan ini hendaklah diedarkan ke semua hospital dan Pengarah Kesihatan Negeri serta Pengarah Hospital adalah bertanggungjawab memastikan pelaksanaan garispanduan ini. Senarai semak pelaksanaan garispanduan ini perlu digunakan bagi memantau pelaksanaan garispanduan ini diperingkat hospital dan negeri. Sila rujuk Lampiran 5.

8. PERTANYAAN

Sebarang pertanyaan berkaitan dengan garispanduan ini hendaklah dikemukakan ke alamat berikut:

Pengarah Perkembangan Perubatan
Bahagian Perkembangan Perubatan
Aras 7, Blok E1, Parcel E
Pusat Pentadbiran Kerajaan Persekutuan
Kementerian Kesihatan Malaysia
62590, Putrajaya

Sekian Terima kasih.

Yang Ikhlas,

.....

(TAN SRI DATO' SERI DR. HJ. MOHD ISMAIL MERICAN)
Ketua Pengarah Kesihatan Malaysia

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1. INTRODUCTION

Transfer of patients may occur routinely or as part of regionalized plan to provide optimal care for patients at more appropriate and/or specialized facilities. In these situations there should be the following:

- Written guidelines to govern the transfer of patients (e.g. types of cases that are appropriate for transfers).
- Pre-existing transfer arrangements between the facilities
- Pre-transfer communication between appropriate responsible persons

2. PURPOSE OF GUIDELINES

To establish a uniform procedure for MOH inter-hospital patient referral/transfers to achieve:

- Equitable access to appropriate and timely care for the patient
- Efficient and effective use the available health care resources
- Efficient flow of continuum of care to be patient
- The best health outcomes for care delivered to the users within the current available resources.

3. PRE-REQUISITIVE FUNCTIONAL ACTIVITIES

3.1 Scope of services for the various levels of care

Each MOH hospital to be designated a certain level of care in line with the national definition of the levels of care. (Refer to MOH categorization of hospitals, Appendix 1)

3.2 A referral pattern based on the current and future capacity of facilities to deliver an appropriate scope of care

a. All health care providers, (including the private sector), academic institutions and users within a geographical care-network i.e. geographical area within a district, state or regional healthcare system, will have a common understanding and acceptance of the referral

pattern, outlining who will be treated at which facility under what circumstances. Referral of patients between hospitals can occur from a lower to higher level of care, higher to lower level of care and also at the same level of care depending on the needs of the patients and/or the providers of care. Referrals can also be across state boundaries if the referral hospital is of nearer distance and expertise available.

b. Referral from lower level to higher level of care should conform to pre-agreed referral patterns within a care-network area. Primary care providers (clinics) should refer to the designated higher level of care hospitals in the care-network. Similarly district hospitals without specialist should refer cases to the nearest district hospital with specialists or state/Federal Territory (FT) hospital within the care-network. State or FT hospitals can refer cases to the regional hospital providing identified clinical services. All State Health Departments should identify and develop referral patterns and protocols for clinical services. Periodic reviews of the referral pattern with all stakeholders are essential to ensure the continued efficient functioning of the system.

3.3 Roles and responsibilities of service providers in the referral system

a. Each institution at a higher level of care should contribute towards ensuring the best clinical practice to enhance the quality of care at the lower level institutions for which they have been designated.

3.3.1 The designated referring (sending) institution is responsible for:

a. Deciding on whether a patient needs to be transferred to a higher level of care institution (responsibility of the attending physician at the referring hospital) and making the necessary arrangement with the referral (receiving) hospital to receive the patient.
In instances where the bed or service capacity is unable to support

any further referrals at the designated referral institution, the responsibility lies with the referral (receiving) institution to make the appropriate and timely arrangements to redirect these patients to other institutions through the disaster management mechanism

b. Ensuring the safe and timely transportation and enroute care of patients requiring emergency transfers to other institutions (effected as soon as possible, so as not to further compromise the patient's outcome)

c. Resuscitation and stabilization should begin at the referring hospital, realizing that the patient's problem may be such that full stabilization may only be possible at the receiving hospital.

d. Competent patient or the legally authorized representative of incompetent patient should be informed of the referral prior to inter-hospital transport. This must include an explanation of the risks versus benefits of transport with documentation in the medical record. If circumstances do not allow for the informed consent process, then both the indications for transport and the reason for not obtaining consent must be documented In the medical record.

