



TE MARAE ORA
MINISTRY OF HEALTH
COOK ISLANDS

PATIENT REFERRAL POLICY
2015

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RATIONALE

The Patient Referral Policy ultimately provides objectives and guidelines for transfers within the Cook Islands and for the overseas referral system.

Section 13 of the Ministry of Health Act 2013 (“the Act”) authorises the Ministry of Health (“the Ministry”) to manage and implement schemes for the referral of eligible patients for transfer for treatment within the Cook Islands or for specialised treatment outside the Cook Islands. .

Section 13(4) sets out the grounds for eligibility for approved schemes for the referral of patients.

Section 8 of the Act sets out the responsibilities and powers of the Head of Ministry which include developing rules, operating procedures and guidelines in accordance with the Act.

Section 7 of the Act provides for the general powers of the Ministry and in particular section 7(3) authorises the Ministry to require from the patient payment or reimbursement of the costs of health services.

Section 33(1) of the Act authorises the creation of forms for use by the Ministry in administering its functions.



OBJECTIVES

1. Comprehensive, high quality, and responsive Patient referral systems by:
 - a. Establishing a clear Terms of Reference for the functions of the Patient Referral Committee; and
 - b. Periodically updating clinical guidelines, eligibility criteria and standard forms for transferring patients within the Cook Islands and referrals to New Zealand;
2. Provide regular clinical audits, patient satisfaction surveys to guide improvements in the Patient Referral System.

SCOPE

This policy **ONLY** applies to:

- All Resident Cook Islanders; and Permanent Resident certificate holders in the Cook Islands;
 - i. Who have been identified and managed through the Cook Islands Ministry of Health hospital/community health care services; and have been
 - ii. Approved under this criteria by the Secretary of Health and the Patient referral committee.

Note: Cook Islanders and Permanent Resident certificate holders who do not have a New Zealand Passport **DO NOT** qualify for free health services in New Zealand and will be liable for all medical, hospital and personal costs (accommodation, transport, meals etc) in New Zealand.

This policy **DOES NOT** cover:

- Non- Cook Islands nationals;
- Non cook islanders on work permits or any other temporary permit residing in the Cook Islands and their children and/or relatives.
- Visitors and tourists to the Cook Islands;
- Cook Islanders residing overseas; and
- Private and Self Referrals.

Patients in this category will be expected to cover ALL health care costs incurred.

Patient Referral Committee:

1. Core Membership:
 - i. Referring doctor/ in charge officer/dental Officer of Pa Enea island and specialist doctors (Obstetrics and gynaecology, Internal medicine, Paediatrics, Surgery, Anaesthesia, dentist) on Rarotonga for referrals to Auckland New Zealand.
 - ii. Accepting Doctor (consultant doctor at the public hospital/ dentist at Tupapa dentist services who has accepted the case where the patient is being referred to).
 - iii. Chief Medical and Clinical Services Officer – Rarotonga Hospital.
 - iv. Director of Hospital Health Services.
 - v. Patient referral coordinator.
2. Addendum to membership:
 - i. Health specialists visiting the Cook Islands
 - ii. Air New Zealand Doctor
 - iii. New Zealand based patient referral officer

POLICY COVER

1. Costs covered under this policy only extends to the Pa Enua for domestic transfers and to Auckland, New Zealand for international referrals and are based on all eligibility and/or special criteria being met:
 - a. Patient return airfare/sea fare costs, including stretcher costs (where applicable), **EXCEPT** in the case of alcohol related referrals the patient is liable for their return airfare.
 - b. Patient family escort return airfare/sea-fare costs (within eligibility criteria), **EXCEPT** in the event of alcohol related referral where the patient is expected to cover all costs.
 - c. Medical escort/Nurse airfare/sea fare costs and per diems (where applicable)
 - d. Rarotonga Ambulance costs.
 - e. New Zealand Ambulance costs
 - f. Chartered Flights and flight diversion for emergency domestic/international transfer (where applicable)
2. The Ministry will source the most economical airfares/sea fare for travel.
3. **Patients and/or their next of kin will be expected to cover costs for** accommodation, transport, meals and incidental expenses on Rarotonga and in New Zealand. Also the cost of Passports and/or Visa and Rarotonga Hospital charges based on the National health services fee schedule.

Note: For ease and efficient transfer from the airport to the hospital in New Zealand, it is recommended that minimal personal luggage is taken with the patient at the time of referral. Any extra luggage required by the patient is the responsibility of the patient.

