



**Te Marae Ora**  
**Ministry of Health**  
**COOK ISLANDS**

**Patient Referral Policy**  
**2021**



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## Rationale

The Patient Referral Policy 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 system 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 Public Hospitals in 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:

- Who have been identified and managed through the Te Marae Ora Ministry of Health Cook Islands (hospital/community health care services); and have been
- 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 New Zealand Citizenship and is a holder of a foreign Passport **do not** qualify for free health services in New Zealand and will be liable for all medical, hospital and personal costs (accommodation, transport, pharmaceuticals, laboratory tests, meals, and so forth) in New Zealand. Te Marae Ora Ministry of Health Cook Islands (TMO) will only fund the return airfares from Rarotonga to Auckland.

This policy **does not** cover:

- Non-Cook Islands nationals;
- Non-Cook Islanders on work permits or any other temporary permit holders residing in the Cook Islands and their children and/or relatives.
- Visitors and tourists to the Cook Islands;
- Cook Islanders permanently residing overseas;
- Returning Cook Islanders who have lived continuously in the Cook Islands for less than twelve (12) months

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

Te Marae Ora will be responsible for one referral for the same condition and if the patient is required for follow-up which cannot be provided in the Cook Islands, approval will be given at the discretion of the Secretary of Health in consultation with the referral committee.

If the patient is required for further management of the same condition, the patient must meet all costs.

## Patient Referral Committee

### 1. Core membership

- a. The Referring Doctor and/or Officer In-Charge of the Outer Islands
- b. The Accepting Doctor at the Rarotonga Hospital
- c. Chief Medical Officer
- d. Director of Hospital Health Services
- e. Secretary of Health
- f. Patient Referral Coordinator

### 2. Addendum to membership

- a. Visiting Health specialists
- b. Air New Zealand MEDA
- c. New Zealand Patient Referral Officer

### Policy cover

1. Costs covered under this policy only extends to the Pa Enea for domestic transfers and to Public Hospitals in Auckland, New Zealand for international referrals and are based on all eligibility and/or special criteria being met:
  - a) Patient return airfares/sea passage costs, including oxygen, stretcher, airline callout fees and St John ambulance costs (where applicable), **except** in the case of alcohol related referrals.

#### 1. Alcohol related referrals

1. Fifty percent of chartered flight cost and/or flight diversion cost for emergency domestic transfers including Air Ambulance Services.
  2. Full payment of Rarotonga Hospital User Charges
  3. The patient is liable to meet 50% of one way airfare Rarotonga/Auckland for the patient and medical and nurse escort(s), oxygen, ambulance transfers on Rarotonga and Auckland, New Zealand, Airline Call Out Fees and a daily allowance of \$150 for medical and nurse escort(s) which must be paid prior to departure.
  4. Patients and/or their nominated next of kin must meet all costs.
2. The ministry will source the most economical airfares/sea passage for travel.
  3. For ease and efficient transfer from Auckland International Airport to a public hospital in Auckland, New Zealand:
    - No Duty free allowance is permitted for all referred patients who are traveling with medical escort(s).
    - No food or other products that may attract biosecurity clearance i.e. any products on the NZ arrival declaration card that needs to be declared
    - 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 next of kin.

- Escorts returning to Rarotonga or travelling to Auckland without a patient can keep their duty free allowance and food should they wish.

The rationale for this, is that if a referred patient requires an escort (as per MEDA form) then they are considered to be medically unwell and too sick to travel unaccompanied. So no duty free access nor food items that may require bio security clearance. This will help speed their transit through customs and to hospital services in New Zealand.

4. All patients referred are expected to be repatriated within three (3) months of being discharged and medically cleared or deceased.

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 TMO to minimise further health complications for the patient. However all arrangements for repayment of costs will be made prior to departure and must be signed off by either the patient and/or nominated next of kin.

Re-payment schedules can also be arranged.

### **Special criteria apply to the following patients**

#### **Patients 16 years**

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).

#### **Infirm and destitute patients**

Return air and/or sea fare for the patient plus one accompanying nominated 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.

## 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

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

### Infirm and destitute patients

Return air and/or sea passage for the patient and a nominated 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 passage for the patient and may be accompanied by a nominated 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 including inpatient hospital fees at the Rarotonga Hospital.