3.3.2 The designated referral (receiving) institution is responsible for:

a. Receiving the referred patient and arranging for the proper examination and admission (if necessary) of the patient by appropriate personnel.

b. Accommodating or finding the accommodation/bed for the patients referred from the lower levels. It is neither the task nor the responsibility of the referring institution to find the beds in institutions other than their designated referral institutions.

c. Providing feedback to the referring hospital on the referred patient.

d. The efficient transportation of patients requiring continuation of care or for the repatriation of convalescing patients from the referral institution back to the referring institution

e. Referred patients may be discharged directly from the referral hospital for continued follow-up at the referral hospital or at the referring hospital (in the latter, an advice note from the referral hospital should be given). Arrangement for the transfer of poor patients may be funded using the hospital operational budget. Refer Appendix 2.

3.4 Communications between the stakeholders

a. Communications to both the users of the service and their families are mandatory when referrals are being made to the various levels of services.

b. The use of a standardised referral letter in 2 or 3 copies, to channel clinical information both upward and downwards in the referral chain is obligatory as per Appendix 3 and 4.

c. All institutional switchboards must be knowledgeable of the contact details of the key managers and the key clinicians on duty.

d. All higher-level institutions within a care-network area/region should ensure the dissemination of contact details of key institutional managers and senior clinicians and details of all the specialist clinics to their relevant referring district hospitals.

e. All district hospitals should make such information available to their clinics.

f. Scheduled coordinating meetings should be convened at the state and zonal (regional care-network) level involving all key stakeholders in the referral system to ensure the efficient functioning of the system.

Problems with the referral system that could not be resolved, should be referred to the respective zonal level or if necessary to the Ministry of Health.

g. Information regarding the referral system should be communicated to the general public through appropriate channels e.g. hospital boards of visitors, clinic advisory panels, health forums, etc.

3.5 Referral criteria and protocols

a. All regional and tertiary care institutions must develop and communicate the referral criteria to their relevant referring institutions to ensure appropriate referrals.

b. The standard treatment guidelines as set out by various Clinical Practice Guideline and Care Protocols should be used as a basis for patient treatment at the different levels of care.

3.6 Admission and discharges criteria

a. Admission and discharges criteria at the hospital level must be developed and widely publicized to all health care providers.

3.7 An efficient transport system

a. The transport system for both emergency and planned medical transport services should be well managed to ensure patient and staff safety and quality of transport services. The medical transport services should also comply to relevant laws and regulations and licensing requirements.

4. GENERAL PRINCIPLES

4.1 During a transfer, patients should be treated and cared for in such a way as to maintain:

- Patient safety
- Necessary treatment and care
- Contact with appropriately trained staff
- Dignity
- Respect for individual needs

4.2 Patient transfer is doctor-to-doctor referral. **As far as possible, specialists shall be responsible for the referrals and shall communicate with one another by phone or text.**

4.3 It is the responsibility of the referring unit to perform a screening examination, determine if transfer to another facility is in the patient's best interest and initiate appropriate stabilization measures prior to transfer.

4.4 The referring unit remains responsible for the provision of care during transport to the referral facility until the patient arrives and is accepted by the receiving unit.

4.5 Before transport is ordered the doctor/specialist team transferring the patient must have made arrangements for transfer and acceptance with the receiving doctor/specialist.

4.6 The patient, parents or legal guardian (where applicable) should be informed of the referral as soon as a definite decision to transfer the patient is made.

4.7 In emergency situations when a patient is unable to agree to transfer, where possible, the next of kin should be informed of the decision to transfer. The responsibility for transfer rests with the doctor/specialist in charge of the patient and the consent of the relatives is not always required.

4.8 All patient records and information transferred between organizations must be treated confidently as governed by the *Pekeliling Ketua Pengarah Kesihatan Bil. 3/2005 – Garis Panduan Rekod Perubatan Bagi Hospital-Hospital KKM*. Disclosure of information should justify the purpose and everyone should be aware of his or her responsibilities.