4. All patients referred are expected to be repatriated within three (3) months of being discharged and medically cleared or deceased.
5. All patients involved in a alcohol related motor vehicle crash are required to pay 50% of all costs as per the paragraph 1a-f above on Alcohol related cases and pay for their return airfare. They must also pay for all costs for their family escort.

Section 13(4) of the Ministry of Health Act 2013 confers on the Ministry of Health the power to "... impose criteria or restrictions, or impose obligations to reimburse the expenses incurred based upon any of the following..."

Section 13(4)(c) goes on to state " the extent to which the patient contributed to the need for the referral by abuse of drugs or ALCOHOL, or any illegal behaviour"

No one will be denied access to medical services due to alcohol related incidents.

All patients will be facilitated for referral by the Ministry of Health to minimise further health complications for the patient. However all arrangements for repayment of costs will be made prior to departure.

Re-payment schedules will be arranged.

Special Criteria apply to the following patients:

Patients 16 years and under and 70 years and over

Patients (16) years and under may be accompanied by one (1) family member. The family member must be able to make decisions on behalf of the child (i.e. parent, uncle, aunty or grandparent).

Patients over seventy (70) years may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Commercial air transport stretcher cases:

Four seats (for the patient) plus one seat for the medical/nurse escort will be booked. Special criteria may apply for an extra seat.

Infirm and destitute Patients

Return air and/or sea fare for the patient plus one accompanying family member who must be able to make decisions on behalf of the patient (i.e. spouse, parent, uncle or aunty or grandparent) will be booked.

Chronic Disability

Return air and/or sea fare for the patient and may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Cook Islanders and Permanent Residents (non New Zealand citizens)

Cook Islanders and permanent residents who are not New Zealand citizens qualify for 1a -1f under the policy cover to Auckland, New Zealand.

DOMESTIC TRANSFERS

The Patient is considered for referral for further care within the Cook Islands provided the following conditions are met:

1. The patient is eligible under the scope of the Policy;
2. The individual has been identified and managed through the Cook Islands Ministry of Health, health care system; and
3. The Patient Referral Committee with the Secretary of Health concludes that the patient cannot be managed successfully on their island of residence and will benefit from further health care services within the Cook Islands.

Special Criteria apply to the following patients:

Patients 16 years and under and 70 years and over

Patients (16) years and under may be accompanied by one (1) family member. The family member must be able to make decisions on behalf of the child (i.e. parent, uncle, aunty or grandparent).

Patients over seventy (70) years may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Infirm and destitute Patients

Return air and/or sea fare for the patient plus one accompanying family member who must be able to make decisions on behalf of the patient (i.e. spouse, parent, uncle or aunty or grandparent) will be booked.

Chronic Disability

Return air and/or sea fare for the patient and may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Alcohol related motor vehicle crashes

The patient who causes the crash and needs to be referred must make arrangements to pay Fifty percent (50%) of travel related costs. A police and/or a medical report will be used to determine when a person is under the influence of alcohol. Where a laboratory test is not available the "MANSEEMSFUL" test will be used.

If the Patient was not directly responsible for the motor vehicle crash then the recovery for costs becomes a civil case. A medical report will be made available to the patient at a cost to facilitate their claim.

Referral Process

1. Activation of the Patient Referral process is as follows:

- i. Referring Doctor/Dentist/ in charge officer consults with the Accepting Officer and presents the history, clinical findings, diagnosis and reason for referral;
- ii. Based on clinical picture presented and clarification on further details required, the Accepting Officer prepares for the referral of patient;
- iii. The Referring Doctor/Dentist/ in charge officer informs the patient of proposed referral and processes the referral form and referral letter;
- iv. The Accepting doctor consults with members of the Patient Referral Committee to inform of referral and the needs required transferring the patient safely to Rarotonga;
- v. The Patient referral coordinator proceeds with necessary logistics. Makes sure that documentation is scanned, faxed and emailed as appropriate; and
- vi. Approval from Secretary of Health.

Referring Doctor/Dentist/ in charge officer: *The Referring doctor is the Officer In Charge of the health facility in the Outer Islands. This may be the Officer or nurse practitioner or registered nurse who has confirmed the case for further management in Rarotonga.*

Accepting Officer at Rarotonga Hospital/Dentist at Tupapa clinic: *Acceptance by the medical doctor/Dentist who will manage the case in Rarotonga.*

Special circumstances for **URGENT** referrals include 'verbal' approval being obtained from an Accepting Officer and the Secretary of Health, with written approval being obtained on the first working day.

