

Referral Guidelines for Decentralisation of Specialist services in PHC

**COROMANDEL
MEDICLINIC**

Version: October 2023

Foreword



I am pleased to present the Referral Guidelines on decentralisation of specialist services, a comprehensive tool for healthcare professionals in public health institutions. These guidelines are the result of collaboration and expertise from various stakeholders dedicated to improving healthcare services.

Our healthcare system faces challenges such as an increasing demand for qualified workforce, increasing customer expectations and aging population. To address these challenges, we must build resilience, efficiency and sustainability. Decentralisation is one mechanism that can help prepare our health system for the future.

In today's complex healthcare landscape, effective referral systems are crucial for timely and appropriate care. A well-functioning referral system improves patient outcomes, optimizes resource allocation and strengthens healthcare delivery.

The Referral Guidelines for decentralisation of specialist services provide clear guidance for healthcare professionals in primary and secondary settings when referring patients to Specialist Clinics in Primary Healthcare. It outlines referral criteria, appropriate pathways, and necessary information for referral documentation. By following these guidelines, healthcare providers can ensure patients are referred to specialists or facilities, minimizing delays and improving continuity of care.

These guidelines were developed following extensive consultations with Consultants in Charge of various units, incorporating local contextual factors to ensure relevance and applicability.

Implementing these guidelines require commitment and cooperation from all stakeholders in the healthcare system. Effective communication and coordination between primary health care providers, specialists, hospitals and other facilities are essential. Continuous monitoring and evaluation are needed to identify areas for improvement and ensure ongoing effectiveness.

I am confident that these Referral Guidelines for decentralisation of specialist services, targeting stable chronic cases for follow-up in Specialist clinics in Primary Healthcare, will be a valuable resource for healthcare professionals. It will enable informed decisions, streamline the referral process, enhance care quality and optimize resource utilisation.

I extend my sincere appreciation to those who contributed to develop these guidelines. Your expertise and dedication have shaped this document. I would also like to express my gratitude to healthcare professionals who tirelessly provide care to our citizens.

A handwritten signature in blue ink, appearing to read 'Jagutpal', written in a cursive style.

Dr the Hon Kailesh Kumar Singh Jagutpal
Minister of Health and Wellness
9th October 2023

Foreword by SCE

Dear colleagues,

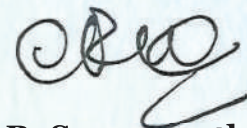
I am pleased to introduce the concept of decentralisation and its importance in improving healthcare delivery in primary healthcare (PHC). I believe that decentralisation is a crucial step towards advancing our goal of providing proximity, accessibility and quality healthcare to all.

In the context of a demand for capacitated Health workforce, increasing cost of services and an ever-increasing expectation of quality services, decentralisation of Specialist services and other support services in PHC proves to be a more cost efficient and effective mechanism in furthering delivery of equitable universal healthcare to the population, including the old-aged.

The present user-friendly referral Guideline aims primarily to facilitate all doctors and paramedical staff to ease the process of referral of patients from regional Hospitals to PHCs and vice versa.

As such, decentralisation is a transformative approach that has the potential to revolutionize PHC. By bringing our services closer to the population, putting the needs of our local communities in the forefront and empowering the healthcare providers, we can create a healthcare system that is responsive, accountable, and equitable. The concept of decentralization should therefore be fully embraced for its successful implementation.

This National Referral Guideline represents a roadmap for promoting healthcare excellence. Together, we can ensure every patient receives the right care, at the right time, from the right provider and thus we can achieve our shared vision of a healthier and more resilient Health system, as well as improve further our Universal Health Coverage index.



C. R. Seewooruthun (Mrs.)
Senior Chief Executive
Ministry of Health and Wellness

ACKNOWLEDGEMENTS

We wish, first and foremost to thank Dr the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness, Mrs. C.R. Seewooruthun, Senior Chief Executive, Dr. Bushan Ori and Mrs. Z.B. Lallmahomed, Permanent Secretary of Ministry of Health and Wellness, for having given us the opportunity to prepare this National Decentralisation Referral Guideline.

We also wish to acknowledge our indebtedness and deep sense of gratitude to All Consultant in charge for their valuable guidance throughout the writing and editing process, which has eventually led to the completion of this National Decentralisation Referral Guideline.

Dr Prithviraj Ramputty
DHS Primary Healthcare

Pointe Aux Sables Community Health Centre



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Introduction

This booklet serves as a referral guideline to facilitate the smooth implementation of the decentralisation of specialist services. This has been made possible through the dedication and collaboration of the senior most Consultant in Charge of all medical and surgical units along with their respective team.

The main objective of this guideline is to assist various healthcare professionals, including Specialists, Medical Health Officers, Nursing officers, and Record Officers, in coordinating the successful decentralisation of specialist services from regional hospitals to dedicated specialist clinics in primary healthcare. The aims of decentralisation are to:

1. Decongestion of Regional Hospitals
2. Build a critical mass of patient around Mediclinics & Primary Care
3. Shorten the waiting time for specialist appointments
4. To bring specialist services closer to the aging population

The success of decentralisation relies on each of us taking ownership of this mission. To ensure its sustainability, we must believe in its importance and overcome any obstacles that may arise.

If we believe that if something is worth doing, let's strive to do it well the first time and every time thereafter.

Disclaimer: This guideline is only meant as a general guideline while referring patients from Regional to PHCs or vice versa. It is advisable to seek advice from senior colleagues in case of any uncertainty.



**Goodlands
Mediclinic**

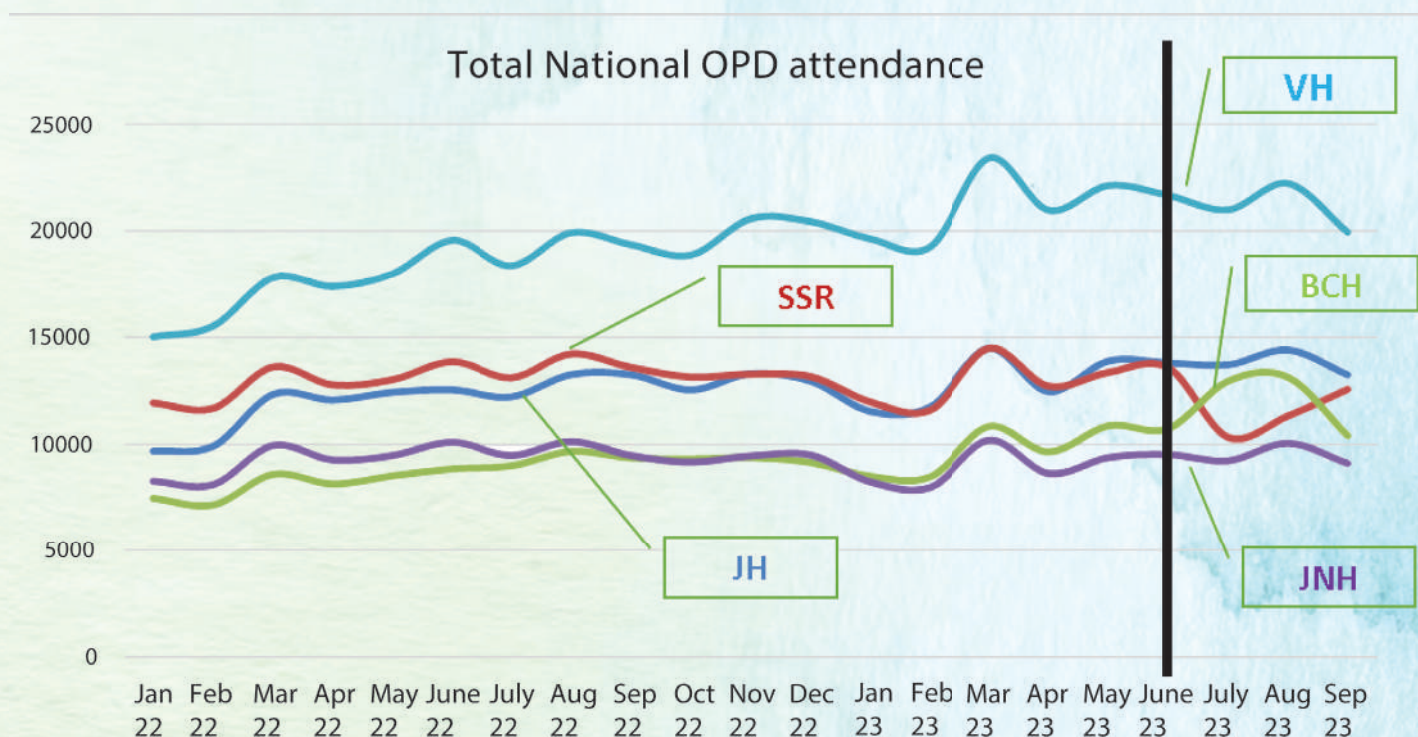
**Dr Mahmoodkhan Hyderkhan
Mediclinic**





Situation Analysis

Population size and OPD Workloads



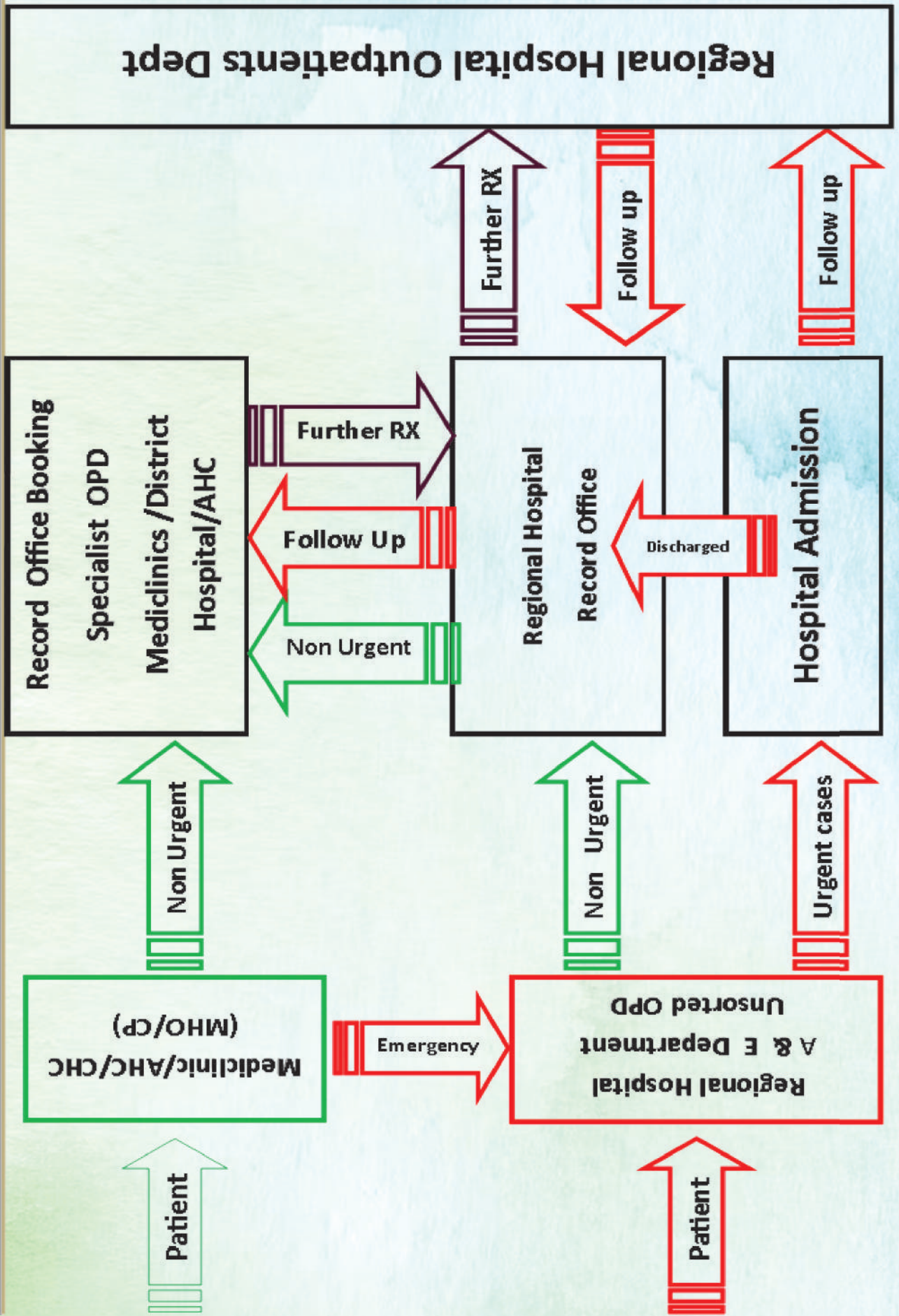
Cardiology, Internal medicine and Orthopaedic services hold the highest volume of cases in all 5 regional Hospitals. Accelerated decentralisation in these unit will bring the highest impact and breathing space in all 5 Regional Hospital.

Table I: Attendances at PHC Institutions 2022

REGIONS	ATTENDANCES
Health Region 1 PHCS (under Dr A.G Jeetoo Hospital)	1,053,309
Health Region 2 PHCS (under SSRN Hospital)	1,247,009
Health Region 3 PHCS (under Dr. Bruno Cheong Hospital)	843,535
Health Region 4 PHCS (under J. Nehru Hospital)	592,051
Health Region 5 PHCS (under Victoria Hospital)	965,007
TOTAL	4,700,911

OPD workload Unit wise per Regional Hospital					
	Region 1	Region 2	Region 3	Region 4	Region 5
Population 2017	314813	226391	180493	165771	334872
Very High >2000/month	Orthopaedic				Orthopaedic Gen Surgery
High >1000/month	Cardiology Int Medicine Gen Surgery Gyn & Obst	Cardiology Orthopaedic Int Medicine Gen Surgery	Cardiology Orthopaedic Int Medicine Gen Surgery	Cardiology Orthopaedic Int Medicine Gen Surgery	Cardiology Int Medicine Gyn & Obst
Medium >300/month	Psychiatry Padiatric Chest Neurology Rheumatology Dermatology	Psychiatry Padiatric Rheumatology Gyn & Obst	Psychiatry Padiatric Endocrinology Rheumatology Gyn & Obst	Padiatric Rheumatology Dermatology Gyn & Obst	Padiatric Endocrinology Chest Neurology Rheumatology Dermatology Occ Health
LOW < 300/month	Endocrinology Occ Health	Endocrinology Chest Neurology Dermatology Occ Health	Chest Neurology Dermatology Occ Health	Psychiatry Endocrinology Chest Neurology Occ Health	Psychiatry

Referral Pathway to Specialists OPDs in Medicinics



Decentralisation of Services

Medical Group	Surgical Group	Support Services
<ol style="list-style-type: none"> 1.General Medical Unit 2.Endocrinology & Diabetology 3.Cardiology 4.Paediatric 5.Rheumatology 6.Dermatology 7.Occupational Medicine 8.Psychiatry 9.Chest Clinic 	<ol style="list-style-type: none"> 1.Orthopaedic 2.Gynaecology & Obstetric 3.General Surgery 4.ENT 5.Ophthalmology 	<ol style="list-style-type: none"> 1.Tobacco Cessation Clinic 2.Dietician and Obesity Clinic 3.Footcare Clinic 4.Retinal Screening Services 5.Rehabilitation Services 6.Breast Cancer screening services 7.Cervical cancer screening services