5. INTER-HOSPITAL PROCEDURES/GUIDELINES

5.1 REFERRING HOSPITAL

5.1.1. Basis of Referral

a. Step-up care – patient is sent to another doctor or hospital which has better expertise or facilities for the treatment of the patient. (higher level of care).

b. Same level care – when there is a temporary lack of resources (beds, human resource, equipment, drugs, etc) at the referring hospital.

c. Step-down care - for continuation, rehabilitation, convalescence, long-term, referral back after stabilization.

d. Patient/family request - for step-up, step-down or same level care.

5.1.2. Prerequisite

a. The referring doctor/specialist must fully assess the patient, i.e. fully clerk the patient and arrive at some decision/opinion as to the clinical problem.

b. He/she should in the first instance manage the patient to the best of his/her clinical ability and utilize all available levels of consultation within the hospital and also from outside including telephone consultation with the receiving specialist.

c. When the clinical needs of the patient (balance against the risk of transfer) is better served at another hospital, the patient should be referred.

d. The patient should be transferred to a facility that is appropriate to the medical needs of the patient.

e. The referral pattern follows that agreed upon within the care-network/zone (within a state or zone) or to the nearest higher level of care referral hospital (regardless of state boundaries).

5.1.3. Acceptance of Patient Transfer

a. The referring medical officer/specialist must contact the relevant medical officer/specialist at the receiving hospital (communication should be documented) to describe the patient's condition and to obtain advice about stabilization and transport. **House Officers are not allowed to refer nor accept cases**.

b. The referring doctor should understand and adhere to the protocol of the receiving hospital.

c. The patient may specifically request transfer as long as they understand the risks involved. Under these circumstances transfer may occur after the designated doctor at the sending hospital communicates with the designated doctor/specialist at the receiving hospital and the patient has been optimally stabilized. If can adult patient or parents of a pediatric patient refuses transfer, the refusal should be documented in the case notes and witnessed by designated hospital staff.

d. If the referral is indicated but is not accepted by the doctor/specialist (of the receiving hospital), it is the duty of the referring doctor to inform his/her superior (specialist or Hospital Director) and it is also the duty

of the doctor/specialist who refuses the referral to inform his/her superior (specialist, Head of Department or Hospital Director where applicable) and to document the reason/decision. The relevant authorities should communicate with each other to come to a final decision on the referral request taking into consideration the patient's interest.

5.1.4. Stabilization of Patient

a. In order to minimize the risks of transport, the patient should be optimally stabilized at the hospital of origin, and the required diagnosis and therapies should be done to prepare for a safe trip. (e.g. venous access, thoracic drains, intubation and others).

5.1.5. Patient/Next-of- Kin Information

a. Before the initiation of a transport, the patient or his/her next-of- kin should be informed of the fact, and given an explanation of the situation, the reason for the transport, the name of the referral hospital and if necessary his/her consent obtained.

5.1.6. Communication Between Hospitals

a. Communication between responsible persons (medical officers/specialist) at the transferring and receiving hospitals for purposes of exchanging clinical information should occur prior to, during and even transfer in order to facilitate optimal patient care or in the patient's best interest.

5.1.7. Confirmation of Patient Identity

a. The nurse co-coordinating the patient's transfer to another hospital/facility should ensure that the correct patient and information is transferred by counterchecking with the patient and ensuring that

the information recorded in the patient's identity card or mother's identity card for children less than 12 years old, corresponds with the name, date of birth and hospital number recorded in the patient's referral form, medical records/clinical notes, nursing note, X-rays and other documentation being transferred with the patient.

5.1.8. Referral Records

a. Once the patient is accepted for transfer, an appropriate documentation in the designated MOH Referral Form (Surat Rujukan, KKM) should be completed in 3 copies together with relevant or appropriate records (e.g. laboratory results, medication, electrocardiograms, radiographs, and other diagnostic tests). The first copy should be sent with the patient, the second to be kept in the patient's medical record and when necessary the third copy given to the Pharmacist of the receiving hospital.

b. The following information should accompany the patient (but not only delay the transfer in a acute situations):
   - MOH Referral Letter
   - X-ray findings or X-rays
   - All test results and lab reports findings copies of results
   - Patient's medication, particularly List A Drugs
   - Any other pertinent information

5.1.9. Return of staff and equipment

a. It is the responsibility of the referring hospital to ensure that staff and equipments are returned to their base unit, following the safe delivery of the patient to the receiving unit.