Medical and/or Nurse Escorts

1. Medical or nursing escorts will be required from time to time to escort a patient as recommended by the Referring Doctor/ Accepting doctor in consultation with the approval of the Patient Referral Committee.
2. All Medical or Nursing escorts must hold current annual practising certificates and advanced life support certificates.
3. All Medical or Nursing escorts must provide safe and appropriate health care services for patients during the transfer.
4. In most instances medical/nursing escorts will be provided from the staff pool on Rarotonga. However in rare cases, nurses or doctors from the Pa Enuā will be required to accompany the patient to Rarotonga.
5. Once the Medical and/or Nurse escort has completed full handover to the Accepting Officer, he/she must return to their place of work on the first available flight/ boat.

6. Accommodation at the Rarotonga Hospital will be made available to escorts for the duration of their stay if required.
7. Per diems payable for Medical and/or Nurse Escorts for Pa Enea staff as per Ministry of Health Human Resources Policy, if the return flight is not on the same day. Per diems must be available on arrival to Rarotonga.

Administrative process

1. Administrative process when referral is activated:

- i. Referring Doctor/in charge officer:
 - i. **Completes** correct Patient Referral form;
 - ii. Organises signing of Patient Consent form;
 - iii. Provides patient with Pa Enea information leaflet;
 - iv. Advises patients to take their passport and birth certificate in the event they are further referred to NZ for further management; and
 - v. Prepares referral letter to Accepting Officer.
- ii. Accepting Doctor:
 - i. Informs patient referral committee and patient referral coordinator to initiate travel arrangements;
 - ii. Informs charge nurse of the referral case;
 - iii. Informs Chief Medical Officer (“CMO”) and Chief Nursing Officer (“CNO”) for escort as required.
- iii. Patient Referral Coordinator:
 - i. Coordinates travel arrangements (Air Rarotonga airfare/charter or sea passage), including ambulance services;
 - ii. Ensures CMO or CNO have appropriate escort identified as required;
 - iii. Sends completed Patient Referral form to Secretary of Health for final approval;
 - iv. To inform the ambulance drivers and Receptionist of the actual arrival time of referred patient at the airport for pick up; and
 - v. Monitors and maintains database of all patient referrals;
- iv. Finance Officer:
 - i. Activates payment of air/sea fares upon receipt of:
 1. Invoice;
 2. Completed and authorised Patient Referral Form;
 3. Completed and authorised works order;

- ii. Activates disbursement of medical escort cash float upon receipt of:
 1. Completed expenditure summary;
 2. Completed and authorised Patient Referral form;
 3. Medical escort e-ticket;
 4. Medical escort boarding pass;
- iii. Activates direct payment of medical escort allowance to medical escort, In the event that there is insufficient funds in the medical escort cash float at time of referral:
 1. Letter of request from Patient Referral Coordinator;
 2. Completed and authorised Patient Referral form;
 3. Medical escort e-ticket;
 4. Medical escort boarding pass (to be submitted on return);
- iv. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:
 1. Letter of recommendation from referral doctor;
 2. Approval from HOM;
 3. Completed and authorised Patient Referral form;
 4. Patient e-ticket;

Special circumstances for **URGENT** referrals include 'verbal' approval being obtained at short notice, with the written approval process being obtained as soon as possible afterwards from the Secretary of Health.

2. Administrative process for Repatriation:

- i. Accepting Officer:
 - i. Provides discharge summary once discharge from the Hospital;
 - ii. Provide medical clearance to Patient/Next of Kin once all follow up appointments have been completed; and
 - iii. Inform Patient Referral Coordinator at Rarotonga Hospital that patient is cleared to travel back to island referred from.
- ii. Patient Referral Coordinator:
 - i. Completes patient repatriation form;
 - ii. Contacts Patient/Next of Kin to confirm travel arrangements;
 - iii. Arranges air/sea fare for the patient;
 - iv. Sends Patient Repatriation form to Finance for payment;
 - v. Completes filing for each referral;
 - vi. Ensures all data is entered on Medtech.
- iii. Finance Officer
 - i. Activates payment of air/sea fares upon receipt of:

1. Invoice;
 2. Completed and authorised Patient Referral Form;
 3. Death Certificate (where applicable);
 4. Discharge summary from Accepting doctor;
 5. Completed and authorised works order;
- ii. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:
1. Letter of recommendation from referral doctor;
 2. Approval from HOM;
 3. Completed and authorised Patient Referral form;
 4. Death Certificate (where applicable);
 5. Discharge summary from Accepting doctor;
 6. Patient e-ticket;

Note: Patients who are not discharged and/or haven't received medical clearance and choose to travel back to their island of residence must meet the costs of their travel. Should they fall ill for the same medical condition the Ministry of Health will not be expected to meet the transfer costs of the patient. The Ministry will only be liable for their final repatriation upon receipt of a discharge summary or medical clearance from the Accepting Officer.