A police and medical report will be used to determine when a person is under the influence of alcohol. Where a laboratory test is not available the "MANSEMSFUL" 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 and the Ministry of Health must also provide Crown Law Office and the Cook Islands Police Prosecution with a copy of cost incurred for recovery

## Referral process

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

- a. The Officer In-Charge on the island consults with the Accepting Officer at the Rarotonga Hospital and presents the history, clinical findings, diagnosis and reason for referral;
- b. Based on clinical picture presented and clarification on further details required, the Accepting Officer prepares for the referral of patient;
- c. The Referring Doctor/Officer In-Charge officer informs the patient of proposed referral and processes the referral form and referral letter and sends a copy of all documentation to the Patient Referral Coordinator;
- d. The Accepting doctor consults with Chief Medical Officer/Director Hospital Health Services to inform of referral and the needs required transferring the patient safely to Rarotonga;
- e. The Patient referral coordinator proceeds with necessary logistics. Makes sure that documentation is scanned and emailed as appropriate; and
- f. Secretary of Health is informed of all referral(s).

**Officer In-Charge:** The Referring Doctor, Nurse Practitioner or Registered Nurse is the Officer In-Charge of the health facility in the Outer Islands who has confirmed the case for further management in Rarotonga.

**Accepting Officer at Rarotonga Hospital/Oral Health:** Acceptance by the Medical Doctor/Dentist who will manage the case on 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

- a. Medical or nursing escort(s) 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.
- b. All Medical or Nursing escort(s) must hold current annual practising certificates and advanced life support certificates.
- c. All Medical or Nursing escort(s) must provide safe and appropriate health care services for patients during the transfer.
- d. In most instances medical/nursing escort(s) will be provided from the staff pool on Rarotonga. However in rare cases, nurses or doctors from the Pa Enua will be required to accompany the patient to Rarotonga.
- e. A daily per diem of \$50 must be payable for Medical and/or Nurse Escort(s) from the Pa Enua as per Ministry of Health Human Resources Policy. If the return flight is not on the same working day, a daily per diem of \$50 is payable and supporting documentation must be attached.

## Administrative process

### 1. Administrative process when referral is activated:

#### i. Officer In-Charge

- a. Completes correct Patient Referral form;
- b. Organises signing of Patient Consent form;
- c. Advises patients to take their passport and birth certificate in the event they are further referred to NZ for further management
- d. Prepares referral letter to Accepting Officer.

#### ii. Accepting Doctor

- a. Informs patient referral committee and patient referral coordinator to initiate travel arrangements;
- b. Inform Charge nurse, Outpatient Emergency Department and ward(s) of the referral case;
- c. Inform Chief Medical Officer (“CMO”) and Chief Nursing Officer (“CNO”) for escort if required.

#### iii. Patient Referral Coordinator

- a. Coordinates travel arrangements (Air Rarotonga airfare/charter or sea passage), including ambulance services
- b. Ensures CMO or CNO have appropriate escort identified as required;
- c. Sends completed Patient Referral form to Secretary of Health for final approval
- d. To inform the ambulance drivers and Outpatient Emergency Department Charge Nurse of the actual arrival time of referred patient at the airport for pick up and
- e. Monitors and maintains database of all patient referrals

#### iv. Finance Officer

Activates payment of air/sea fares upon receipt of:

- a. Invoice;
- b. Completed and authorised Patient Referral Form;
- c. Completed and authorised works order.

#### v. Activates disbursement of medical escort cash float upon receipt of

- a. Completed expenditure summary
- b. Completed and authorised Patient Referral form
- c. Medical escort e-ticket
- d. Medical escort boarding pass.

#### vi. 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

- a. Letter of request from Patient Referral Coordinator

- b. Completed and authorised Patient Referral form
  - c. Medical escort e-ticket
  - d. Medical escort boarding pass (to be submitted on return).
- vii. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost**
- a. Letter of recommendation from referral doctor
  - b. Approval from Secretary of Health (SoH)
  - c. Completed and authorised Patient Referral form
  - d. 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**

- a. Provides discharge summary once discharge from the Hospital;
- b. Provide medical clearance to Patient/Next of Kin once all follow up appointments have been completed; and
- c. Inform Patient Referral Coordinator at Rarotonga Hospital that patient is cleared to travel back to island referred from.