**Decentralisation
Specialist Clinic OPD**



Jeetoo Hospital

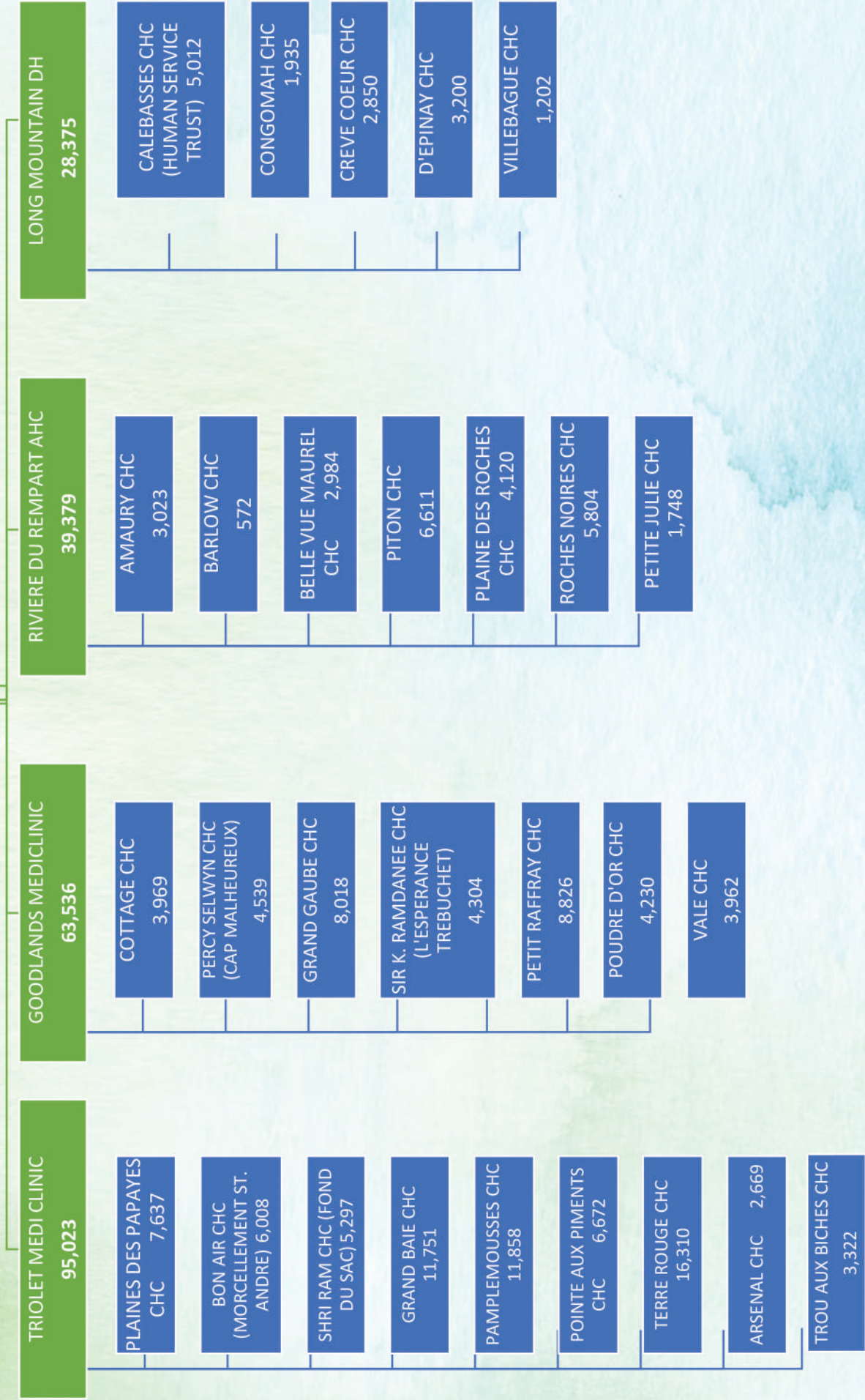
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Specialist Roster Health Region 1

Clinics	HYDERKHAN MEDICLINIC	COROMANDEL MEDICLINIC	PETITE RIVIERE AHC	QUENUM AHC
Medical	Tuesday P.M	Monday P.M	Wednesday P.M	Friday P.M
Paediatric	Thursday P.M	Friday P.M	Friday P.M (2nd & 4th week)	Tuesday P.M (2nd & 4th wk)
Ante Natal Clinic	Friday A.M	Tuesday A.M	Thursday A.M	Wednesday P.M
Gynae OPD	Monday P.M	Tuesday A.M	Thursday A.M	Wednesday P.M
Endocrinology	Monday A.M	Friday A.M	Tuesday P.M	Thursday P.M
Cardiac	Wednesday P.M	Thursday P.M	Friday P.M (Fortnight)	Monday P.M (Fortnight)
Physical Medicine	Monday P.M (1st wk)	Tuesday P.M (4th wk)	Tuesday P.M (2nd wk)	Tuesday P.M (3rd wk)
Orthopaedic	Tuesday A.M	Thursday P.M (Alt wk)	Wednesday P.M (Alt wk)	Wednesday P.M (Alt wk)
Psychiatric	Friday P.M (2nd & 4th wk)	Monday A.M (1st & 3rd wk)	Wednesday P.M (2nd wk)	Wednesday A.M (1st wk)
Dermatology	Thursday P.M (1st & 3rd wk)	Tuesday P.M (1st & 3rd wk)	Thursday P.M (2nd & 4th wk)	Tuesday P.M (2nd & 4th wk)
Occupational Health	Friday P.M (Except Last wk)	Monday P.M (Except Last wk)	Monday P.M (Last wk)	Friday P.M (Last wk)
Chest	Wednesday P.M (1st week)	Wednesday P.M (2nd week)	Wednesday P.M (4th week)	Wednesday P.M (3rd week)

Region 2 SSRNH Decentralisation P-226,313



Specialist Roster Health Region 2

	Triplet Mediclinic	Goodlands Mediclinic	Riv du Rempart AHC	Long Mountain Dist Hosp
General Medicine	Thursday PM	Wednesday PM	Monday PM	Tuesday PM
Surgery	Monday AM	Wednesday AM	Saturday AM	Thursday PM
Orthopaedic	Tuesday PM	Tuesday PM	Friday PM	Saturday AM
Paediatrics	Wednesday PM	Monday PM	Tuesday PM	Thursday PM
Obst & Gynae	Friday PM	Wednesday PM	Thursday PM	Friday PM
Rheumatology	Saturday AM	Wednesday AM	Friday PM	Tuesday AM
Psychiatry	Friday PM	Friday PM	Wednesday PM	Wednesday AM
Cardiology	Wednesday AM	Saturday AM	Tuesday PM	Wednesday PM
ENT	Tuesday AM	Tuesday AM	Friday AM	Thursday AM
Dermatology	Thursday PM	Friday PM	Saturday AM	Wednesday AM
Chest Diseases	Tuesday PM	Tuesday PM	Wednesday AM	Monday PM
Ophthalmology	Wednesday PM	Monday PM	Friday PM	Friday AM
Endocrinology	Monday PM	Thursday PM	Tuesday AM	Friday PM
Tobacco Cessation Unit	Monday PM	Thursday PM	Tuesday AM	Friday PM
Dietician	Monday PM	Thursday PM	Tuesday AM	Friday PM
Foot Care	Monday PM	Thursday PM	Tuesday AM	Friday PM
Physiotherapy	Friday AM	Tuesday PM	Friday PM	Tuesday AM
Occupational Therapy	Friday AM	Tuesday PM	Friday PM	Tuesday AM
Multidisciplinary Team		Wednesday PM		

**Dr Bruno Cheong Hospital
165,127**

**BELVEDERE
Mediclinic
32,753**

LALLMATIE CHC
9,021

LAVENTURE CHC
3,989

SAINT JULIEN VILLAGE
CHC 2,793

BON ACCUEIL CHC
6,366

**BRAMSTHAN AHC
4,965**

CENTRAL FLACQ AHC
18,411

MARE LA CHAUX CHC
1,959

POSTE DE FLACQ CHC
8,302

QUATRE COCOS CHC
3,274

BELLE MARE CHC 2,583

CAMP ITHIER CHC 4,618

CAROLINE CHC 5,394

ECROIGNARD CHC 2,176

TROU D'EAU DOUCE
CHC5,619

**Q.MILITAIRE
MEDICLINIC
32,364**

CAMP THOREL CHC
2,166

M. DE SPEVILLE CHC
(L'ESPERANCE)1,917

PROVIDENCE CHC 3,343

SAINT JULIEN
D'HOTMAN CHC 3,421

CAMP DE MASQUE PAVE
CHC 4,024

DR. SAXENA CHC (CAMP
DE MASQUE) 3,080

MEDINE CAMP DE
MASQUE CHC 7,242

**BEL AIR MEDICLINIC
83,156**

CLEMENCIA CHC
1,857

GRANDE RIVIERE SUD
EST CHC 2,261

GRAND SABLES CHC
2,221

LA LUCIE ROY CHC 1,842

OLIVIA CHC 3,734

QUATRE SOEURS CHC
3,259

(MONTAGNE BLANCHE)
8,741

MELROSE CHC 2,464

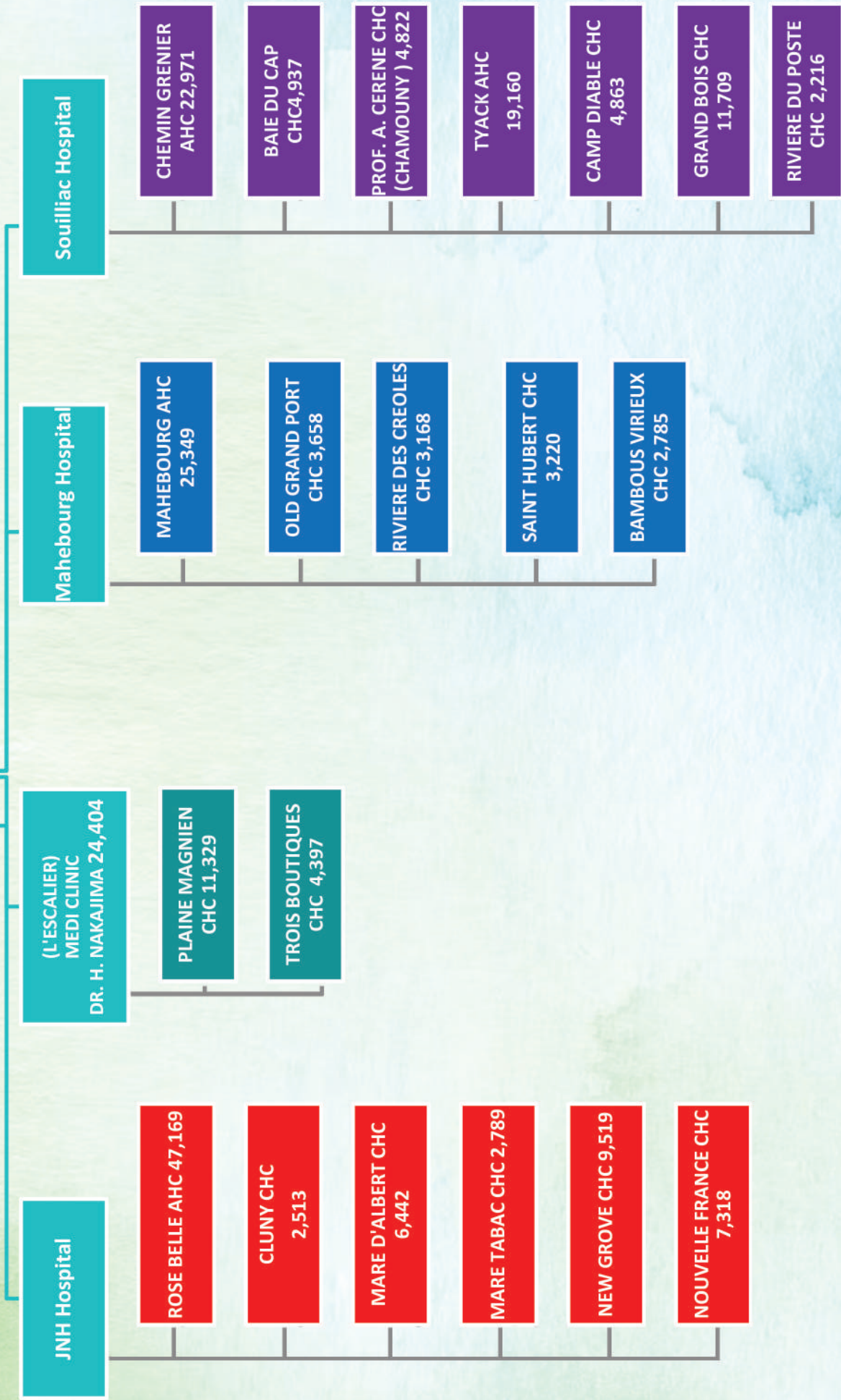
RONALD PALMER CHC
(PELLEGRIN) 1,918

SEBASTOPOL CHC 3,731

Specialist Roster Health Region 3

	LSR BELVEDERE MEDICLINIC	BEL AIR RIV. SECHE AHC	QUARTIER MILITAIRE AHC	BRAMSTHAN AHC
General Medicine	Monday PM	Thursday PM	Wednesday PM (once Monthly) *	
Surgery				
Orthopaedics	Friday PM			
Paediatrics	Monday PM (alt week)	Monday PM (alt week)	Thursday PM (alt weeks) *	
Obst & Gynae	Thursday PM (alt Week)	Tuesday PM	Tuesday PM (1st & 3rd week)	
Rheumatology	Monday AM	Friday PM *	Tuesday AM (alt week) *	
Psychiatry	Tuesday PM	Friday PM	Monday AM *	
Cardiology				
ENT				
Dermatology	Thursday PM (1st Week)	Tuesday PM (1 st week) *	Friday PM (1st week) *	
Chest Diseases	Wednesday PM			
Ophthalmology	Lasar Clinic only			
Endocrinology	Monday AM, Tuesday AM	Thursday AM	Thursday AM	Monday PM
Dietician	Wednesday AM (1st Week)	Thursday PM (1st Week)	Thursday AM, PM	Wednesday AM (1st Week)
Foot Care		Proposed day and time- Not yet fixed		
Tobacco Cessation Unit	in the pipeline			