Deceased Patients

1. Should the patient pass away, the Ministry of Health will fund the cost of returning the deceased back to the island they were referred from by way of cargo only (freight of human remains).
2. A copy of the Death Certificate and the Airway bill must be presented to the Ministry of Health, Patient Referral Coordinator at Rarotonga Hospital, prior to the release of payment for freight of human remains.

Change in patient management

1. A patient refusal form must be signed by the patient. If a patient declines health care services and advice provided by the Accepting Officer, after arrival in Rarotonga. All further health care costs including return air/ sea fare for the Patient and/or family escort, will be met by the patient and/or Next of Kin.
2. All patients who decline medical treatment once referred to Rarotonga will not be covered by this policy if they seek further referral for the same diagnosis in the future.

INTERNATIONAL REFERRALS

The Patient is considered for referral overseas for tertiary care provided the following conditions are met:

1. The patient is eligible under the scope of the Policy;
2. The individual has been identified and managed through the Cook Islands Ministry of Health, health care system; and
4. The Patient Referral Committee with the Secretary of Health concludes that the patient cannot be managed successfully on their island of residence and will benefit from further secondary or tertiary health care services.

Special Criteria apply to the following patients:

Patients 16 years and under and 70 years and over

Patients (16) years and under may be accompanied by one (1) family member. The family member must be able to make decisions on behalf of the child (i.e. parent, uncle, aunty or grandparent).

Patients over seventy (70) years may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Infirm and destitute Patients

Return airfare for the patient plus one accompanying family member who must be able to make decisions on behalf of the patient (i.e. spouse, parent, uncle or aunty or grandparent) will be booked.

Commercial air transport stretcher cases:

Four seats (for the patient) plus one seat for the medical/nurse escort with five (5) seats in total. Special criteria may apply for an extra seat.

Chronic Disability

Return air fare for the patient plus and may be accompanied by a family member upon the referring doctor verifying the need for an escort.

Cook Islanders and Permanent Residents (non New Zealand citizens)

Cook Islanders and permanent residents who are not New Zealand citizens qualify for patient transfers; however they do not qualify for free access to the New Zealand public health system. Full health care costs, including accommodation and living expenses in New Zealand will be met by the patient and/or their next of kin.

Alcohol related crashes

The patient who causes the crash and needs to be referred must make arrangements to pay Fifty percent (50%) of travel related costs. A police and/or medical report will be used to determine when a person is under the influence of alcohol. A blood alcohol level of 80 mmol/L and above will be used to confirm status of patient.

Full payment for medical and/or Nurse escort per diem must be paid before departure. All other costs for transfer will be charged at 50%. Repayment schedule will be arranged.

If the Patient was not directly responsible for the motor vehicle crash then the recovery for costs becomes a civil case. A medical report will be made available to the patient at a cost to facilitate their claim.

Referral Process

1. Activation of Patient Referral process:

- i. Referring Doctor consults with the Accepting Officer in New Zealand and presents the history, clinical findings, diagnosis and reason for referral;
- ii. Based on clinical picture presented and clarification on further details required, the Accepting Officer determines to accept the patient;
- iii. The Referring Doctor informs the patient of imminent referral and processes the referral form;
- iv. The Patient referral coordinator proceeds with necessary logistics. Makes sure that documentation is scanned, faxed and emailed as appropriate;
- v. Approval from Secretary of Health.

Special circumstances for **URGENT** referrals include 'verbal' approval being obtained from an Accepting Officer and the Secretary of Health, with written approval being obtained on the first working day.

Medical and/or Nurse Escorts

1. Medical or nursing escorts will be required from time to time to escort a patient as recommended by the Referring Doctor in consultation with the approval of the Patient Referral Committee.
2. All Medical or Nursing escorts must hold current annual practising certificates and advanced life support certificates.
3. All Medical or Nursing escorts must provide safe and appropriate health care services for patients during the transfer.
4. Once the Medical and/or Nurse escorts have completed full handover to the Accepting Officer, he/she must return to their place of work on the first available flight.
5. Per diems payable for Medical and/or Nurse Escorts for staff as per Ministry of Health Human Resources Policy. Per diems must be available on departure from Rarotonga.