### **ii. Patient Referral Coordinator**

- a. Contacts Patient/Next of Kin to confirm travel arrangements
- b. Arranges air/sea fare for the patient
- c. Forward all documentation to Finance for payment
- d. Completes filing for each referral
- e. Ensures all data is entered on MedTech.

### **iii. Finance Officer**

Activates payment of air/sea fares upon receipt of:

- a. Invoice
- b. Completed and authorised Patient Referral Form
- c. Death Certificate (where applicable)
- d. Discharge summary from Accepting doctor
- e. Completed and authorised works order.

### **iv. Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost**

- a. Letter of recommendation from referral doctor
- b. Approval from SoH
- c. Completed and authorised Patient Referral form
- d. Death Certificate (where applicable)
- e. Discharge summary from Accepting doctor.

f. Patient e-ticket

**Note:** Patients who are not discharged and/or have not received medical clearance and choose to travel back to their island of residence must meet their own cost of travel. Should they fall ill for the same medical condition the Ministry of Health will not meet the transfer cost 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** 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
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 secondary or tertiary health care services.

### Special Criteria apply to the following patients

#### Patients 16 years

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

#### Infirm and destitute Patients

Return air and/or sea passage for the patient and a nominated 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 passage for the patient and may be accompanied by a nominated 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 including inpatient hospital fees at the Rarotonga Hospital.

A police and 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 and the Ministry of Health must also provide Crown Law Office and the Cook Islands Police Prosecution with a copy of cost incurred for recovery.

Full payment of \$150.00 daily per diem for Medical and Nurse Escort(s) must be paid before departure. All other costs for transfer will be charged at 50%. Repayment schedule can also 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 and the Ministry of Health must also provide Crown Law Office and the Cook Islands Police Prosecution with a copy of cost incurred for recovery.

## Referral process

### 1. Activation of Patient Referral process:

- a. Referring Doctor consults with the Accepting Officer in New Zealand and presents the history, clinical findings, diagnosis and reason for referral
- b. Based on clinical picture presented and clarification on further details required, the Accepting Officer determines to accept the patient;
- c. The Referring Doctor informs the patient of imminent referral and processes the referral form;
- d. The Patient referral coordinator proceeds with necessary logistics. Makes sure that documentation is scanned and emailed as appropriate;
- e. 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 escort(s)

- a. Medical or nursing escort(s) will be required from time to time to escort a patient as recommended by Air New Zealand MEDA Desk.
- b. All Medical or Nursing escort(s) must hold current annual practising certificates and advanced life support certificates.
- c. All Medical or Nursing escort(s) must provide safe and appropriate health care services for patients during the transfer and must be seated next to patient - no person sits between patient and escort.
- d. For ease and efficient transfer from the airport to the public hospital in Auckland, New Zealand:
  - No Duty free allowance is permitted for all referred patients who are traveling with medical escort(s).
  - No food or other products that may attract biosecurity clearance ie any products on the NZ arrives declaration card that needs to be declared
  - 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 next of kin.
  - Escorts returning to Rarotonga or travelling to Auckland without a patient can keep their duty free allowance and food should they wish.

The rationale for this, is that if a referred patient requires an escort (as per MEDA form) then they are considered to be medically unwell and too sick to travel unaccompanied. So no duty free access nor food items requiring bio security clearance. This will help speed their transit through customs and to hospital services in New Zealand.

- e. The Medical and/or Nurse escort(s) must complete full handover to the Accepting Officer, and he/she must return to their place of work on the first available flight.
- f. A daily per diem of \$150 is payable for Medical and/or Nurse Escort(s) for staff as per TMO Human Resources Policy and must be available prior to departure from Rarotonga. If accommodation is required for either a medical and/or nurse escort(s), a daily accommodation allowance is payable.