JNH 180,431



Specialist Roster Health Region 4

	Souilliac Hospital	Mahebourg Hospital	L'Escalier Mediclinic	Chemin Grenier AHC
Gen Medicine	Thursday pm	Wednesday pm		
Surgery	Wednesday pm	Thursday pm (alt wk)		
Orthopaedic	Tuesday pm	Friday pm (alt wk)		
Paediatrics	Tuesday pm (alt wk)	Monday pm	Thursday (3 rd wk pm)	
Obstetrics	Wednesday am - RMO Friday pm – SP clinic	Monday am – Midwife booking Monday pm – SP clinic	Thursday pm SP Friday am RMO Wed ANC booking full day	Monday am ANC booking/Midwife Monday pm RMO
Gynecology	Monday pm	Thursday pm (alt wk)		
Rheumatology	Thurs am (alt wk)	Tues am (alt wk)	Friday am (alt wk)	
Psychiatry	Friday am/pm	Tuesday am	Thursday (1 st wk am)	Wednesday pm
Cardiology	Thursday pm	Monday am	-	
ENT	Wednesday am	Friday am	-	
Dermatology	Monday am	Tuesday pm	Tuesday am (2 nd wk)	
Chest Disease	-	-		
Ophthalmology	Mond, Wed, Fri am	Thursday am		
Endocrinology	Monday to Saturday am	Tuesday/Friday pm	Friday am	Thursday pm/Friday pm (alt)
Dietician	Friday a.m (3 rd &4 th wk)	Tuesday full day (4 wks)	Tuesday am (2 nd & 4 th wk) Friday am (1 st wk)	Tues am (1 st & 3 rd Wk) Thurs am (2 nd & 4 th Wk) Friday pm (one /month)
Foot Care	Monday to Saturday am			
Tobacco Cessation Unit	Saturday am			

	Tyack AHC	Grand Bois CHC
General Medicine		
Surgery		
Orthopaedic		
Pediatrics	<ul style="list-style-type: none"> • Friday pm 1st wk 	
Obstetrics	<ul style="list-style-type: none"> • Tuesday pm SP • Thursday pm RMO 	<ul style="list-style-type: none"> • Friday am RMO
Gynecology		
Rheumatology		
Psychiatry		
Cardiology		
ENT		
Dermatology		
Chest Disease		
Ophthalmology		
Endocrinology	<ul style="list-style-type: none"> • Wednesday pm 	<ul style="list-style-type: none"> • Wednesday pm
Dietician	<ul style="list-style-type: none"> • Thursday am (2nd week) • Wednesday pm (4th week) 	<ul style="list-style-type: none"> • Thursday pm (1st week) • Wednesday pm (2nd week)
Tobacco Cessation Unit	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •



Specialist Roster Health Region 5

	Floreal MC	Stanley MC	Yves Cantin DH	Forest Side CHC	Club Road AHC
Dermatology	2nd week Wednesday PM	1st week Thursday PM	3rd week Friday AM	4th Wednesday PM	4th week Thursday PM
Internal Medicine	2nd week Friday PM	3rd week Wednesday PM	1st week Tuesday PM	2nd Wednesday PM	4th week Thursday PM
Endocrinology & Diabetology	Every week Type I - Saturday AM Type II - Friday PM	Every Monday AM & PM	Friday PM		Friday PM
Cardiology	Monday PM	Wednesday PM			
Paediatric	Monday PM		2nd & 4th Wednesday PM		
Rheumatology	Decentralisation to Floreal Mediclinic every Thursdays AM				
Psychiatry	2nd week Thursday PM		3rd week Thursday AM	4th week Thursday PM	1st week Monday PM
Chest Clinic	Tuesday PM	Thursday PM	1st week Monday PM	Friday PM	2nd week Monday PM
Occupational Medicine	Decentralisation to Floreal Mediclinic and Phoenix on every Tuesdays PM & Thursdays				
Orthopaedic	1st week Friday PM	2nd week Friday PM	3rd week Friday PM	3rd week Wednesday PM	4th week Friday PM
Gynaecology & Obstetric	Every week Monday PM	Monday PM	Tuesday PM	3rd week Wednesday PM	Wednesday PM
Surgery	MDT Wednesday PM				



How To use Guideline

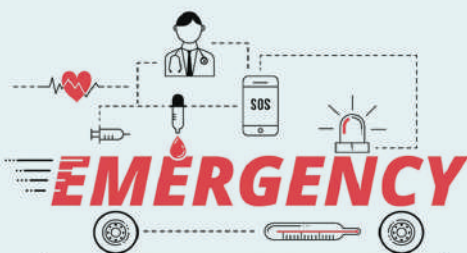
This Guideline has been designed under 3 Headings keeping in mind the flow of patients:



A. From Regional Hospital Medical Unit to Specialist Clinic in Mediclinic/AHCs



B. From Community Health Centre to Specialist clinic in Mediclinic/AHC



C. From Accident and Emergency to Specialist Clinic in Mediclinic/AHC

Prerequisite for referral

- 1.All cases must be referred on the **standardised Referral Form**
- 2.Conventional Memo type referral will not be accepted
- 3.All referral form **MUST** include basic laboratory /Other relevant Investigation report
- 4.Form Must be legibly written with Doctor Name and Unit seal for traceability
- 5.Booking for appointment must be done at record Office desk
- 6.Patient should NOT be asked to go and do his/her own booking as far as possible



REFERRAL LETTER

Referred from: Hospital	Referred to: Hospital
Date of Referral 20	Type of referral: Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Immediate <input type="checkbox"/>

Name of Patient: Unit Number:

N.I.C Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Weight: kgs

Dear Doctor,
 I am referring the above-named patient who is suffering from

Medical History:

Family History:

History of Allergies:

Patient is presently on the following treatment

Name of Doctor: Signature:

BP: mm/Hg

Test Results

Hb: gm/dl
(date)

FPG: mmol/L

GR: mmol/L

HBA1C: %

S. Cholesterol: mmol/L

S. Triglyceride: mmol/L

S. Creatinine: mmol/L

Radiology Results

CT-Scan
(date)

MRI
(date)

Others:

Department of General Medicine

Referral guidelines - Decentralisation of Specialist Services

A From Regional Hospital Medical Unit to Specialist Clinic in Mediclinic/AHCs

1. Stable chronic Idiopathic Thrombocytopenic Purpura (ITP)
2. Stable Inflammatory Bowel Disease (IBD)

B From Community Health Centre to Specialist clinic in Mediclinic/AHC

1. All anaemia cases who do not need admission
2. Bilateral pedal oedema who does not need admission
3. Weight loss for investigations who do not need admission
4. Resistant high blood pressure

C. From Accident and Emergency to Specialist Clinic in Mediclinic/AHC

Same criteria as in B

Please note:

- All referred cases to specialist clinics should be accompanied by appropriate blood tests and urine tests.
- Regarding Diabetes: To follow existing MOHW guidelines

**Guideline Prepared by :
CIC Team medical Unit**



Department of Endocrinology/Diabetology

Referral Guidelines Decentralisation of Specialist Services

1.Cases that can be referred from Regional Hospitals OPDs to Specialists Clinic in PHCs.

- (a)All aged 16+ Type 1 Diabetes Mellitus Patients.
- (b)All Type 2 Diabetes Mellitus cases where HbA1c is above 8.0% following full optimisation with Anti Diabetic oral drugs.

Full Optimisation means

Metformin 1g twice daily + Gliclazide160mg twice daily

(c)Hypothyroidism.2.Cases that can be referred from Accident and Emergency to Specialist Clinic in PHCs.

All above cases that do not need admission.

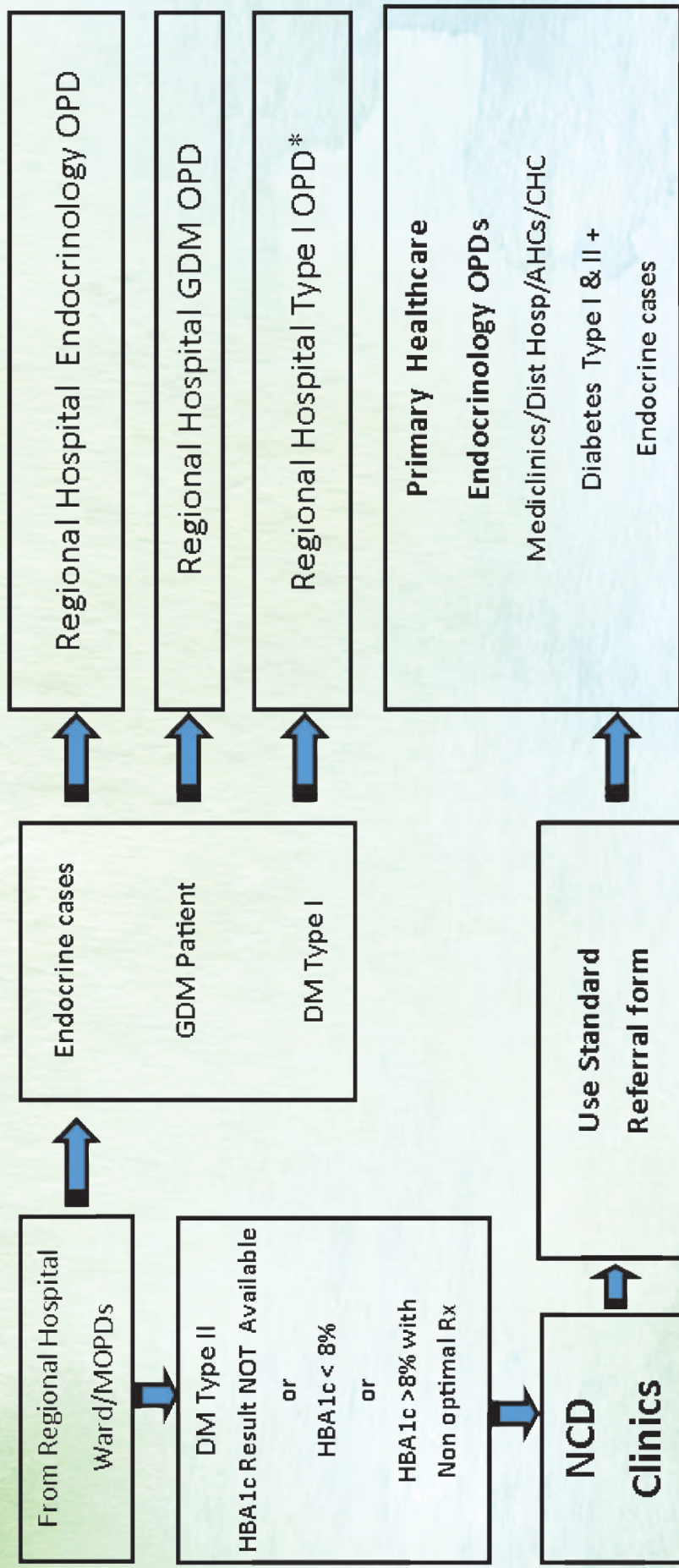
3.Cases that used to be referred from CHCs/ AHCs/ Medclinics to Specialist Clinics in PHCs.

All cases of Diabetes Mellitus and other Endocrine Disorders that cannot be managed by MHO and CP requiring Specialist's care

Dr. Choonee. D
Consultant in Charge
Endocrinology and Diabetology



Referral Pathway to Endocrinology Services



Parameters		Refer to
Acute cases	< 16 years	Pae diatrician
	> 16 years	Me dical Specialist
Chronic cases	DM + Creatinine > 300 mmol/ dl	Nephrologist
	All GDM Patient & DM Type I	Endocrinologist
	All DM + ↑↑ S. Creatinine = up to 300 umol/L	
	Uncontrolled DM HBA1c > 8% after > 3 Month of Fully Optimised RX as per guideline	
	Uncontrolled DM NOT Fully Optimised RX as per guideline	Comm Physician NCD OPD

Refer to Endocrinologist

1. Referral with only FBS and RBS results will NOT be accepted
2. Optimal Rx – means Max OHA +/- Basal Insulin
3. Max OHA = Metformin 2 g/day + Glicazide 320 mg daily
4. Stabilised pt will be referred back NCD clinic /AHC/CHC for follow up
5. ALL Regional Type I OPD will be phased out to Mediclinics by June 2023

3. Contact Regional Endocrinologist for advice if needed

Cardiology Unit Referral Guideline

PHC SP Clinic Referral Guidelines for Cardiac Patients from Regional Hospitals

A.Cases that can be referred from Regional Hospitals OPDs to Specialists Clinic in PHCs.

The following stabilized cardiac patients from Regional Hospitals can be referred to Specialist OPD's in Medi Clinics / AHC/ District Hospitals.

- 1.Those who have had PTCA and found stable after six months can be followed up at PHC SP Clinics.
- 2.Patients who had Coronary Angiography which showed mild to moderate coronary artery disease.
- 3.Patient with negative stress test and suffering from high BP
- 4.Patient who had pacemaker implantation after six months can go to PHC for regular follow up. Pacemaker interrogation and programming to be done every year at the regional hospital
- 5.Patient after valve replacement can be followed up after one year at PHC SP clinics provided INR can be done at these places and Echocardiography machine is made available.
- 6.One year after CABG patients can be followed up at PHC SP Clinics.

B.Cases that can be referred from Accident and Emergency to Specialist Clinic in PHCs.

From dispensaries/AHC's/ Medi Clinics local referral to cardiologist at PHC SP Clinics should be properly investigated by the Community Physicians for other causes of cardiac like symptoms to exclude other diseases then sent to cardiologist for expert opinion.

However, proper conditions in the PHC SP clinic should be created for patients to benefit from these services.

- (a)ECG machine should be made available
- (b)Echocardiography machine with probes and updated software should be purchased for each PHC SP clinics
- (c)PHC SP clinics to be run in the afternoon only because cardiologist are needed in their regional hospitals for clinical management of patients in OPD's in the morning
- (d)It is better to have a dedicated cardiac nurse to help the cardiologist to run these Medi Clinics.

Dr. R.K. Jugessur
Consultant in Charge
Cardiac Unit
Victoria Hospital

Department of Paediatrics Unit

A, From Regional Hospital OPDs to Specialist Clinic in PHCs*

1. Bronchial Asthma
2. Failure to thrive/Underweight children (BMI <5th percentile)
3. Childhood obesity (BMI ≥95th percentile)
4. Short stature (height less than 2 standard deviations below the mean for gender and age)
5. Developmental- behavioural disorders – speech/ language delay, delayed milestones, ADHD, autism
6. Nephrotic syndrome (off medications, on follow-up only) **
7. Down Syndrome on follow up
8. Iron deficiency anaemia
9. Thalassemia trait patients
10. Epilepsy
11. Febrile convulsions

B. From A&E, CHCs and AHCs to Specialist Clinic in PHCs

Stable cases needing follow-up, e.g., Bronchial Asthma

C. Paediatric referrals from Regional Hospital OPDs to Specialist Clinic in PHCs:

- Patients who are suffering from chronic illnesses not requiring multidisciplinary management.
- Patients who have already undergone necessary investigations and are currently stable on medication/ on routine follow-up.**

** Nephrotic Syndrome cases with features of relapse to be referred back to Regional Hospital Paediatric Department.

**Dr H. Mahomed Aly
Consultant-in-Charge,
Paediatrics Unit
Victoria Hospital**

Department of Rheumatology.

Referral Guidelines for PHC Specialist Services.

(A) Cases that can be referred from Regional Hospital OPDs to specialist clinic in PHCs:

- **Psoriatic arthritis:** mild to moderate cases who are controlled on medication but who are not on b- DMARDS. Rheumatoid arthritis: mild to moderate, who are controlled on medication but who are not on b- DMARDS.
- **Gout:** (Please note all patients with gout who are controlled on medication can be referred to NCD clinic).
- **Systemic Lupus Erythematosus:** stable patients who are on hydroxychloroquine only.
- **Osteoarthritis**
- **Osteoporosis.**

(B) Cases that can be referred from A&E to specialist clinic in PHCs:

- Rheumatoid arthritis:
- Psoriatic arthritis.
- Gout.
- Osteoarthritis.
- Osteoporosis.