Administrative procedure

1. Activation of the administrative process:

- a. Referring Doctor
 - i. **Completes** Patient Referral form;
 - ii. Organises signing of Patient Consent form;
 - iii. Prepares referral letter to Accepting Officer;

- iv. Complete and sign the Air New Zealand MEDA form for any additional requirements in transition on the plane i.e. oxygen requirement;
 - v. Consults with Air New Zealand doctor as required.
- b. Accepting Doctor:
- i. Consents to manage the patient in New Zealand;
 - ii. Informs his team of intended arrival of patient.
- c. Patient Referral Coordinator:
- i. Collects passport for verification of documents (if no current passport available then will provide support to family members in their application for a new passport);
 - ii. Coordinates travel arrangements, including ambulance services in Rarotonga and New Zealand as required;
 - iii. Provides New Zealand patient referral information pamphlet;
 - iv. Advise patient to take additional photo Identification or birth certificate and other relevant documents to support application for financial support in New Zealand as required;
 - v. Ensures CMO or CNO have appropriate escort identified as required;
 - vi. Ensure petty cash for patient escorts is available;
 - vii. Ensure per diem is provided to the medical/nurse escort before departure;
 - viii. Sends completed Patient Referral form to Secretary of Health for final approval;
 - ix. Ensures MEDA form, ticketing, ambulance, reference numbers in New Zealand are ready;
 - x. Ensures that the documentation is scanned, faxed and emailed to the travel agent, NZ based Patient referral coordinator, and accepting hospital;
 - xi. To inform the ambulance drivers and Receptionist of the expected time of departure from the hospital to arrive in a timely manner at the airport;
 - xii. Monitors and maintains database of all patient referrals;
- d. Finance Officer
- i. Activates payment of airfares upon receipt of:
 - 2. Invoice;
 - 3. Completed and authorised Patient Referral Form;
 - 4. Completed and authorised works order;
 - ii. Activates disbursement of medical escort cash float upon receipt of:

5. Completed expenditure summary;
 6. Completed and authorised Patient Referral form;
 7. Medical escort e-ticket;
 8. Medical escort boarding pass;
- iii. Activates direct payment of medical escort allowance to medical escort, in the event that there is insufficient funds in the medical escort cash float at time of referral:
9. Letter of request from Patient Referral Coordinator;
 10. Completed and authorised Patient Referral form;
 11. Medical escort e-ticket;
 12. Medical escort boarding pass (to be submitted on return);
- iv. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:
13. Letter of recommendation from referral doctor;
 14. Approval from HOM;
 15. Completed and authorised Patient Referral form;
 16. Patient e-ticket;

Special circumstances for **URGENT** referrals include 'verbal' approval being obtained at short notice, with the written approval process being obtained as soon as possible afterwards from the Secretary of Health

2. Administrative process for Repatriation:

- a. Accepting Officer:
- i. Provides discharge summary to the patient once discharged from the Hospital;
 - ii. Provide medical clearance to Patient/Next of Kin once all follow up appointments have been completed; and
 - iii. Provide a copy of medical clearance for the referring doctor/ Rarotonga patient referral coordinator.
- ii. Patient:
- i. Informs New Zealand Patient referral coordinator of medical clearance and to make arrangements for travel;
 - ii. Contacts Rarotonga patient referral coordinator to make arrangements for travel back to Rarotonga.
- b. Patient Referral Coordinator:
- i. Receives confirmation of medical clearance for travel to the Cook Islands;
 - ii. Completes patient repatriation form;
 - iii. Contacts Patient/Next of Kin to confirm travel arrangements;
 - iv. Arranges airfare for the patient from Auckland New Zealand to Rarotonga;

- v. Arranges for further travel to the Pa Enua as necessary;
- vi. Sends Patient Repatriation form to Finance for payment ;
- vii. Completes filing for each referral;
- viii. Ensures all data is entered on Medtech.

Note: Patients who are not discharged and/or haven't received medical clearance and choose to travel back to their island of residence must meet the costs of their travel. Should they fall ill for the same medical condition the Ministry of Health will expect the patient to pay the transfer cost. The Ministry will only be liable for their final repatriation upon receipt of a discharge summary or medical clearance from the Accepting Officer.

- iii. Finance Officer:
 - i. Activates payment of air/sea fares upon receipt of:
 1. Invoice;
 2. Completed and authorised Patient Referral Form;
 3. Death Certificate (where applicable);
 4. Discharge summary from Accepting doctor;
 5. Completed and authorised works order.
 - ii. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:
 1. Letter of recommendation from referral doctor;
 2. Approval from HOM;
 3. Completed and authorised Patient Referral form;
 4. Death Certificate (where applicable);
 5. Discharge summary from Accepting doctor;
 6. Patient e-ticket.

Deceased Patients

1. The Ministry of Health will fund the cost of returning the deceased back to Rarotonga and to Pa Enua as necessary by way of cargo only (freight of human remains).
2. A copy of the Death Certificate and the Airway bill must be presented to the Ministry of Health, Patient Referral Coordinator at Rarotonga Hospital, prior to the release of payment for freight of human remains.