### **Administrative procedure**

#### **1. Activation of the administrative process when referral is activated**

- i. Referring Doctor
  - a. Completes Patient Referral form;
  - b. Organises signing of Patient Consent form;
  - c. Prepares referral letter to Accepting Officer;
  - d. Complete the Air New Zealand MEDA form
  - e. Consults with Air New Zealand Medical Office duty doctor as required.
- ii. Accepting Doctor:
  - a. Referral is accepted via email or phone call by the New Zealand Doctor to manage the patient in New Zealand.
- iii. Patient Referral Coordinator:
  - a. Collect passport for verification of documents (if no current passport available then family member is advised to urgently lodge application for a passport)
  - b. Coordinate travel arrangements, including MEDA form if required, ambulance services in Rarotonga and New Zealand as required
  - c. Provide New Zealand Patient referral information pamphlet
  - d. Provide Checklist to assist the application for Financial Assistance from Work & Income
  - e. Ensure Chief Medical Officer/Director Hospital Health Services and Chief Nursing Officer have appropriate escort identified as required
  - f. Ensure per diem is provided to the medical/nurse escort before departure
  - g. Send completed Patient Referral form to Secretary of Health for final approval
  - h. Ensure that the documentation is scanned and emailed to the travel agent and New Zealand based Patient Referral Officer

- i. To inform the ambulance drivers and Charge Nurse of Outpatient Emergency Department of the expected time of departure from the hospital to arrive in a timely manner at the airport
  - j. Monitor and maintain database of all patient referrals.
- iv. Finance Officer
- Activates payment of airfares upon receipt of:
- a. Invoice
  - b. Completed and authorised Patient Referral Form
  - c. Completed and authorised works order.

Activates disbursement of medical escort cash float upon receipt of:

- a. Completed expenditure summary
- b. Completed and authorised Patient Referral form
- c. Medical escort e-ticket
- d. Medical escort boarding pass
- e. 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:

- a. Letter of request from Patient Referral Coordinator;
- b. Completed and authorised Patient Referral form;
- c. Medical escort e-ticket
- d. Medical escort boarding pass (to be submitted on return).

Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:

- a. Letter of recommendation from referral doctor
- b. Approval from SoH
- c. Completed and authorised Patient Referral form
- d. 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 in New Zealand:
  - Provide medical clearance to Patient once all follow up appointments have been completed and;
  - Provide a copy of medical clearance for the referring doctor/Rarotonga patient referral coordinator.

- b. Patient:
- Informs New Zealand Patient Referral Coordinator of medical clearance and provides a copy of the Patient's Records to ensure that patient is cleared of all further management of his/her condition and can return back to home island;
  - Contacts Rarotonga patient referral coordinator to make arrangements for travel back to Rarotonga.
- c. Patient Referral Coordinator:
- Receives confirmation of medical clearance for travel to the Cook Islands
  - Contacts Patient/Next of Kin to confirm travel arrangements
  - Arranges airfare for the patient from Auckland, New Zealand to Rarotonga and/or to the Pa Enuā if required
  - Forward all documentation to Finance for payment
  - Ensure all data is entered on MedTech.

**Note:** Patients who are not discharged and/or have not 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 of Health will only be liable for their final repatriation upon receipt of a discharge summary or medical clearance from the Accepting Officer.

- d. Finance Officer:

Activates payment of air/sea passage upon receipt of:

- Invoice
- Completed and authorised Patient Referral Form
- Death Certificate (where applicable)
- Discharge summary from Accepting doctor
- Completed and authorised works order.

Activates reimbursements for referred patients, in the event that the patient meets the fare at their own cost:

- Letter of recommendation from referral doctor
- Approval from SoH
- Completed and authorised Patient Referral form
- Death Certificate (where applicable)
- Discharge summary from Accepting doctor
- Patient e-ticket.

### **Deceased patient**

1. Te Marae Ora will fund the cost of returning the deceased back to Rarotonga and to Pa Enuā by way of cargo only (freight of human remains).

2. A copy of the Death Certificate and the travel 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 three months after being discharged or being given their medical clearance, TMO 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**

If a patient declines medical treatment once referred to New Zealand, he/she will not be covered by this policy if they seek further referral for the same diagnosis in the future.

#### **Repatriation of palliative care patient from New Zealand to the Cook Islands**

Te Marae Ora will provide a Medical and/or Nurse Escort for the return of a palliative care patient to the Cook Islands and MEDA clearance must be initiated by the public hospital and/or hospice where the patient is domiciled in New Zealand and co-ordinated by New Zealand based Patient Referral Co-ordinator.