(C) Cases that need to be referred from CHCs and AHCs to specialist clinics in PHCs:

- Rheumatoid arthritis:
- Psoriatic arthritis
- GOUT.
- Osteoarthritis.
- Osteoporosis

Target

- Percentage of patients that can be referred to specialist clinics in PHC is around **40 - 50 %** over a period of **6-8 months** for all regional hospitals.



Department of Dermatology

A.Cases that can be referred from Regional Hospital OPDs to Specialist Clinics in PHC

- 1.Acne/Rosacea
- 2.Stabilised Psoriasis on topical treatment
- 3.Stabilised lichen planus/oral lichen planus
- 4.Atopic Eczema
- 5.Stasis Eczema
- 6.Photo eczema
- 7.Chronic urticaria (after all required investigations have been completed)
- 8.Chronic prurigo in adults (after all required investigations have been completed)
- 9.Lichen amyloidosis (back, arms and legs)
- 10.Ichthyosis
- 11.Papular urticaria due to mosquito bites in children
- 12.Stabilised vitiligo
- 13.Recurrent folliculitis beard area/axilla

B.Cases that need to be referred from CHCs and AHCs to Specialised Clinics or PHCs

- 1.Scabies
- 2.Head lice
- 3.Onychomycosis
- 4.Extensive Pityriasis versicolor, Candidiasis, tinea corporis, cruris and capitis
- 5.Acne
- 6.Alopecia areata
- 7.Chronic Eczema, stasis eczema, hand eczema and mild atopic eczema
- 8.Calluses and corns
- 9.Palmar and Plantar warts
- 10.Seborrheic dermatitis (Scalp, face)
- 11.Napkin dermatitis
- 12.Melasma

C.Cases that can be referred from A&E to Specialist Clinics in PHC

Same as above.

Dr R. Amide
Consultant-in-Charge (Dermatology)
Victoria Hospita



Department of Occupational Health

REFERRAL DECENTRALISATION OF SERVICES

A. Activities of the Occupational Health Unit at the level of Regional Hospitals

(1) Medical surveillance of workers working in the public sector as per the Occupational Safety and Health Act 2005. These workers attend hospital 6 monthly. All requests for medical surveillance are addressed to the Director Health Services (Public Health) and is processed at the level of the Occupational Health Unit after approval from the DHS.

(2) Examination and follow up of workers with work related issues referred to the Occupational Health Unit from wards, OPDs and A&E Department.

(3) Medical fitness of workers to ascertain their fitness for work in the public sector and para statal bodies.

(4) Medical fitness for training abroad for workers of the public sector.

(5) Medical fitness of candidates applying for recruitment in the Police force, in the Fire Services and in the Prison services (mass recruitments).

(6) Medical boards to ascertain the fitness for work for workers of the public sector.

A. Decentralisation of Occupational Health Services

(1) Appointments are being given in MediClinics, AHCs and district hospitals for all new requests from employers for the 6 monthly medical surveillance of workers. However, those staying in the vicinity of the regional hospitals are still getting appointments at the regional hospitals.

Workers who are presently attending regional hospitals for their 6 monthly medical surveillance are being referred to the MediClinics, AHCs and district hospitals when they attend their appointments in the Occupational Health OPDs of the regional hospitals.

Workers who are being followed up at the regional hospitals for various medical conditions will continue their 6 monthly medical surveillance in the regional hospitals.

(2) Workers with work related issues referred from wards, OPDs and A&E Department can be given appointment with a referral note in the Occupational Health OPDs of the regional hospitals or AHCs or MediClinics or district hospitals depending on their residential addresses.

(3) Medical fitness of workers to ascertain their fitness for work for the public sector and para statal bodies will continue to be carried out at the regional hospitals for the time being as this exercise has to be done on a fast-track basis so that their appointment in the service is not delayed. Laboratory facilities are not available and chest x ray cannot be carried out at the AHCs and MediClinics.

(4) Medical fitness for training abroad for workers of the public sector will be done at the regional hospitals as this is always carried out on a fast-track basis as above. Often this exercise has to be completed within a few days.

(5) Medical fitness for candidates during “mass recruitments” (candidates for Police force, Prison services and Fire Services) are being carried out at the regional hospitals. The list of candidates is sent from the Ministry to the regional hospitals. This exercise is carried out on a fast-track basis so that their appointment in the service is not delayed. Laboratory facilities are not available and chest x ray cannot be carried out at the AHCs and MediClinics.

(4) Medical fitness for training abroad for workers of the public sector will be done at the regional hospitals as this is always carried out on a fast-track basis as above. Often this exercise has to be completed within a few days.

(5) Medical fitness for candidates during “mass recruitments” (candidates for Police force, Prison services and Fire Services) are being carried out at the regional hospitals. The list of candidates is sent from the Ministry to the regional hospitals. This exercise is carried out on a fast-track basis and hence will need to be carried out at the regional hospitals.

(6) Medical boards will be carried out at the regional hospitals as the medical superintendent chairs the medical board and it requires the presence of other specialists.

Occupational Health OPDs as at August 2023		
1	Dr. A.G.Jeetoo Hospital	Ongoing
	Coromandel mediclinic	Started already
	Dr M.Hyderkhan mediclinic	Started already
	Petite Riviere CHC	Started already
	Dr Quenum AHC	Started already
2	Dr. Bruno Cheong Hospital	Ongoing
	Belvedere mediclinic	Started already
	Quartier Militaire mediclinic	Date not finalised yet
3	J.Nehru Hospital	Ongoing
	Mahebourg Hospital	Ongoing
	Souillac Hospital	Started already
	L’Escalier mediclinic	Started already
4	SSRN Hospital	
	Triolet mediclinic	Started already
	Goodlands mediclinic	Will start on 15 September 2023
	Long Mountain hospital	Not yet finalised
	Riviere Du Rempart AHC	Not yet finalised
5	Victoria Hospital	
	Floreal Mediclinic	Started already
	Phoenix CHC	Started already

Dr.(Mrs.) S.GAYA
Head,Occupational
Health Unit

Department of Psychiatry

Referral Guidelines (Psychiatry)

1) Regional Hospital OPDs —————> Specialists Clinic on PHCs

1.To ensure the continuity of care and in order to minimise the risk of relapse or adverse outcome, the transition must be well explained to the patient and be effective.

2.To transfer only stabilised patients who do not need acute care and who do not have florid psychiatric symptoms.

3.**Communication:** To clearly explain that it is best interest of the patient and that he will continue to be seen by a Specialist.

4.**Prepare a comprehensive transfer letter** with the maximum information concerning the patient's Mental Health History, current condition, medication details, treatment plan and relevant information for the Primary Health Care provider.

5.**Pre-Transfer Assessment:** Confirm the stability; Evaluate the patient's stability based on clinical presentation, stability of symptoms; adherence to medication and general well being.

6.To ensure that the medications on which the patient is stabilise are available in the Primary Health Care set up, especially antidepressant, antipsychotic and long acting psychotic.

7.Not to transfer psychiatric patients who have Medico legal or Forensic issues.

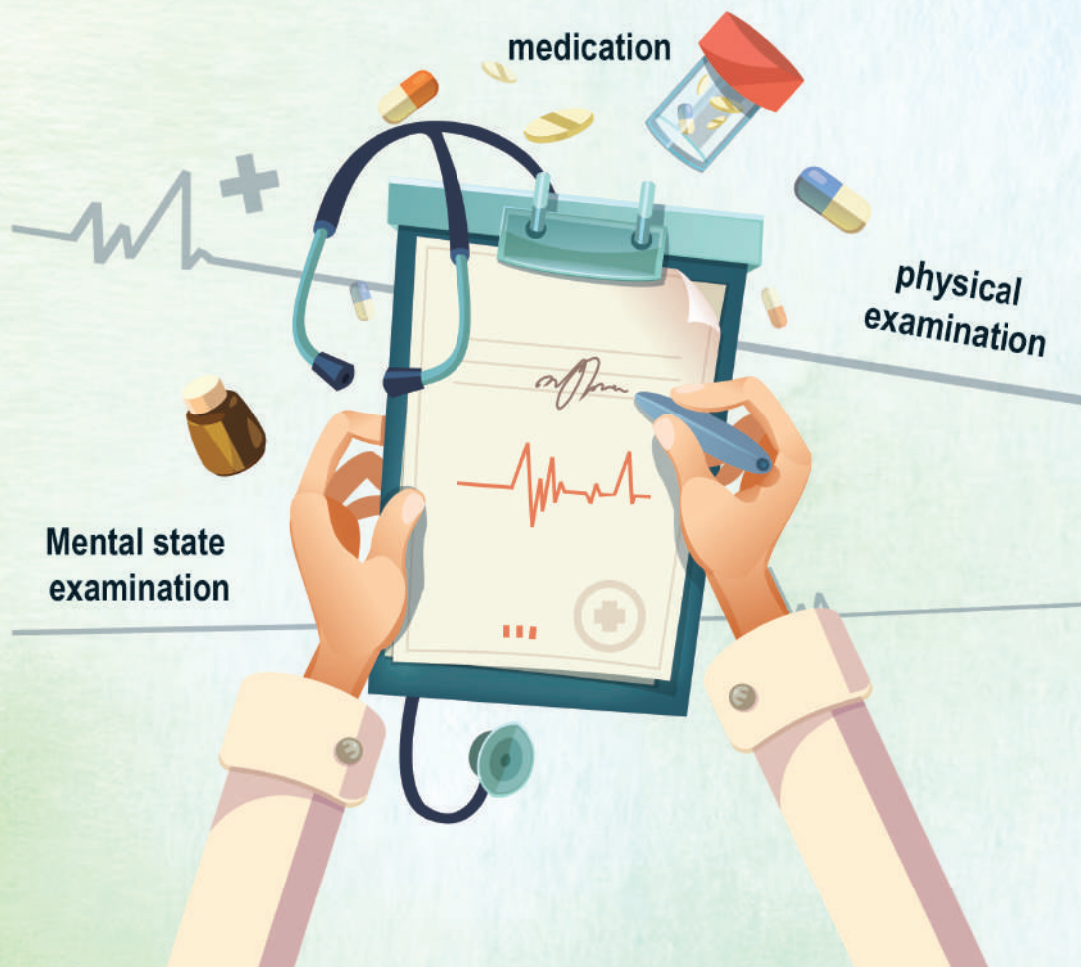
PSYCHOLOGICAL HELP



Referral Guidelines (Psychiatry)

2)A&E (Accident and Emergency Department) ———> Specialists Clinic on PHCs (Accident and Emergency Department)

- 1.Complete physical examination to exclude any medical problems requiring immediate attention.
- 2.Mental state examination by a Psychiatrist at the A&E to rule out a severe acute Mental Health Conditions. To clearly assess the potential risk of having to themselves and others.
- 3.To transfer only patient with mild to moderate psychiatric symptoms.
- 4.Compile a referral letter summarising the patient's Mental Health conditions, including relevant medical history, previous treatment and any medications. Include details of any assessment on interventions conducted in the Accident and Emergency Department along with their outcome.
- 5.Initiate a treatment and see to it that the patient has enough medication until his first appointment at the Primary Health care setup.
- 6.Not to transfer suicidal patients, those having aggressive and violent behaviour and those with Medico legal or Forensic issues.



Referral Guidelines (Psychiatry)

3) From CHCs and AHCs ———> Specialists Clinics on PHCs

1. To transfer

a) Psychiatric patients who were following treatment at CHC or AHC and who are showing signs of relapse in their illness that is reappearance of psychiatric patients.

b) Patients following treatment at AHCs and CHCs and who started to develop Mental Health conditions.

c) Those who need follow up by the Mental Health professional (Psychiatrist & Psychologist)

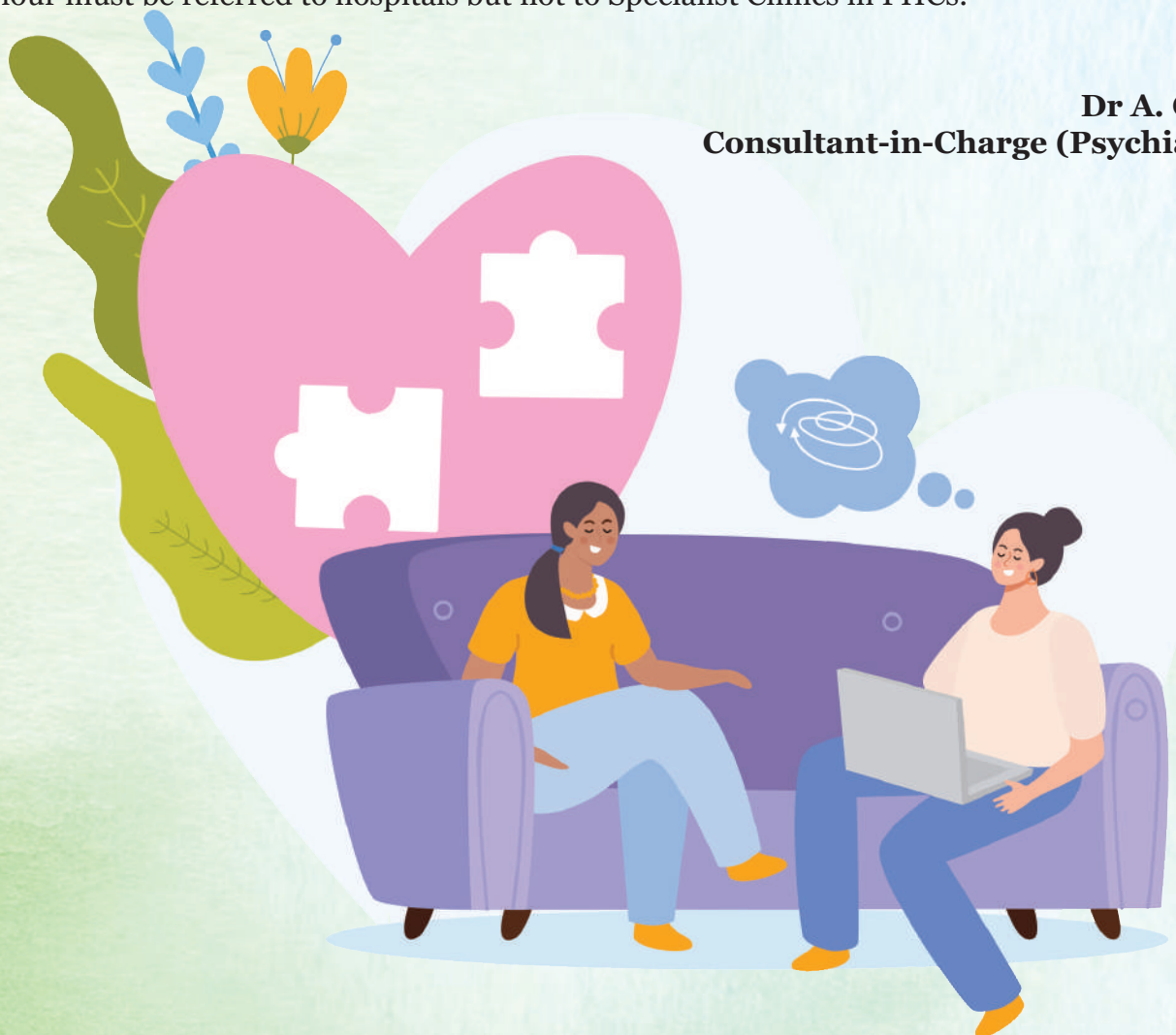
2. Prepare a referral letter that includes the patient's presenting symptoms, history of psychiatric issues, relevant medical history and any previous treatment received.