Note: If the patient continues to remain in New Zealand for more than 3 months after being discharged or being given their medical clearance, the Ministry of Health shall cease to be responsible for the patient's return air/ sea fare or freight of human remains to their island they were referred from.

Change in patient management

1. All patients who decline medical treatment once referred to New Zealand will not be covered by this policy if they seek further referral for the same diagnosis in the future.

OTHER AGENCIES INVOLVED IN THE REFERRAL PROCESS

- a. **Cook Islands Ministry of Foreign Affairs and Immigration** - Assist in confirming Permanent resident certificate holders and possible post-care support (i.e., putting them into contact with WINZ to get emergency benefits if eligible)
- b. **Travel/Airline agencies** - Assist with medical evacuations/repatriation;
- c. **Shipping agencies** - Assist with medical evacuation/repatriation;
- d. **Cook Islands Customs department** - Assist with health commodity supplies;
- e. **The Cook Islands New Zealand High Commission office** - Assist with emergency passports/passport requirements;
- f. **The Cook Islands Police Department** - Assist in emergencies and referral;
- g. **Cook Islands Ministry of Justice** - Assist in referral;
- h. **New Zealand District Health Boards** - Assist with the accepting public hospitals;
- i. **Other Government Ministries who charter flights to the Pa Enua** - Assist in the referral.

DEFINITIONS & ACRONYMS

1. **Resident Cook Islander** - A person belonging to the part of the Polynesian race indigenous to the Cook Islands; and includes any person descended from a Cook Islander, who has:
 - a. lived continuously in the Cook Islands for more than one year; and
 - b. Permanently Resides in the Cook Islands

2. **Permanent Resident** - A person who has the status of a permanent resident of the Cook Islands pursuant to Article 76A of the Cook Islands constitution (as enacted by section 13 of the Constitution Amendment (No.9) Act 1980-81 who;
 - a. Permanently resides in the Cook Islands

3. **Non Cook Islands Expatriate worker** - Expatriate Persons employed in the Cook Islands on a contract basis.

3. **Visitors** - People visiting the Cook Islands.

4. **Tourists** - People in the Cook Islands on recreational holidays away from their home.

5. **16 years and under** - the date of turning 16 years and under.

6. **70 years and over** - the date of turning 70 and over.

7. **Infirm and destitute** - those patients registered and managed through the Cook Islands Ministry of Internal Affairs.

8. **Chronic Disability** - where a person's disabilities limit them from providing an income for themselves.

9. **MANSEEMSFUL test** - the test that police use to determine whether a person is intoxicated.

MANSEEMSFUL

- M - Memory faulty at times
- A - Admission
- N - Note, time, place, date
- S - Speech slurred
- E - Eyes red-blood shot
- E - Driving erratically
- M - Slow Body Movements
- S -Smell odour / alcohol
- F - Face flushed
- U -Unsteady on feet
- L - Liquor

CMO – Chief Medical Officer

CNO – Chief Nursing Officer

HOM – Head of Ministry

MEDA – Medical Information form for Air Travel

MOH – Ministry of Health

NZ – New Zealand

DHHS- Director of Hospital Health Services

ASSOCIATED DOCUMENTS

- Cook Islands Constitution 1965
- Ministry of Health Act 2013
- Entry, residents and departure Act 1971-72
- Cook Islands National Sustainable Development Plan 2011-2015
- Cook Islands Ministry of Health Strategy 2012-2016
- Ministry of Health Human Resources Policy and Procedures 2015



PATIENT REFERRAL FORMS

DOMESTIC PATIENT REFERRAL FORM

Date:.....

Patient's Name: Male / Female D.O.B./Age.....
 Passport Name

Residence: Home Island:

Referring Doctor/ officer in charge:

Diagnosis:.....

Reason for Referral:

Referral Confirmed by Telephone / Fax / Email to:

Is this a referral a result of a Health Specialist Visit (yes/ no) if yes, what program.....

Hospital Services: Consultant/Accepting officer.....