5.2 TRANSFER AND TRANSPORT MECHANISM

5.2.1. Transport Vehicle

a. A patient should be transferred in an appropriate vehicle that is staffed by appropriately trained personnel and that contains life support equipment.

b. It may be necessary in certain cases, for additional appropriately trained personnel from the transferring or receiving hospital to accompany the patient.

c. The mode of transportation (ground, air or water) used for transport shall be determined by the transferring doctor/specialist, after consultation with the receiving doctor/specialist, based on time, weather condition, medical interventions necessary for ongoing life support during transfer, and availability of personnel and resources.

d. The transport service shall be contacted to confirm their availability, inform them of the patient's status and anticipated medical needs during transport, and coordinate the timing of the transfer.

e. There should not be unnecessary delay in patient transport.

f. The ambulance must have to the ability to communicate with both the referring and receiving hospital in case unanticipated situations arise. The ambulance driver must comply with traffic rules and drive with judicious care.

5.2.2. Accompany Staff

a. The transferring doctor/specialist will determine the essential and appropriate staff to accompany the patient en route.

b. The accompanying staff shall be responsible for direct patient care during transport, and will render care to the patient under the orders of the transferring doctor/specialist.

c. All medications anticipated during the transport will be provided by the transferring facility and will be under the control of the accompanying hospital staff.

d. If the transferring doctor/specialist elect to transfer the patient in the care of nurse/paramedics, the doctor/specialist must provide the appropriate orders to the nurse/paramedic prior to transfer. The orders must be consistent with the nurse/paramedic's training and abilities.

e. At least one of the accompanying personnel should be capable of providing airway management including endotracheal intubation, intravenous therapy, dysrhythmia interpretation and treatment, and basic and/or advanced cardiac and trauma life support.

f. All patients and staff must be safely strapped to their seats during the journey except during resuscitation.

g. Relatives should not accompany in the transport vehicle unless absolutely necessary. This is to reduce overloading and avoid impeding patient care.

5.2.3. Communication

a. When a doctor does not accompany the patient there should be a mechanism available to communicate with a doctor concerning changes in the patient's status and to obtain additional orders.

b. If this is not technically possible, the nurse or paramedic accompanying the patient should be qualified to perform acute lifesaving interventions.

5.2.4 Continuity of Care

a. Care initiated by the transferring facility may need to be continued during transport to ensure the patient remains optimally stable. The transferring doctor/specialist will determine the treatment to be provided during transportation.

b. The referring and accepting physicians should agree as to who will assume responsibility for real-time medical control (if indicated) during the transport if there will not be a physicians in attendance.

c. There should be documentation of patient care during transport and the documentation must include the interventions performed en route and who performed the intervention.

d. Should questions or problems arise during transfer, the accompanying personnel may contact the referring doctor/specialist.

5.2.5. Death of Patient While In-Transit

a. In the event of a death in transit, the vehicle should make for the nearest hospital to certify death by a doctor (in the absence of an accompanying doctor in the ambulance). Under such circumstances, the ambulance should return to its base and not proceed to its referral hospital with the deceased. The relevant staff should be informed of the situation.

5.3 RECEIVING HOSPITAL

5.3.1. Acceptance by Receiving Doctor/Specialist

a. A medical doctor/specialist or other responsible person at the receiving hospital must agree to accept the patient prior to the transfer taking place.

b. Acceptable “other responsible person” should be medical personnel who are designated by the hospital and given the authority to accept the transfer of the patient.

c. The patient transfer should not be refused by the receiving hospital when the transfer is indicated and the receiving hospital has the capability and/or responsibility to provide care to the patient.

d. The admitting medical officer/specialist at the receiving hospital must also confirm that appropriate resources are available at the receiving hospital before the journey begins.