-Include information on any previous assessment or intervention attempted at Area Health Centre or Community Health Centre.

-Attach any relevant laboratory reports, imaging studies or other special investigations conducted.

3. Start an initial treatment before transfer by liaising with a Psychiatrist (on call).

4. Patient who represents a danger to themselves and to others or having violent or aggressive behaviour must be referred to hospitals but not to Specialist Clinics in PHCs.



Dr A. Gopee
Consultant-in-Charge (Psychiatrist)

Department of Respiratory Diseases /Chest Unit

Referral pathway of Bronchial Asthma patients to PHC

Asthma symptom control			Level of asthma symptom control		
In the past four weeks, has the patient had:			Well-controlled	Partly controlled	Uncontrolled
• Daytime asthma symptoms more than twice/week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	None of these	1 - 2 of these	3 - 4 of these
• Any night waking due to asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Reliever needed for symptoms more than twice/week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Any activity limitation due to asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

A.Criteria for referral to LHC/AHC/ Mediclinic for follow up by NCD:

Patients who have well-controlled asthma and are on Beclomethasone inhaler + Formoterol/ Salmeterol inhaler or Beclomethasone inhaler + low dose theophylline.

N.B: Patients with partly controlled and uncontrolled symptoms:

- 1.Assess inhaler technique and treatment adherence
- 2.Assess modifiable risk factors (smoking/ allergen exposure)
- 3.Assess co-morbidities (GERD, allergic rhinitis, chronic rhinosinusitis, OSA, cardiac disease, bronchiectasis, anxiety, depression)
- 4.Optimize pharmacological and non-pharmacological (smoking cessation, vaccination and weight loss) treatments.

A.Cases that can be referred from Regional Hospital OPDs to Specialist Clinic in PHCs:

- 1.Patients with bronchial asthma diagnosis confirmed and need specialist follow up for stepping up or stepping down therapy.
- 2.Patients admitted with acute exacerbation of bronchial asthma and being discharged from ward.
- 3.Obese patients who have difficult-to-treat asthma, after being seen by nutritionist for weight loss and after excluding other co-morbidities detailed above.

B.Cases that can be referred from A&E to Specialist Clinic in PHCs:

- 1.Newly diagnosed asthma patients
- 2.Bronchial asthma patients who previously were following treatment in private and now want follow up in public sector.

3. Patients with uncontrolled asthma symptoms or frequent exacerbations ($\geq 2/\text{year}$) requiring oral corticosteroids

4. Patients who had previous treatment for bronchial asthma in Chest OPD and defaulted treatment.

C. Cases that need to be referred from CHCs and AHCs to Specialist Clinics in PHCs:

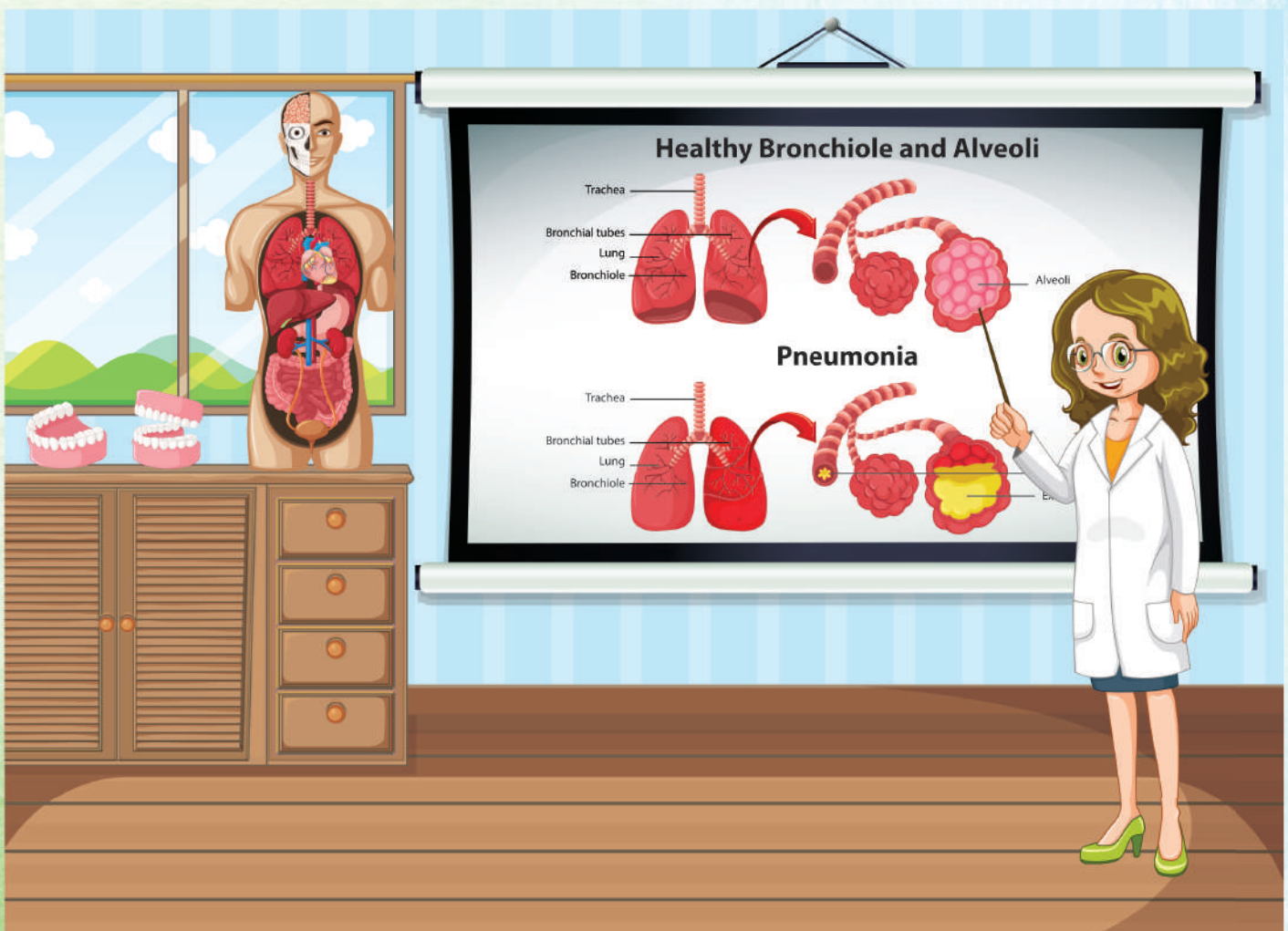
1. Newly diagnosed asthma patients

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3. Patients with uncontrolled asthma symptoms or frequent exacerbations ($\geq 2/\text{year}$) requiring oral corticosteroids

4. Patients who had previous treatment for bronchial asthma in Chest OPD and defaulted treatment.

Reference: GINA (2023) Available at: https://ginasthma.org/wp-content/uploads/2023/07/GINA-2023-Full-report-23_07_06-WMS.pdf



Department of Surgery

Referral Decentralization of Specialist Services

In line with the decentralisation program proposed by the Ministry of Health and Wellness, this guideline has been prepared for Medical and Health Officers/ Community Physicians seeing patients, that require referral to Surgical specialist outpatient clinics in PHCs.

1.Cases that can be referred from SOPD in regional hospital to specialist OPD Clinic in LAHC

Chronic surgical cases being reviewed on long term at SOPD level in regional hospital as follows:

- Non healing wounds/ diabetic foot
- Chronic Pancreatitis
- Gastritis, bleeding GIT already investigated
- Diverticular disease, Crohn's disease and ulcerative disease
- Varicose ulcers
- Varicose veins
- Neurogenic bladder- on long term Foley's catheter
- Renal calculi less than 7mm

List above is not exhaustive and serves as a guide only. In some circumstances, decisions will be taken on a case-to-case basis after advice by the concerned specialist.

2.Cases that can be referred from A&E to specialist OPD Clinic in LAHC

All cases not requiring urgent/ immediate attention (hospitalisation and treatment) to be referred to specialist OPD in PHC.

In cases of suspected malignancy (e.g., breast lump highly suspicious of carcinoma breast) that are judged to require an early appointment (within a week) are to be referred to the SOPD of the concerned regional hospital.

3.Cases that need to be referred from CHC/AHC to specialist OPD Clinic in LAHC

All cases not requiring urgent/ immediate attention (hospitalisation and treatment) to be referred to specialist OPD in PHC

In cases of suspected malignancy (e.g., breast lump highly suspicious of carcinoma breast) that are judged to require an early appointment (within a week) are to be referred to the SOPD of the concerned regional hospital.

CIC- General Surgery Team

Department of Orthopaedic

A.Cases that can be referred from Regional Hospital OPDs to Specialist Clinic in PHCs:

- 1.**Osteoarthritis** of knees and hips not willing/requiring for surgery
- 2.**Chronic low backache** and spine pathologies not requiring surgery
- 3.Patient with Chronic Backache / neck pain without deficit (including Cervical Spondylosis & Lumbar Spondylosis);
- 4.**Post operative cases** having implants over six months of follow-up without complications. Surgeries six months follow up post of soft tissue repairs, tendon repair etc.
- 5.Chronic shoulder pain (not for surgery/infiltration) Peri-arthritis of shoulder joints
- 6.Tendinopathies; Tennis elbow, golfer's elbow, De Quervain's Tenosynovitis, carpal tunnel syndrome, trigger finger
- 7.Chronic Osteoarthritis of hip joint, myofascitis and Calcaneal spurs, plantar fasciitis, tenosynovitis
- 8.Healed fractures (Uncomplicated cases at least 6 months' post-surgery);
- 9.Painful heel pad syndrome/ Plantar Fasciitis;

B.Cases that can be referred from A&E to Specialist Clinic in PHCs:

Removal of stitches, dressing of uncomplicated wounds, chronic backache, Osteoarthritis knees and hips, calcaneal spurs, plantar fasciitis, tenosynovitis and peri-arthritis of shoulder

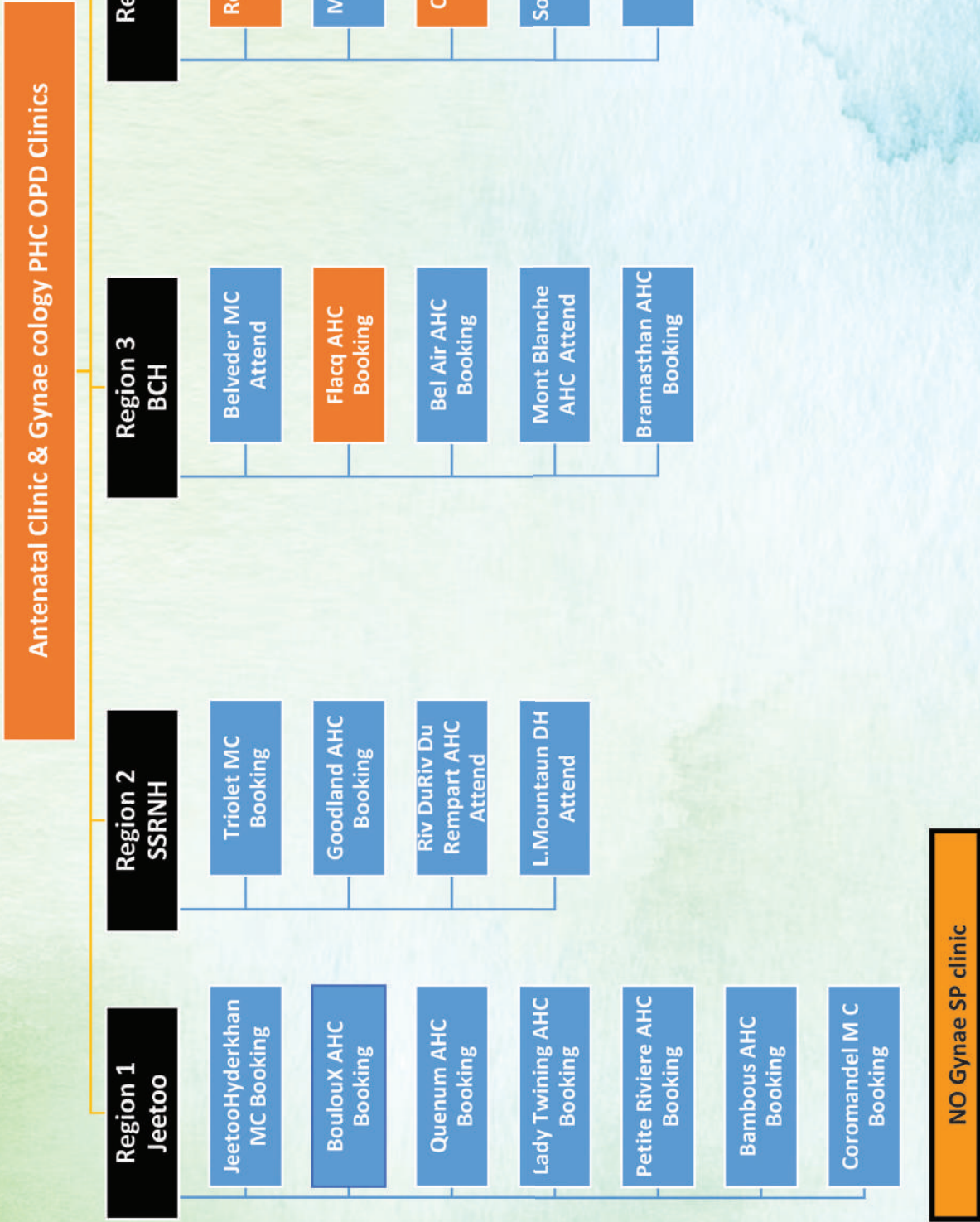
C.Cases that need to be referred from CHCs and AHCs to Specialist Clinics in PHCs:

All cases suffering from osteoarthritis of joints that are not willing for surgery including elderly patients with bed sores and osteoporotic cases

Consultants / Specialists & Medical Health Officers of the Orthopaedic department will issue a referral note to above mentioned patients to the Orthopaedic OPDs in periphery. They would thereafter be followed by the Community Physician/ Family Doctors once discharged.