#### **Other Agencies involved in the referral process**

- a. **Cook Islands Ministry of Foreign Affairs and Immigration** - Assist in confirming Permanent Resident certificate holders and travel movement
- 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 with medical evacuations/repatriation and civil claim
- g. **Cook Islands Ministry of Justice** - Assist with emergency birth certificates;
- h. **New Zealand District Health Boards** - Assist with the accepting public hospitals;
- i. **Other Government Ministries who charter flights to the Pa Enua** - Assisting with cost sharing of charter cost including inter-island transfers by boat/ferry.

## Definitions and Acronyms

**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:

1. Lived continuously in the Cook Islands for more than one year and;
2. Permanently resides in the Cook Islands.

**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; permanently resides in the Cook Islands.

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

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

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

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

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

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

**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

**SoH** – Secretary of Health

**NZ** – New Zealand

**MEDA** - Medical Information form for Air Travel

**DHHS** - Director of Hospital Health Services

### **Associated documents**

1. Cook Islands Constitution 1965
2. Ministry of Health Act 2013
3. Entry, Residents and Departure Act 1971-72
4. Cook Islands National Health Strategic Plan 2017-2021
5. Ministry of Health Human Resources Policy and Procedures 2018

**Patient Referral Forms**

**Domestic Patient Referral Form**

Date:.....

**Passport Name**

Patient's Name: ..... Male/Female  
 [circle]  
 D.O.B./Age:..... Weight: .....  
 Residence: ..... Home Island:  
 .....  
 Referring Doctor/ Officer in charge: .....  
 Diagnosis:.....  
 .....  
 Reason for Referral:  
 .....  
 .....  
 .....

Referral Confirmed by Telephone/Email to:  
 .....

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

Hospital Services: ..... Consultant/Accepting  
 officer.....  
 Appointment / Admission Date: ..... Duration:  
 .....

**Passport Name**  
 Accompanying Family:  
 .....

(as permitted under special criteria in the patient referral policy)  
 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 | Works order No# | Patient Airfare/sea passage \$ | Family Airfare/sea fare \$ | Medical Escort Airfare/sea fare \$ |
|----------------|-------------------|---------------------------------|-----------------|--------------------------------|----------------------------|------------------------------------|
| Air Rarotonga: |                   |                                 |                 |                                |                            |                                    |

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| Normal flight          |  |  |  |  |  |  |
| Air Rarotonga: Charter |  |  |  |  |  |  |
| Sea Passage            |  |  |  |  |  |  |

**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 [v]**

|     |   |     |
|-----|---|-----|
| 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<br>( )  |     |
| 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?<br>( ) |     |
| 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?<br>( )  |     |
| 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<br>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 SoH:                                   | Date:  |

**International Patient Referral Form**

Date: .....

**Passport Name**

Patient's Name: .....

D.O.B/Age .....

Male/Female [circle]

Weight: .....

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

Residence: ..... Home Island: .....

Referring Doctor from MOH:

.....

Clinical Diagnosis:

.....  
 .....  
 .....  
 .....

Reason for Referral:

.....  
 .....  
 .....

Referral Confirmed by Telephone / Email to:

.....

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

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

Appointment / Admission Date: ..... Duration: .....

**Passport Name**

Accompanying Family: .....

(as permitted under special criteria in the patient referral policy)

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 and 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 Referral Consent Form

### 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 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
  - A daily Medical or Nurse Escort(s) allowance of \$150 each **must be paid prior to departure.**
  
- 50% cost 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: \_\_\_\_\_  
\_\_\_\_\_  
Patient/Next of Kin/Person responsible for accident

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.**

**International Patient Referral Form**

**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, Greenland 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: _____                        | Dated: _____ |
| Patient/Guardian/Next of Kin         |              |
| Witness: _____                       | Dated: _____ |
| 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

### COOK ISLANDERS AND COOK ISLAND PERMANENT RESIDENTS WHO REQUEST THE ASSISTANCE OF RAROTONGA BASED MEDICAL OFFICERS TO INITIATE APPOINTMENT WITH PRIVATE CLINICS

#### Consent form – No: 5

*This form must be completed for all Cook Islanders and Cook Islands Permanent Residents who request the assistance of Rarotonga based Medical Officers to initiate appointments with private Clinics in New Zealand 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: \_\_\_\_\_ Dated: \_\_\_\_\_  
Patient/Guardian/Next of Kin

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_  
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**