

Summary of the Referral Care Standing Operating Procedures

Public Health Unit March 2014



UNHCR's Public Health approach is based on the primary health care approach and urban refugee guidelines

UNHCR's role is to *facilitate, advocate* and *monitor* access to health care through existing health services and providers. Refugees are ultimately responsible for their health care including financing. UNHCR supports logistically and financially in line with the UNHCR's Global Health Strategy and country level guidelines and standard operating procedures.

Emergency, life-saving medical care is offered through a network of almost 60 GlobeMed Lebanon (GML) contracted public and private hospitals. Services are available to registered refugees and those holding registration appointment slips; appointment slips are valid replacements of registration certificate until date stated on slip.

A. Referral pathway

Step 1: Arriving at the hospital

❖ **Emergency Cases:**

- If a refugee self-presents to a hospital, **he/she or his/her family is obliged to inform GlobeMed Lebanon** (GML) upon his/her arrival at the hospital. The hospital in turn must also inform GML.
- The ER doctor will send the completed medical claim forms including the results of diagnostic tests completed in the ER to GML via FAX.

❖ **Non-Emergency Cases:**

- All referral care will be initiated at the Primary Health Care (PHC) level. The PHC centers and PHC partners will ensure that a completed referral form and a suitable medical report including the results of diagnostic tests completed at the PHC level will be provided and sent to GML via FAX.

Step 2: GML / UNHCR (ECC) approval process

- **IF the patient meets the admission criteria** (as described below) and **IF the estimated cost will not exceed USD 1,500** →GML's delegates will approve case for admission.
- **IF estimated costs are expected to exceed USD 1,500 upon admission or during hospitalization** →GML will submit the case **within a maximum of 48 hours** after admission with **full medical file** by **confidential email** to UNHCR's **Exceptional Care Committee (ECC)** which is comprised of independent specialists.
- The email is to contain all relevant information such as an initial cost estimate, UNHCR certificate, medical claim form, and medical report with a brief description of the case in English signed and stamped by the treating physician, and any supporting diagnostic tests.

Step 3: Feedback from UNHCR (ECC)

UNHCR will reply regarding coverage within a **maximum of 48 hours after completed documents have been received**. GlobeMed Lebanon will contact UNHCR by telephone for urgent cases.

Step 4: Refugee unable to pay 25% of their contribution:

If a refugee is unable to pay 25% of the expected contribution and GML ascertains so, on admission or during hospitalization - GML informs the UNHCR's Community Services (CS) and CASE management agency within 48 hours. The latter will conduct a vulnerability assessment and forward the recommendations to UNHCR's CS/PHU.

Step 5: Non-Registered Refugee/Person

If a refugee is not registered and has a life-threatening condition - GML approves admission and stabilization of the patient, and sends a request for registration to the relevant Registration Unit within 48 hours. If the patient is considered to be of NO concern to UNHCR, GML/UNHCR immediately ceases support from that point onwards and settles the hospital bill incurred. If the patient is registered, he/she will continue to receive medical coverage in line with UNHCR SOPs.

Step 6: Follow-up during hospitalization

GML is to provide a **weekly update** on every admitted case. This consists of details on the current medical status, treatment being provided, the reason for extended hospitalization and any future treatment plan including estimated cost.

Referral care is a medical decision and should only be taken by a medical doctor. Confidentiality of the medical file must be adhered to by all those concerned.

B. UNHCR Coverage Criteria

UNHCR covers the following cases that are considered to be emergency and life-saving, provided they are admitted within the network of contracted hospitals.

Registered refugees	UNHCR covers 75% of the total hospital bills.
Vulnerable registered refugees	100% coverage: for all vulnerable refugees pre-identified in UNHCR Pro-Gress since 1 Feb 2014.
Delivery Care	75% coverage: UNHCR and GML have negotiated a package for delivery services (Natural and C-sections).
Emergency outpatient consultations or diagnostic procedures	75% coverage in ER: GML delegate approves the case as not treatable at PHC level (e.g. cast for bone fractures, suturing, incision and drainage, etc.)
	75% coverage: for certain diagnostic services (e.g. cardiac ultrasounds, X-rays, MRIs, etc.) that are not available at PHC centers. Referring PHC center shall send the completed referral form to GML via FAX for approval.
Intensive Care	Covered for the first 48 hours after which UNHCR/ECC to be contacted for approval.
Neonatal intensive care	75% coverage: for premature babies born <u>at or after</u> 26 weeks of gestation OR birth weight (>1,000 g).
CVD (Cerebro /Cardio vascular diseases)	All CVD cases will be submitted to the ECC. Decision depends on prognosis and cost. GML's medical officer should provide weekly updates and medical reports.
Orthopaedics/trauma	Orthopedic surgeries covered at MOPH flat rate. Any charges for implants will not be covered as these are included in MOPH price. Removal of implants is usually not covered by UNHCR unless the patient has a risk of infections or disability.
Haematology	In cases of blood diseases, only emergency transfusions will be covered.
Communicable Diseases	<i>Leishmaniasis</i> : International Medical Corps through contracted doctors in 11 governmental hospitals supports diagnosis, follow and treatment on an outpatient basis. Patients pay 3,000 LL per week to the hospital outpatient department
	<i>HIV/AIDS and TB</i> : Cover at 100% if the hospitalization is related to the infection and then referred to National AIDS programs and respective clinics for evaluation and treatment.
Mental Health	Refer to Hospital de la Croix through a mental health partner such as IMC, Restart in Beirut and Tripoli or MSF-CH in Saida.
SGBV/torture	Cover at 100% if the need for hospitalization is related to the assault.
Motor Vehicle Accident	<i>Accidents involving 2 vehicles</i> : accidents where the owner/driver is not related to the refugee passengers, UNHCR will cover 75% for the refugee passengers.
	<i>Accidents involving pedestrians</i> : cover 75% for the pedestrians only.
Unregistered refugees	Cover 75% for first 48h pending fast track registration by UNHCR. Once registered, UNHCR registration to inform GML immediately for extension of coverage. If refugee is ineligible for registration, coverage will stop once decision is communicated to GML.
Non-contracted hospitals	Not covered unless contracted hospitals were full or in very acute emergencies with imminent threat to life. However, once stabilized patient to be transferred to GML contracted hospital.

C. Additional information

The full version of the SOP can be found on the UNHCR web portal

<http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&WG%5B%5D=20>

NHCR and its referral partners shall not be held responsible for malpractice, physical or mental harm or adverse outcomes of medical interventions provided by the affiliated hospitals or any third party hospital.