Obstetrics and Gynaecology Unit



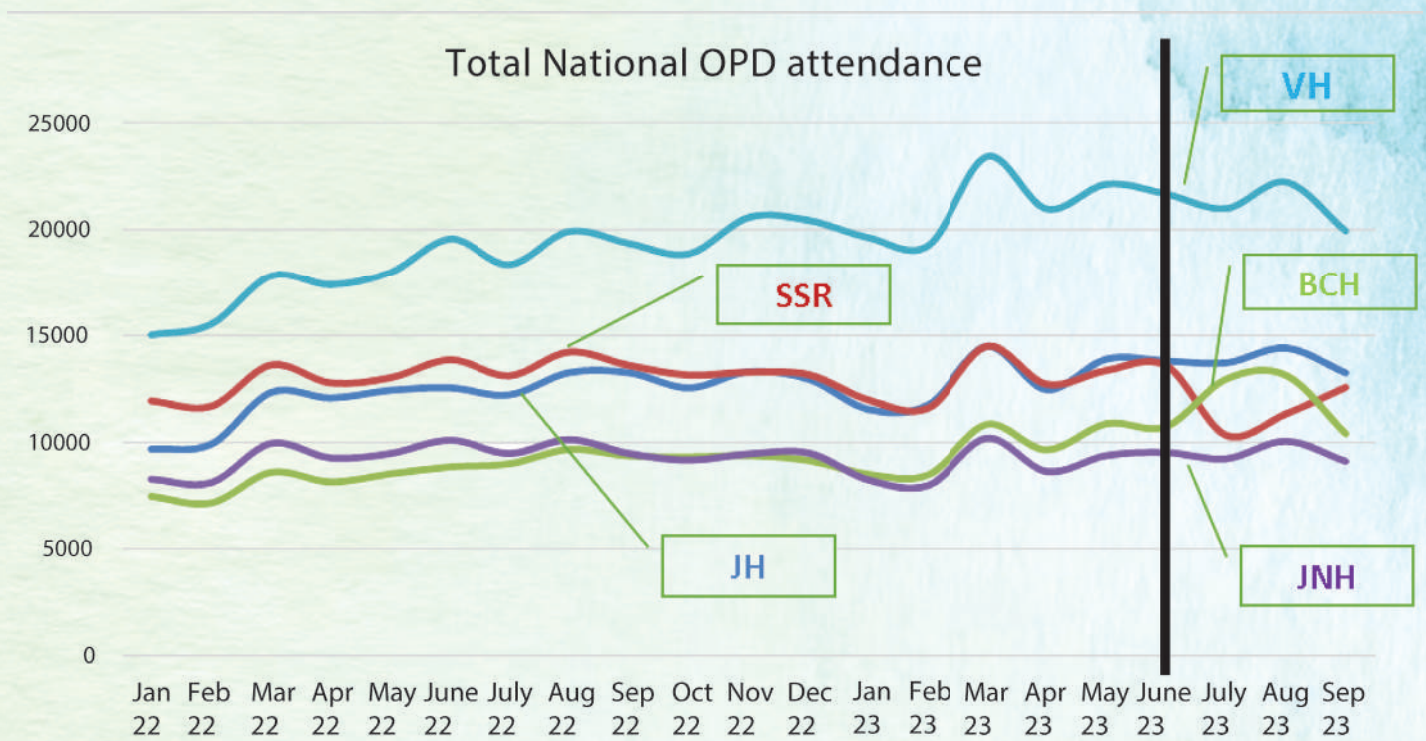
Obstetrics and Gynaecology Unit Referral Guideline

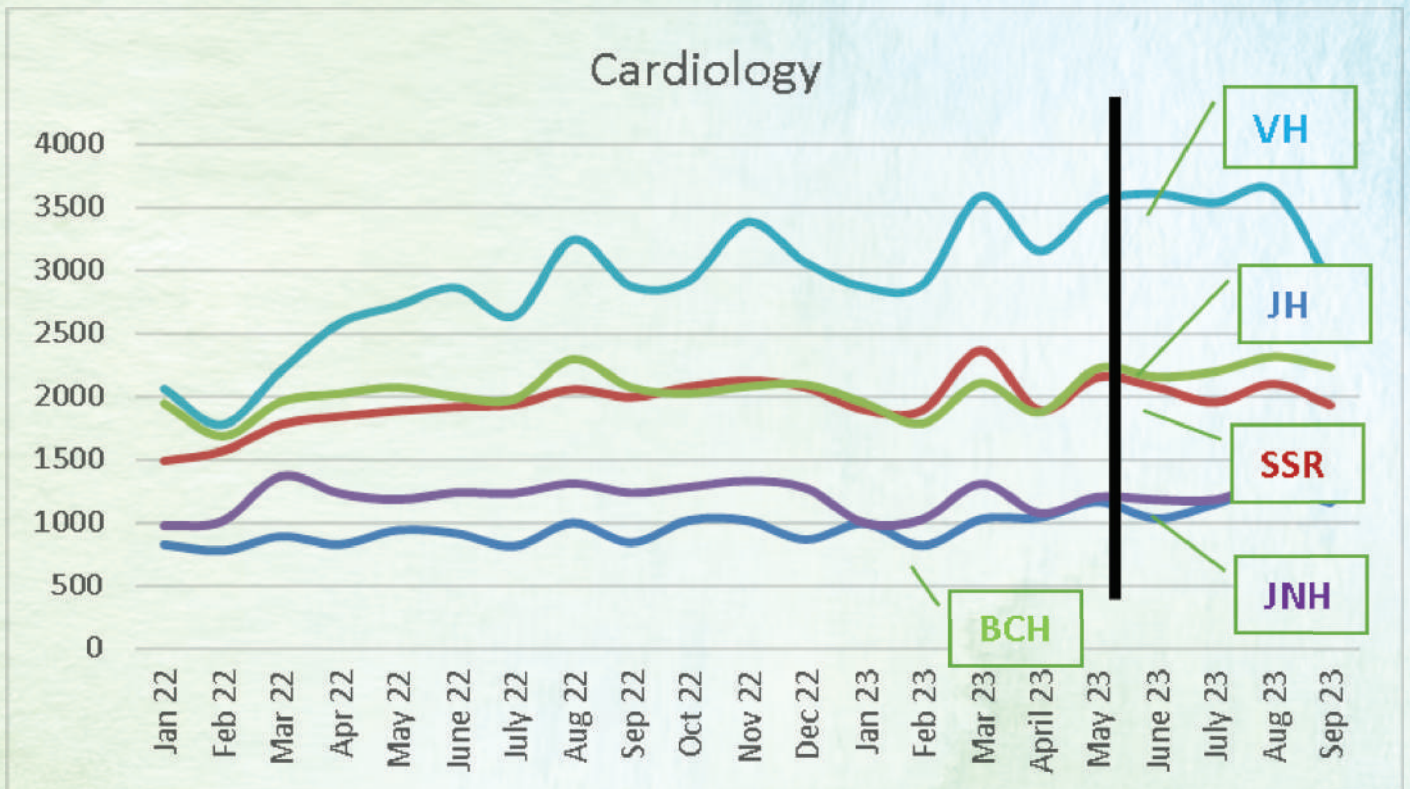
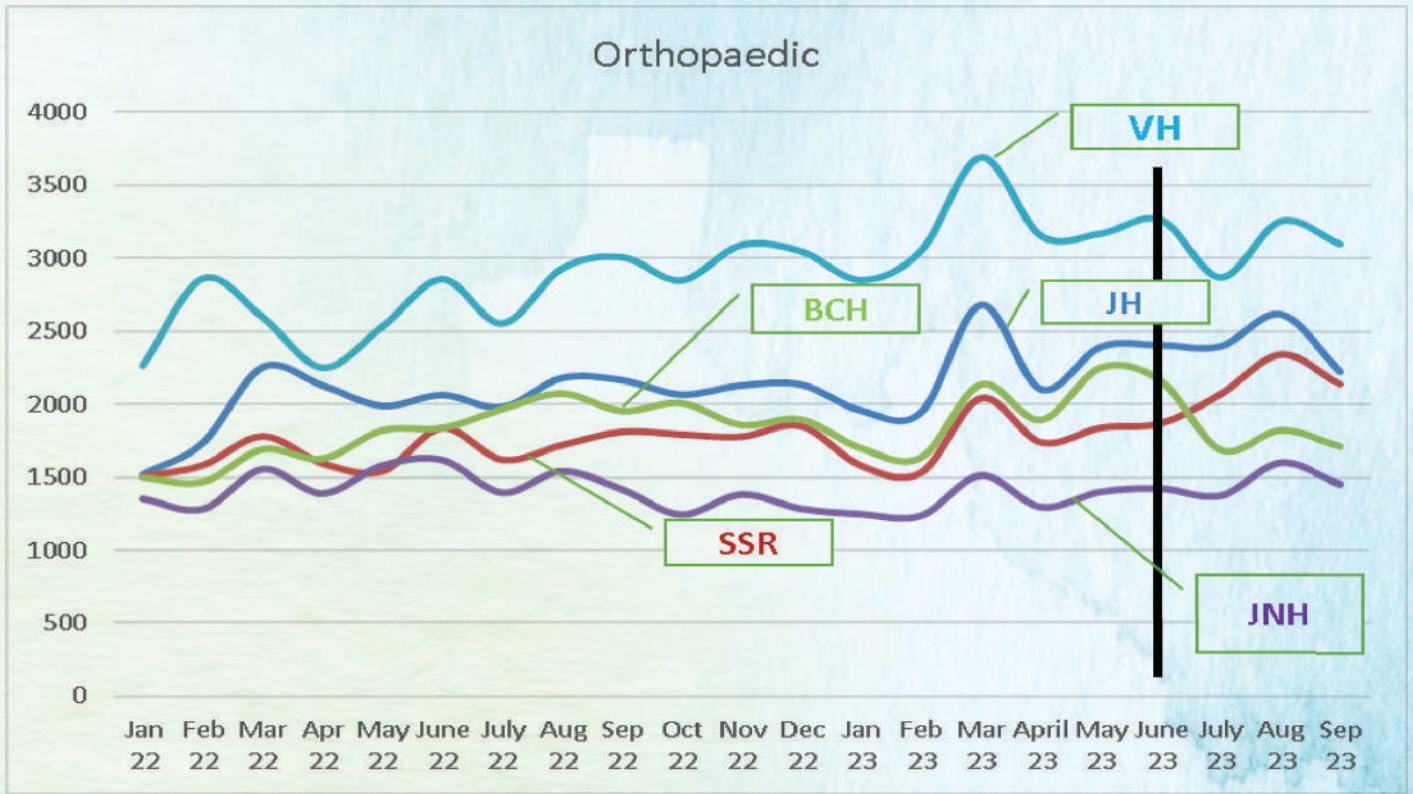
Decentralisation Monitoring and Evaluation