5.3.2. Patient Handover

a. A patient may be referred to the Emergency Department, directly to a specialty ward, intensive/high dependency care unit, maternity ward or the labour room. Prior to arrival at the receiving hospital, the accompanying team should have clear instructions as to their exact destination (e.g. which ward to go to).

b. It is preferable to go directly to the ward, to reduce unnecessary delays and/or complications in the management of the patient. If however, certain conditions preclude this possibility (e.g. no previous instructions, unclear of directions, change in the patient’s condition, need for initial review etc), patients are preferably directed to the Emergency Department where arrangement can be made to facilitate handover of the patient.

- The mode of handling over the care of a patient is dependent primarily on the needs of the patient (and secondarily on procedural convenience)

- Patients that **primarily require admission** should be directly brought to the receiving ward. The receiving team is responsible for providing advanced notice to that ward, and to the Admissions Unit, about the patient's expected time of arrival. The team accompanying the patient should be provided with clear instructions as to their specific ward destination.

- Patients that **require a review** by the specialty team should be directed to the Emergency Department. The receiving team is responsible for providing prior notice to the Emergency Dept. about the initial management plan.

- Any patient whose clinical status deteriorated during transfer and become unstable or **require active clinical intervention** must be directed immediately to the Emergency Department, by the accompanying team.

- Any transfer to an intensive care bed must be managed in strict accordance to instructions by the receiving team. The patient should ideally be brought directly to the Intensive Care Unit, minimizing patient movements and delay in transfer. This will require the receiving team making preparations for the Intensive Care Unit Bed in advance; and communicating clear instructions to the accompanying team. Unnecessary delays which may occur if the patient is transferred via the Emergency Department or the Admissions Unit is to be prevented as much as possible.

- The accompanying team shall not leave the patient until the receiving team has formally taken over care of the patient. The receiving team shall endeavour to clearly communicate the process of taking over the care of the patient.

c. Patient handover to the receiving hospital must be to a designated authorized staff (specialist, medical officer, medical assistant or staff nurse).

d. The accompanying staff must provide the relevant information to the receiving hospital staff and also refer to communication between the referring and referral hospitals before leaving the receiving hospital.

e. It is the responsibility of the receiving hospital to arrange for the relevant admission procedures and patient transport to the respective ward where applicable.

f. If for whatever reason, the named receiving doctor/specialist who has agreed to accept the referral goes off duty before the patient arrives, that doctor/specialist must identify an alternative receiving doctor/specialist to receive and manage the case. This should normally be done at the handover between off-going and on-coming doctors

5.3.3. Care to Referred Patient

a. All referred patient should be promptly attended to by the appropriate medical officers/specialist and treated optimally. Those referred for admission should be admitted.

5.3.4. Ambulance Return

a. The receiving hospital should not delay the ambulance's return for any reason once a firm decision or disposition is made.

b. It will be the responsibility of the transferring facility to provide arrangements for the return of staff, equipment, and medications.

5.3.5. Feedback Information

a. Feedback information on the referral should be forwarded to the referring hospital immediately after the patient is discharged, especially if the information is required for follow-up care. It may be written in the *Surat Maklumbalas, KKM* or a copy of the case summary may be provided.

6. PROFESSIONAL ROLES

6.1 Doctor/Specialist are responsible for:

a. Discussing the situation with the primary care team and the referral hospital;

b. Making the decision to transfer following consultation with the care team and patient/parent;

c. Informing the next kin of the decision and reasons for transfer, as appropriate, with the consent of the patient;

d. Liaising with staff at the receiving unit and agreeing transfer arrangements and expected time of arrival;

e. Ensuring the receiving unit has full details of the patient's condition and requirements;

f. Ensuring all relevant medical documentation is fully completed in the MOH Referral Form or Case Notes (where applicable);

g. Directing appropriately trained staff to accompany the patient during transfer, if required;

h. Identifying the urgency of the transfer;

i. Ensuring the patient is prepared appropriately and that his/her condition is as stable as possible;

j. Ensuring that the transferring unit has medical cover when an on-call doctor has to accompany the patient.