Appointment / Admission Date: Duration:

Accompanying Family:
 (as permitted under special criteria in the patient referral policy) Passport Name

Is Medical or Nurse Escort Required? Yes / No. If Yes, Name of Escort:

IS THIS ALCOHOL RELATED REFERRAL? Yes / No

DO YOU HAVE HEALTH INSURANCE? Yes / No

TRAVEL DETAILS	Date of departure	BOOKING CONFIRMATION OR INVOICE NO	Works order number	Patient Airfare/sea fare \$	Family Airfare/sea fare \$	Medical Escort Airfare/sea fare \$
Air Rarotonga: Normal Flight						
Air Rarotonga: Charter						
Sea Fare						

INTERNATIONAL PATIENT REFERRAL APPROVAL FORM

PATIENT'S NAME(S) & NHI number (if known)	
DATE OF BIRTH/ Gender	
NEXT OF KIN/GUARDIAN	
REFERRAL DOCTOR	
HOME ISLAND	
TELEPHONE CONTACT	

RAROTONGA HOSPITAL

TICK WHEN DONE

1. Referral Form signed by Referral Committee	()
2. Is this referral a result of a HSV program	()
3. Which HSV activity	
4. Acceptance confirmed by telephone/fax/email	()
5. Name of Consultant Specialist in Auckland	
6. Service Area: Contact Phone no:	
7. Have documents been faxed to the Consulting Specialist in Auckland/ New Zealand patient referral coordinator?	()
8. Has the patient been informed of the Referral Procedure?	()
9. Has the patient completed the "Patient Consent Form"?	()
10. Has the patient been given his complete case documentation?	()
11. Patient Referral Form scanned and sent to New Zealand?	()
12. Is this referral, Alcohol Related? If yes, refer to Crown Law for civil action	Yes / No

TRAVEL ARRANGEMENTS CONFIRMED WITH AIRLINE CARRIER

Name of Patient	Airfare:
Family Escort	Airfare:
Medical / Nurse Escort	Airfare:
Booking Reference No	Departure Date:
Stretcher Confirmed	Stretcher Fee:
Medical Oxygen, Service Fee, St John Ambulance	
Bookings made by:	Works Order No:

SECRETARY OF HEALTH

Is this referral authorized by Secretary of Health?	Yes / No
Signature of HOM:	Date:

INTERNATIONAL PATIENT REFERRAL FORM

Date:.....

Patient's Name: Male / Female D.O.B/Age.....
 Passport Name

NZ National Health Index NHI number (if known):.....

Residence: Home Island:

Referring Doctor from MOH:

Clinical Diagnosis:

Reason for Referral:

Referral Confirmed by Telephone / Fax / Email to:

Is this a referral a result of a Health Specialist Visit (yes/ no) if yes, what program.....

Hospital Hospital Services:Consultant/Accepting officer.....

Appointment / Admission Date: Duration:

Accompanying Family:
 (as permitted under special criteria in the patient referral policy) Passport Name

Is Medical or Nurse Escort Required? Yes / No. If Yes, Name of Escort:

TRANSFER DETAILS: Please circle

Seating: Regular Seating Passenger () **Other:** Business () reason:
Stretcher Required: Yes/No **Ambulance Required:** Yes/No **Own Transport:**
 Yes/No

Contact name & Address in NZ: Phone & mobile No:

Email address:.....

IS THIS ALCOHOL RELATED REFERRAL? Yes / No

DO YOU HAVE HEALTH INSURANCE? Yes / No

HOSPITAL REFERRAL COMMITTEE	
Director of Hospital Health Services	Signature:
Referring Team Leader	Signature:
Chief Medical Officer:	Signature:

INTERNATIONAL PATIENT REFERRAL

CONSENT FORM – NO: 1

I, _____, otherwise referred to as the **Referral Patient**, do hereby confirm and agree that in the event that I refuse and/or change my mind on arrival in New Zealand for the said purpose will reimburse to the Ministry of Health, no later than 90 days after my departure, all related expenses pertaining to my transfer to Auckland. All related expenses to include airfares, service fees, stretcher fees, medical oxygen, ambulance fees, call out fees, medical/nurse escort airfares and allowance as applicable.

Further note: that if I continue to remain in New Zealand for more than three months upon receipt of a written clearance and/or discharge by the managing specialist's, then the Ministry of Health will cease to be responsible for my return airfare to Rarotonga.

Signed: _____
Patient/Family Member/Next of Kin

Dated: _____

Witness: _____
Referring Medical Officer

Dated: _____

Signed: _____
Director of Hospital Health Services

Dated: _____

In the event that the consent form cannot be signed as in the case of a minor and/ or by the patient, this form must be signed by a parent and/or nominated next of kin and/or guardian of the minor and/or patient.

DOMESTIC PATIENT TRANSFER

CONSENT FORM – NO: 2

I, _____, otherwise referred to as the **Referral Patient**, do hereby confirm and agree that in the event that I refuse and/or change my mind on arrival in Rarotonga for the said purpose will reimburse to the Ministry of Health, no later than 90 days after my departure, all related expenses pertaining to my transfer to Rarotonga. All related expenses to include air/sea fares, service fees, stretcher fees, medical oxygen, ambulance fees, call out fees, medical/nurse escort air/sea fares and allowance as applicable.