Progress Report Jan 22- Sep 23

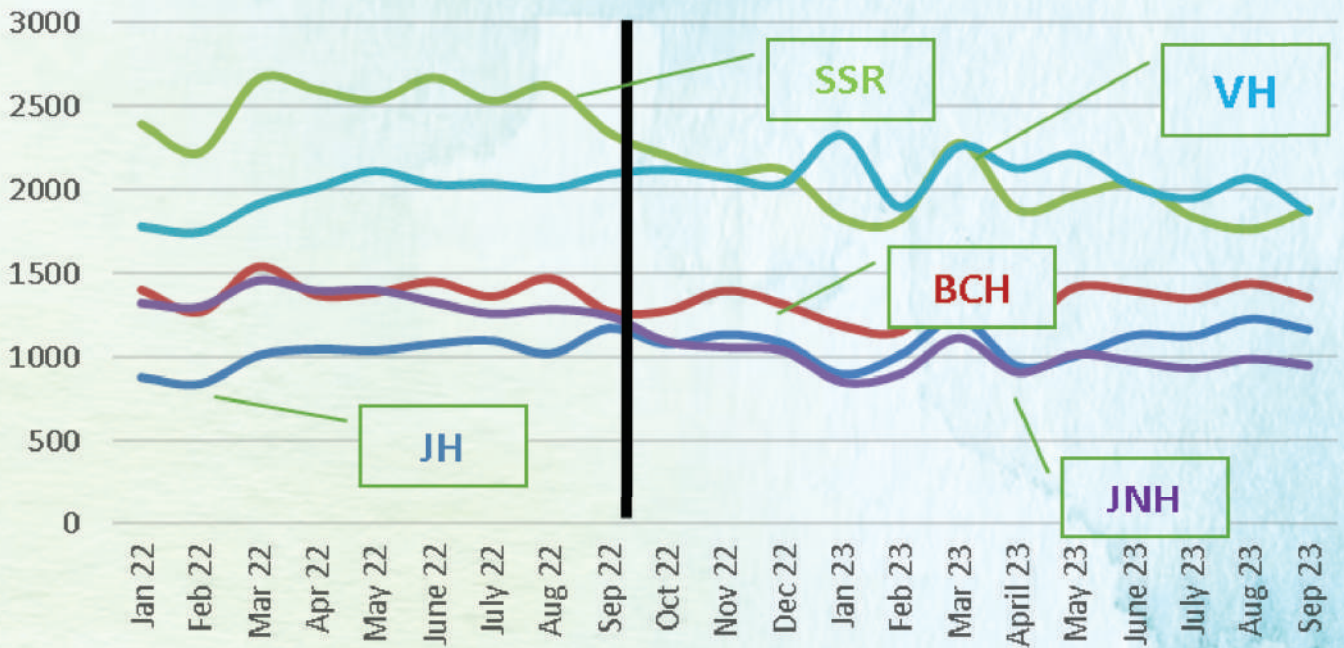
by Dr Prithviraj Ramputty

Data Compiled by Mr Manohar & Team, Record Dept

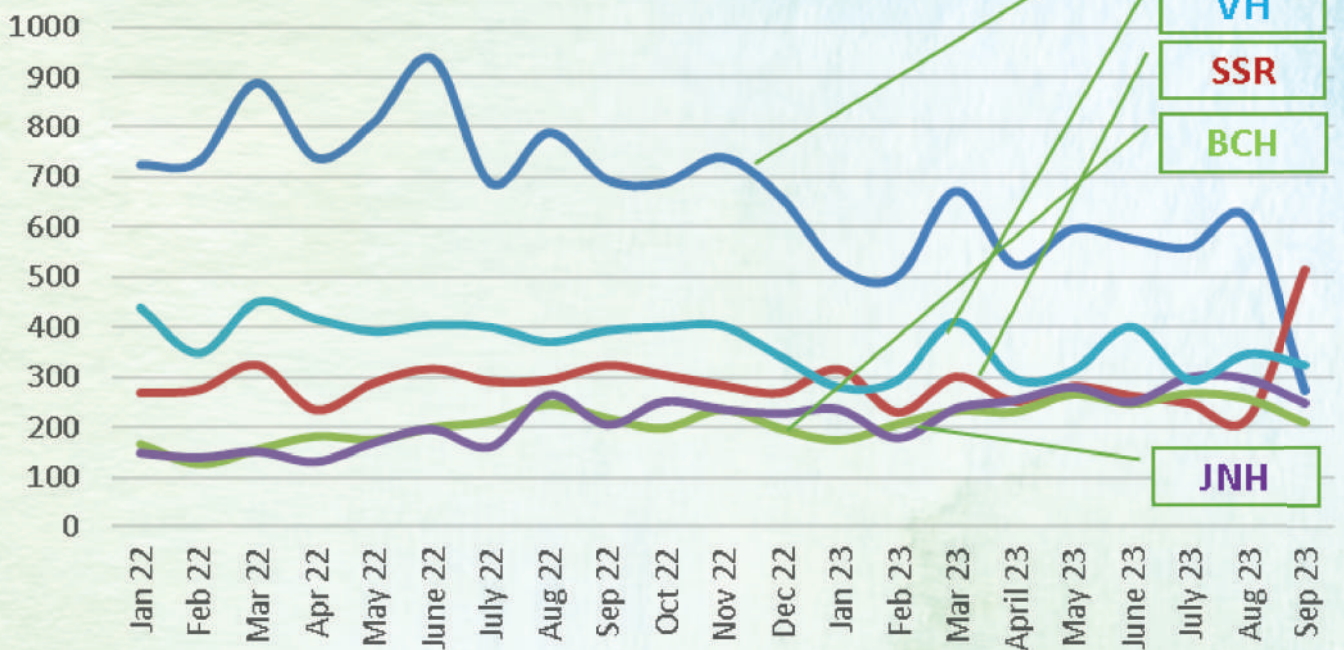




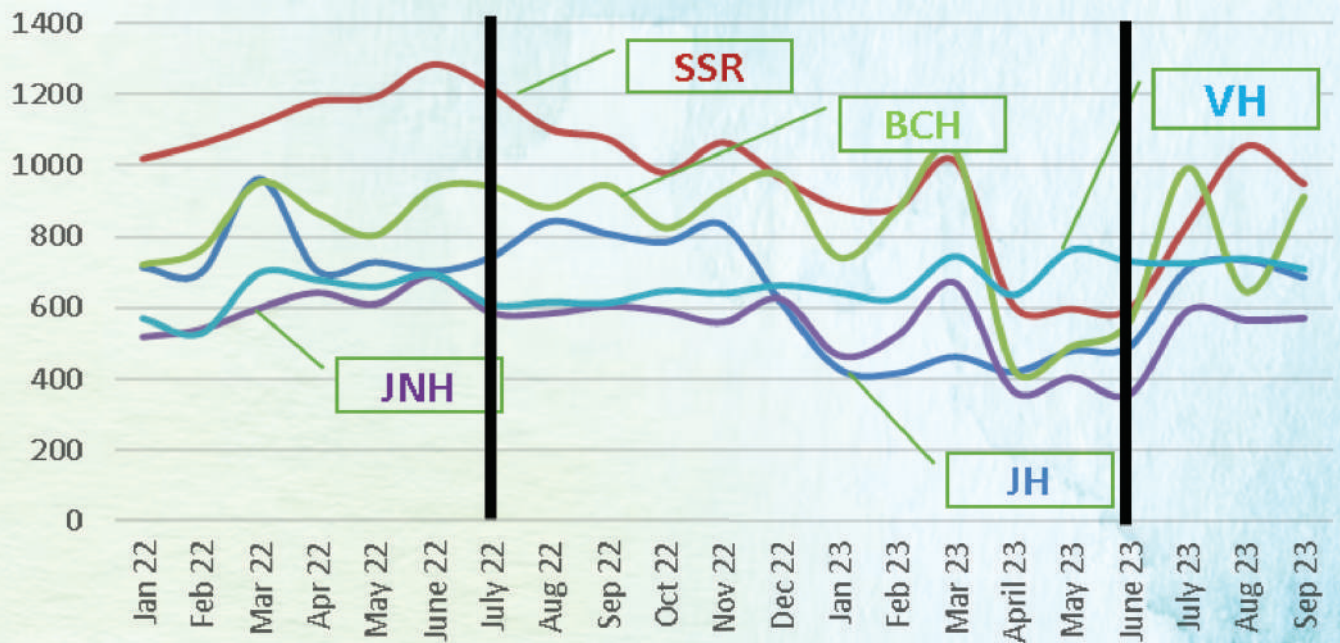
Gen Medicine



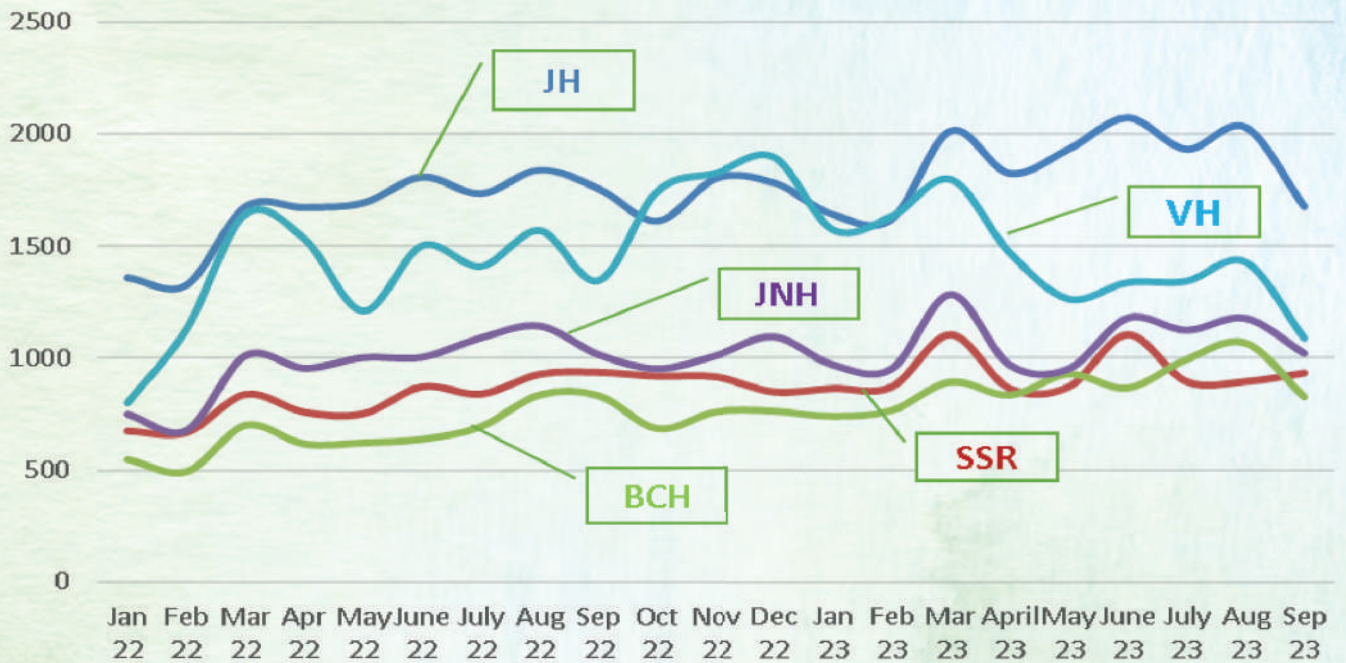
Chest Unit



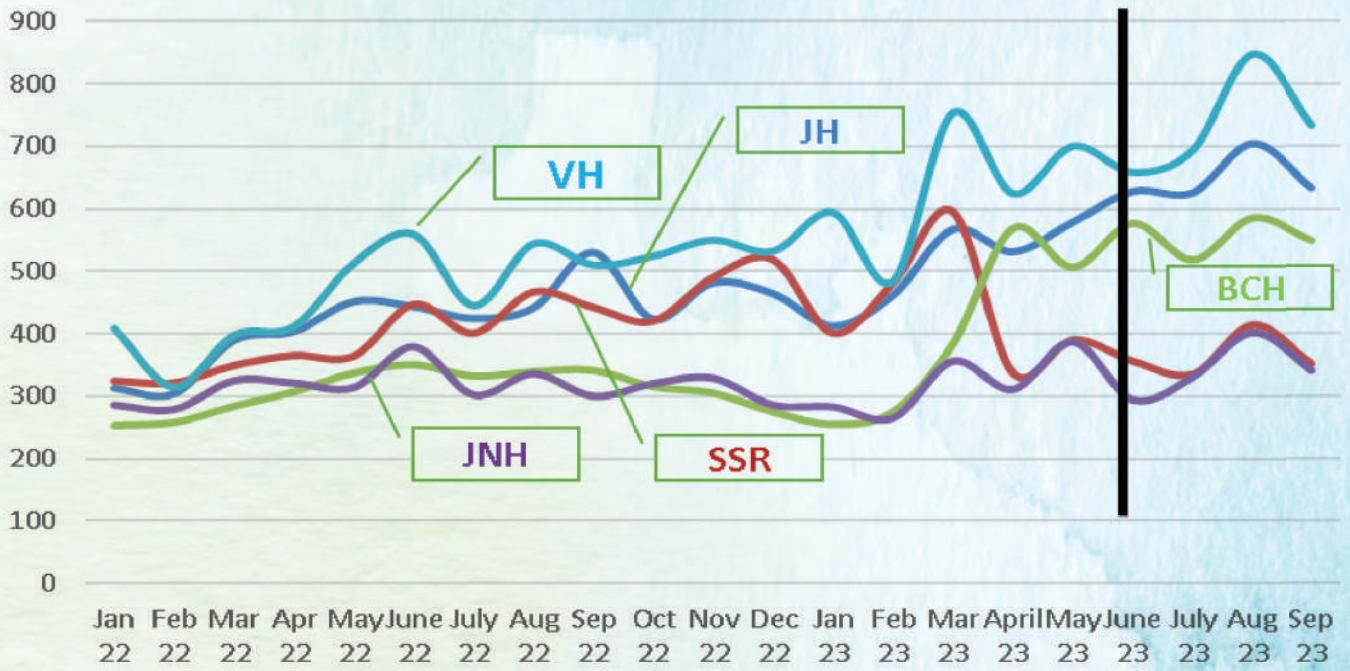
Psychiatry



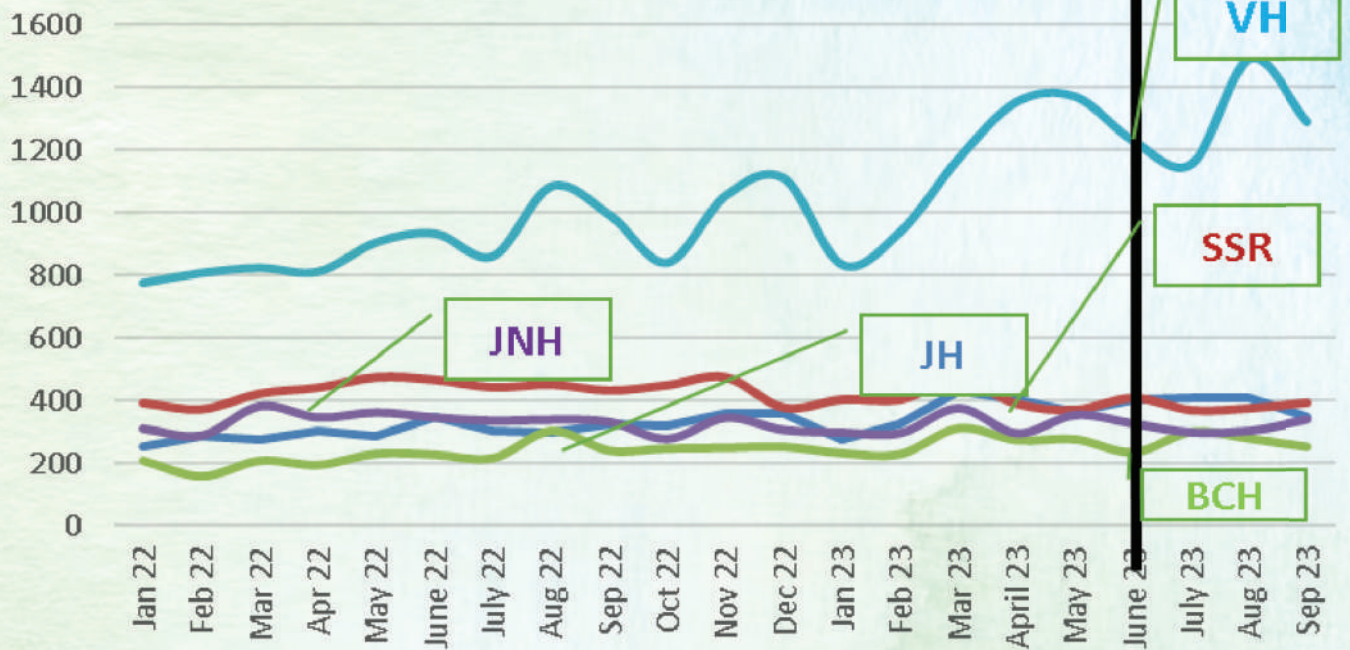
Gynae & Obst

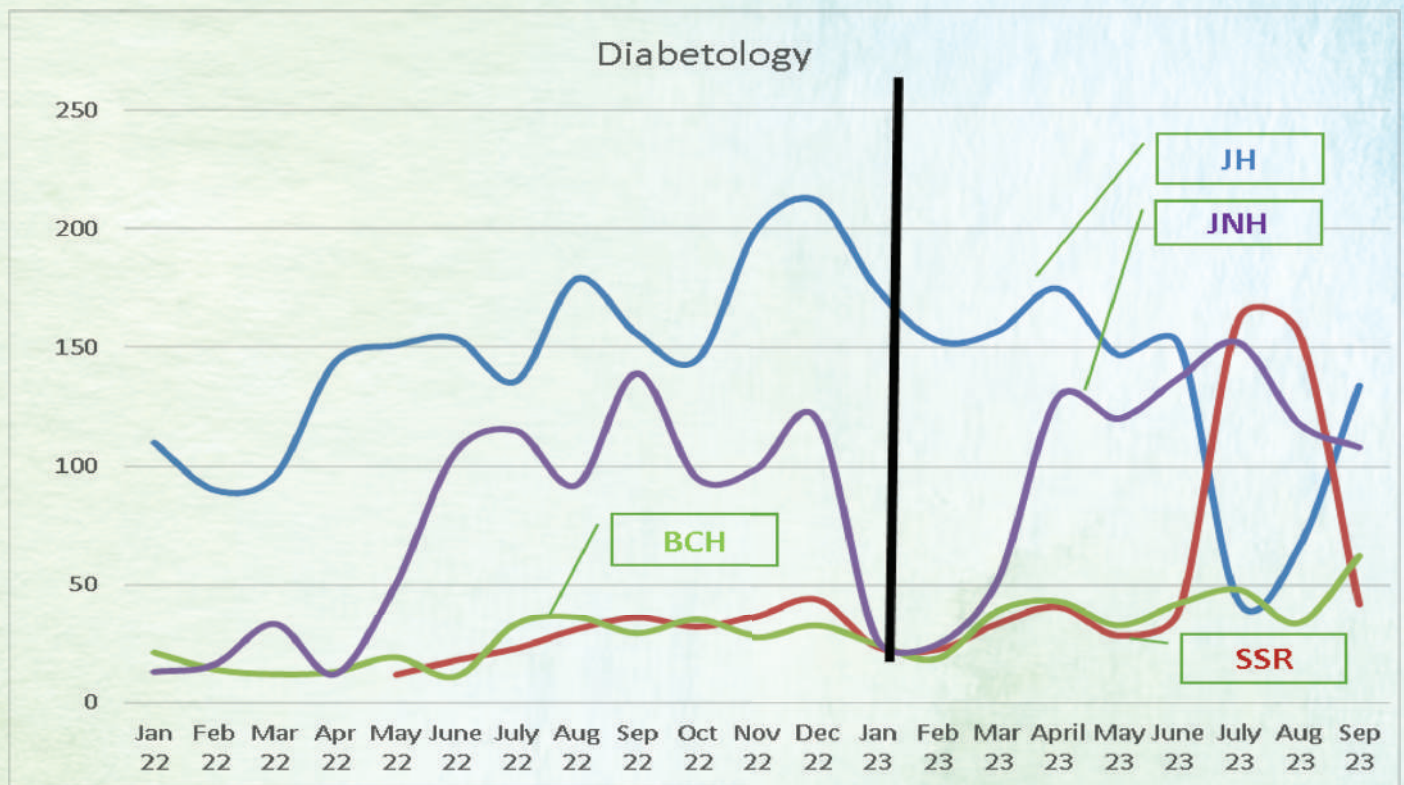
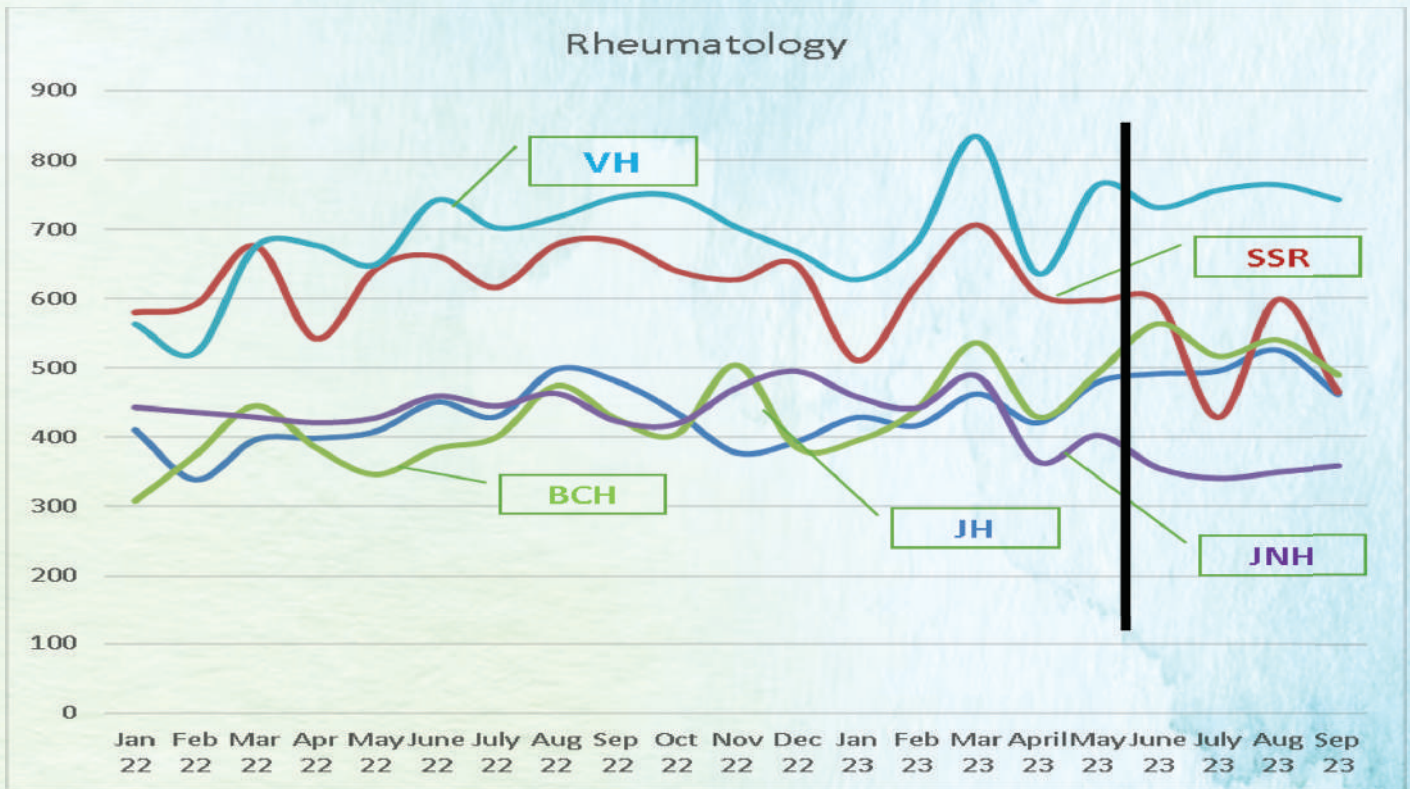


Paediatric

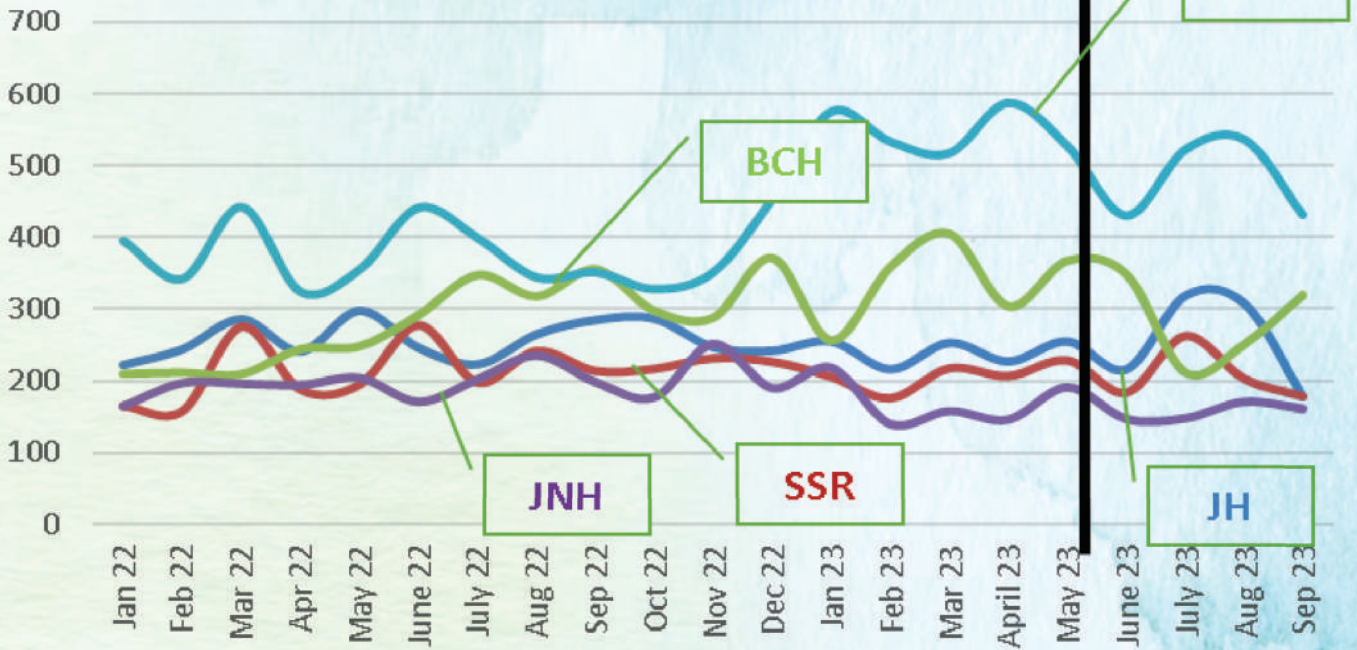


Dermatology

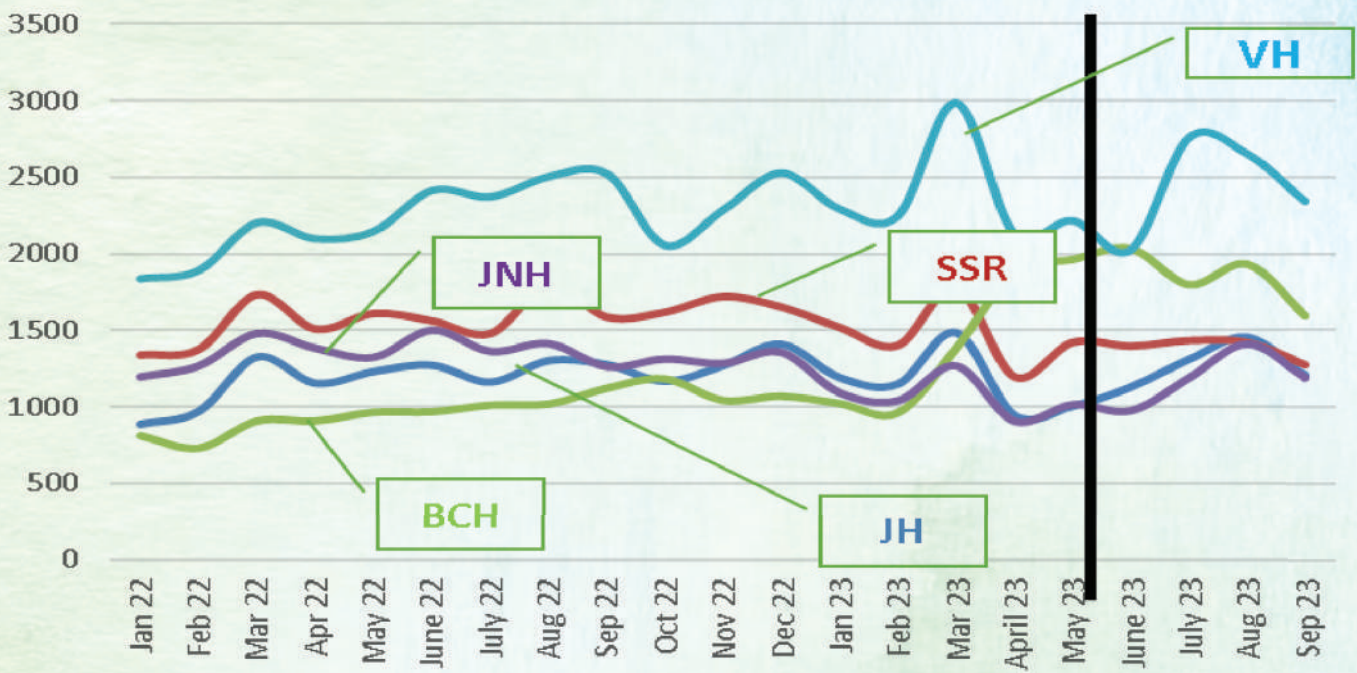


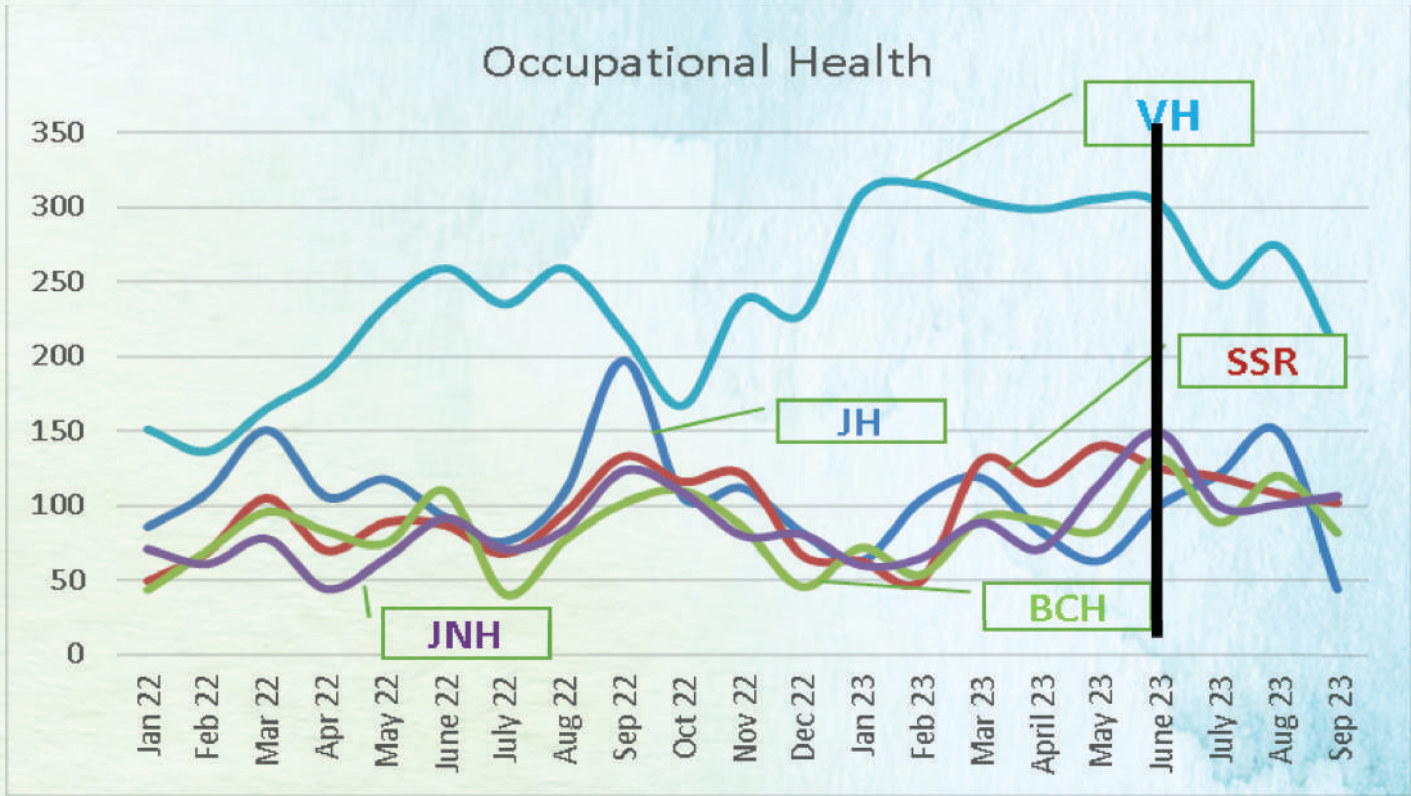


Endocrinology



Gen Surgery





Conclusion I

- **Regional Hospital**

- SSRN Champion and consistent
- VH stabilising and tendency to decline – good sign

- **Volume champion** –

- Orthopaedic
- Cardiac
- Internal Medicine

Conclusion II

Improving unit

1. Cardiology VH
2. Int Med –SSRNH + VH
3. Paediatric –SSRNH
4. Rheumatology –SSRNH and JNH
5. Psychiatry –Improving now relapsing in all 5 Reg Hosp
6. Chest Unit Jeetoo Hosp
7. Diabetology- Jeetoo
8. Endocrinology- BCH +VH
9. Occ Health -VH

Worsening Unit

- Diabetology –JNH
- Gen Surgery BCH

Don't Quit **By Edgar A. Guest (1881-1959)?**

When Things go wrong, as they sometimes will,
When the road you're trudging seems all uphill,
When the funds are low and debts are high,
And you want to Smile but have to sigh.
When care is pressing you down a bit,
Rest, if you must, but don't you quit.

Life is queer with its twists and turns,
As everyone of us sometimes learns,
And many a failure turns about,
When he might have won if he'd stuck it out,
Don't give up though the pace seems slow,
You might succeed with another blow.

Often the struggler has given up,
When he might captured the victor's cup.
And he learned too late, when the night slipped down,
How close he was to the golden crown,

Success is failure turned inside out,
The silver tint of clouds of doubt,
And you never can tell how close you are,
It may be near when it seems afar,
So stick to the fight when you're hardest hit,
It's when things seem worst that you mustn't quit.

Decentralisation of Specialist services in PHC is a journey. It may take several years with ups and downs. An ideal scenario does not exist to start a journey. Understanding and preparedness for the journey will make the journey more meaningful and give a sense of self-fulfillment. We need to be consistent and steady in our approach. Doing the right thing is not always easy. Let's keep focused. In the end everybody will be a winner.

The next generation will pay tribute to all of you who have dared to do the right thing in the public health sector.