6.2 Nursing staff are responsible for:

a. Discussing the transfer arrangements with nursing staff in the receiving hospital;

b. Contacting ambulance control with relevant information in order to ensure appropriate ambulance for transfer and requesting the transport;

c. Obtaining a time for transfer;

d. Stating the method of transfer;

e. Identifying appropriate nursing staff required to accompany the patient, if necessary;

f. Ensuring a full explanation is given to the patient and/or relative with, where practical, the consent of the patient;

g. Being available to provide nursing support;

h. Assisting in preparing the patient for transfer;

i. Ensuring all appropriate nursing documentation is completed, including patient transfer form;

j. Ensure arrangement are made for the transfer of patient's valuables and property.

6.3 Nurse/Paramedic Accompanying Patient is responsible for:

a. Ensuring patient and staff safety;

b. Ensuring ambulance is driven safely within speed limits and traffic regulations;

c. Ensuring the necessary equipment and medication are available for use during transfer;

d. Ensuring appropriate documentation accompanies the patient;

e. Monitoring and recording the patient's condition during transfer;

f. Ensuring that full and accurate details of the patient's condition and treatment are given to the receiving unit.

Apendix 3

KEMENTERIAN KESIHATAN MALAYSIA
SURAT RUJUKAN
HOSPITAL.....

Tarikh Temujanji:

Rujukan mestilah kepada PegawaiPerubatan/Pendaftar/Pakar/Pengarah Hospital

Kepada :	Jabatan/Unit :
Tarikh :	Masa :
Nama Pesakit :	Umur :
No. K/P :	Jantina :
No. Ruj. Tuan :	No. Ruj Kami :

History & Physical Findings :

Results of Investigations :

Diagnosis :

Treatment :

Reason for Referral :

Daripada Pegawai Perubatan/Pendaftar/Pakar/Pengarah Hospital :
Nama : Tandatangan :

Hospita/Jabatan/Unit : Tel :

Nota: Sila isi borang ini dalam 3 salinan

Salinan Pertama : Diberi kepada pesakit (untuk diberi kepada doktor di institusi yang dirujuk)
Salinan Kedua : Diberi kepada Pegawai Farmasi hospital merujuk untuk difaks/pos kepada Pegawai Farmasi hospital/klinik dirujuk
Salinan Ketiga : Disimpan dalam fail pesakit

Apendix 4

KEMENTERIAN KESIHATAN MALAYSIA
SURAT MAKLUMBALAS
HOSPITAL.....

Rujukan mestilah kepada PegawaiPerubatan/Pendaftar/Pakar/Pengarah Hospital

Kepada :	Jabatan/Unit :
Tarikh :	Masa :
Nama Pesakit :	Umur :
No. K/P :	Jantina :
No. Ruj. Tuan :	No. Ruj Kami :

Findings :

Results of Investigations :

Diagnosis :

Treatment :

Recommended Plan for Follow-up :

Daripada Pegawai Perubatan/Pendaftar/Pakar/Pengarah Hospital :
Nama : Tandatangan :

Hospita/Jabatan/Unit : Tel :

Nota: Sila isi borang ini dalam 2 salinan
Salinan Pertama : Diberi kepada doktor di institusi yang dirujuk
Salinan Kedua : Disimpan dalam fail pesakit

SENARAI SEMAK PERLAKSANAAN GARIS PANDUAN

NAMA PESAKIT & NO. PENDAFTARAN :

HOSPITAL :

DIAGNOSA :

	DIISI OLEH ANGGOTA PENGIRING DARI HOSPITAL YANG MERUJUK KES Catatkan Waktu: a) Tarikh & Waktu Memulakan Perjalanan: _____ b) Waktu sampai ke hospital rujukan: _____ c) Waktu kes diterima oleh unit/jabatan/anggota tertentu yang berkaitan: _____			
		YA	**TIDAK**	**CATATAN**
1.	Keadaan pesakit pada permulaan perjalanan: • Dalam keadaan stabil			
	• Tidak stabil tetapi telah distabilkan			
	• Tidak Stabil			
2.	Memaklumkan pesakit/waris keputusan merujuk kes			
3.	Hubungi/Komunikasi dengan hospital rujukan *Sila catat Pegawai yang di hubungi			***Nama:*** ***Jawatan:***
4.	Anggota/Pegawai Pengiring			***Nama:*** ***Jawatan:***
5.	Surat Rujukan			
6.	Destinasi pesakit di hospital rujuk telah di kenalpasti contoh: Jabatan Kecemasan/Klinik Pakar/Wad/ Dewan Bersalin/ICU			***Destinasi:***
7.	Kes diterima di destinasi yang ditetapkan *Sila catatkan sebab jika berlaku perubahan destinasi			***Perubahan destinasi:***