Further note: that if I continue to remain in Rarotonga for more than three months upon receipt of a written clearance and/or discharge, then the Ministry of Health will cease to be responsible for my return airfare to the island that I was referred from.

Signed: _____
Patient/Family Member/Next of Kin

Dated: _____

Witness: _____
Referring Medical Doctor/ officer in charge

Dated: _____

Signed: _____
Director of Hospital Health Services

Dated: _____

In the event that the consent form cannot be signed as in the case of a minor and/ or by the patient, this form must be signed by a parent and/or nominated next of kin and/or guardian of the minor and/or patient.

PATIENT REFERRAL

ALCOHOL RELATED ACCIDENT

CONSENT FORM – NO: 3

I, _____, otherwise referred to as the Referral Patient, and/or the immediate family member (next of kin), and/or **the person responsible for the motor vehicle crash**, I do hereby confirm and agree to pay the Ministry of Health:

- Full hospital costs incurred;
- 50% of all costs incurred for this transfer as per the Patient referral policy:
 - One way economy travel to Rarotonga/Auckland (I am liable for the full cost of mine and my family members return airfare as necessary).
 - Stretcher Fees
 - Airline Call out Fees
 - Oxygen fee
 - All other requirements for the safe transfer
 - Rarotonga/St John Ambulance Fees on arrival in Rarotonga/Auckland
 - Medical or Nurse Escort’s return airfares
 - Medical or Nurse Escort’s allowance **MUST BE PAID PRIOR TO DEPARTURE.**
- 50% costs of charter flights, flight diversion/ air ambulance as deemed necessary.

I, further confirm that I will reimburse and make arrangements with the Ministry of Health for all such costs incurred in full within 90 days following departure. Failure to fully recover costs will result in the Ministry of Health seeking legal action for claims as such.

Signed: _____ Dated: _____
 Patient/Next of Kin/Person responsible for accident

Witness: _____ Dated: _____
 Referring Medical Officer

Signed: _____ Dated: _____
 Director of Hospital Health Services

In the event that the consent form cannot be signed as in the case of a minor and/ or by the patient, this form must be signed by a parent and/or nominated next of kin and/or guardian of the minor and/or patient.



INTERNATIONAL PATIENT REFERRAL

REFERRALS FOR COOK ISLANDERS AND COOK ISLANDS PERMANENT RESIDENTS WHO DO NOT HAVE NEW ZEALAND CITIZENSHIP AND IS A HOLDER OF A FOREIGN PASSPORT

CONSENT FORM – NO: 4

This form must be completed for all Cook Islanders and Cook Islands Permanent Residents who do not have New Zealand citizenship and have been recommended for referral to New Zealand at any of the public hospitals in Auckland namely, Auckland Hospital, Greenlane Hospital, Middlemore Hospital or Auckland Starship for further diagnosis/management and treatment..

The Ministry of Health will only assist with the payment of return economy airfares and shall schedule appointments with the consulting specialist at any of the public hospitals in Auckland. The Ministry of Health will not meet any further related hospital costs borne as a result of this referral. All costs must be met by the patient.

I, _____, otherwise referred to as a **Referral Patient**, do hereby. confirm that I am totally responsible for meeting all of the healthcare costs and personal costs while in New Zealand on this referral. I confirm that I will not be seeking reimbursement for these costs from the Cook Islands Government.

Signed: _____
Patient/Guardian/Next of Kin

Dated: _____

Witness: _____
Medical Officer

Dated: _____

Signed: _____
Director of Hospital Health Services

Dated: _____

In the event that the consent form cannot be signed as in the case of a minor and/ or by the patient, this form must be signed by a parent and/or nominated next of kin and/or guardian of the minor and/or patient.

REPATRIATION FORM

Note: to be completed by Patient Referral Coordinator

Name of Patient: _____ DOB: _____ Passport Number _____

Medical Clearance report received from Doctor Yes No

Follow-up Appointment Date (if any): _____

Confirmation patient was referred through MOH Patient Referral system Yes No

MOH Referral Confirmation number: _____

Booking arrangement with airline for repatriation

Name of Patient and / or next of kin: _____

Airline: _____

Flight Number: _____

Booking Reference Number: _____

Date of Travel: _____

Cost (\$): _____

Works Order Number _____

Confirmed booking with Patient or next of kin; _____ Date: _____

Repatriation approved by: DHHS/ CMO Name: _____ Sign: _____