

Levels of emergency referral readiness: Criteria for essential, improved and advanced referral readiness

	Essential = Elements below	Improved = Essential criteria + elements below	Advanced = Essential criteria + Improved criteria + elements below
Transportation readiness	<p>A health facility has access to at least one functional motor vehicle that is available 24/7, has sufficient fuel for transport and a driver.</p> <p>The vehicle can be either offsite or onsite. If offsite, it must be able to arrive in less than 30 minutes to the health facility. If vehicle is onsite, driver must be ready within 30 minutes at all times the health facility offers services. Offsite vehicles are assumed to arrive with a driver.</p>	<p>A health facility ensures the transport vehicle is reserved exclusively for emergency medical transport, is able to mobilize the vehicle within 15 minutes, has a fuel management plan and reserve, has a schedule and funds for vehicle maintenance and repairs, has a policy and practice of routine vehicle disinfection, and has a schedule for the maintenance of medical equipment in the vehicle.</p>	<p>A health facility has a regular practice of vehicle and medical equipment maintenance, and vehicles that can handle local transportation barriers (e.g., poor road quality, weather conditions, traffic, etc.).</p>
Referral efficiency and coordination of care	<p>A health facility has referral criteriaⁱ, referral guidelines/standard operating procedure/protocolsⁱⁱ, pre-referral management guidelinesⁱⁱⁱ and a policy to call ahead to receiving facilities as well as at least one form of communication that is free or supported by the health facility.</p>	<p>A health facility has staff that are trained to implement referral policies and guidelines and to use referral forms. In addition, it regularly uses standard referral forms and calls ahead to a receiving facility. Further, a facility has a referral register, a closed user group to coordinate referrals and a mode of communication available during transfer.</p>	<p>A health facility regularly uses referral guidelines and its referral register, has clear communication guidance and has a dependable communications network.</p>
Care during transport	<p>A health facility has a policy that patients being referred are accompanied by a provider, typically practices accompaniment by a provider, the providers have the skills to perform key emergency maternal and newborn clinical tasks and the equipment to do so. Further, providers are trained in how to transfer small and sick newborns and typically transfer newborns in KMC position, incubator or radiant warmer.</p>	<p>A health facility ensures that the accompanying provider rides directly with the patient and has access to clinical support (e.g., calling the receiving facility to discuss care with an obstetrician or pediatrician).</p>	<p>A health facility has more specialized providers attending to patients during referral (i.e., in-house providers are regularly trained or there are external providers formalized into an emergency service cadre). In addition, CPAP equipment is available during transport.</p>

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Financial accessibility of referral	A health facility ensures costs related to services or transport do not delay referral.	A health facility is transparent about referral costs, offers financial options to cover costs for low-income clients and budgets for referral expenditures.	A health facility has a sufficient referral budget, covering the costs of providers to accompany referrals and mechanisms for reimbursement of referral costs.
Family-centered referral	A health facility has policies in place to allow at least one family member/caregiver or birth companion to accompany a patient during referral.	A facility actively incorporates best practices of meaningful and respectful communication with the family, and active engagement of patient companions.	A health facility seeks community feedback on referral, prepares families for referral during ANC, and trains and supports providers to meaningfully and respectfully engage with clients and their families.
Inter-facility relational dynamics	A health facility has, at minimum, a directory ^{iv} of facilities and a policy requiring staff to confirm receiving facility capacity prior to referral.	A health facility has directories that contain critical up-to-date information and well-defined formal agreements with receiving facilities, as well as a practice of confirming a receiving facility's capacity prior to referral.	A health facility has working collaborations with receiving facilities, and has a positive relationship and confidence in the care offered at receiving facilities.

ⁱ Referral criteria are a set of evidence-based guidelines for clinicians to determine when a patient needs to be referred to a higher level of care, typically based on facility level capacity, the severity of a patient's condition and likelihood of the condition worsening.

ⁱⁱ Referral guidelines, standard operating procedures or protocols refer to a predefined set of steps to carry out an emergency referral.

ⁱⁱⁱ Pre-referral management guidelines are the clinical guidelines to manage emergency conditions and stabilize patients prior to referral.

^{iv} A directory is a list of organizations or facilities that provide obstetric and newborn care, and other related services, in the area. It should typically include contact information for all services at the facilities as well as their location and hours of operation.