MOH HOSPITALS BY TYPES

Appendix 1

Speclist Hospital & Institutions				Non-Specialist Hospitals		
HKL + State H	**Major Specialist H**	**Minor Specialist H**	**Special Medical Institutions**			
14	**21**	**20**	**7**	**75**		
Kuala Lumpur	Putrajaya	Labuan	IPR	**Kedah** Baling Jitra Kuala Nerang Sik Yan **P.Pinang** Balik Pulau Sungai Bakap **Perak** Batu Gajah Ckt Melintang Gerik Kampar Kuala Kangsar Parit Buntar Selama Sungai Siput Tapah **Selangor** Kuala Kubu Baru Tanjung Karang Sabak Bernam **N. Sembilan** Jempoi Tampin Jelebu	**Melaka** Alor Gajah Jasin **Johor** Kota Tinggi Pontian Kulai Tangkak Mersing **Pahang** Bentong Cameron H/land Raub Pekan Jerantut Muadzam Shah Jengka **Terengganu** Hulu Terengganu Dungun Setiu Besut **Kelantan** Tumpat Pasir Mas Gua Musang Pasir Puteh Jeli Machang	**Sarawak** Bau Betong Dalat Daro Kanowit Lawas Limbang Lundu Marudi Mukah Saratok Serian Simunjan RCBM **Sabah** Beaufort Beluran Kinabatangan Kota Belud Kota Marudu Kuala Penyu Kudat Kunak Papar Pitas Ranau Semporna Sipitang Tambunan Tenom Tuaran
Kangar	Sungai Petani	Langkawi	*PDN			
Alor Setar	Seberang Jaya	Kepala Batas	**PKKN			
Pulau Pinang	Taiping	Bukit Mertajam	Bahagia			
Ipoh	Teluk Intan	Sri Manjung Slim River	Permai			
Klang	Sungai Buloh Ampang Selayang Serdang Kajang	Banting	Mesra			
Seremban	Kuala Pilah	Port Dickson	Sentosa			
Melaka						
Johor Bahru	Muar Pandan Batu Pahat					
Kuantan	Temerloh	Kuala Lipis				
Terengganu	Kemaman					
Kota Bahru	Kuala Krai					
Kuching		Kapit Bintulu Sarikei Sri Aman				
K. Kinabalu	Sibu Miri Sandakan Tawau	Lahad Datu Keningau Likas				
Minimum 15 resident specialist/sub-specialisties		Minimum 6 resident specialties	Specific resident specialties	Visiting specialist services		

* Pusat Darah Negara, unlike other hospitals or institutions, has no hospital bed.

** PKKN, although not yet officially de-gazetted as a leprosarium, has been amalgamated into Sungai Buloh for administrative matters.

KUMPULAN KERJA GARISPANDUAN RUJUKAN DAN PERPINDAHAN PESAKIT DI ANTARA HOSPITAL-HOSPITAL KEMENTERIAN KESIHATAN

PEKELILING KETUA PENGARAH KESIHATAN BILANGAN 2 TAHUN 2009

1. Dato' Dr. Hj Azmi bin Shapie
   Pengarah
   Bahagian Perkembangan Perubatan
   Kementerian Kesihatan Malaysia

2. Dr. Teng Seng Chong
   Timbalan Pengarah Kanan
   Cawangan Perkembangan Perkhidmatan Perubatan
   Bahagian Perkembangan Perubatan
   Kementerian Kesihatan Malaysia

3. Dr Sukumar Mahesan
   Pengarah
   Hospital Seberang Jaya
   Pulau Pinang

4. Dr. Nor Akma Yusuf
   Timbalan Pengarah
   Unit Perkhidmatan Pengurusan Hospital
   Bahagian Perkembangan Perubatan
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5. Dr. Laili Murni Mokhtar
   Ketua Penolong Pengarah
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   Kementerian Kesihatan Malaysia

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