Ministry of Health
Directorate General of Private Health Establishments

Referral Policy

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Definitions & Abbreviations

Patients Referral: Transfer of responsibilities of specified aspects of patient care from one health facility to another; i.e. the process of which a treating physician (or other attending professional) by virtue of his/her lesser qualifications, experience, expertise, and / or facilities at his / her level to manage a clinical condition of the patient, seeks assistance of a better equipped facility with better resources and expertise at a higher level to guide him/her in the management, or to take over the management of particular episode of a clinical condition.

Receiving Facility: the facility which initiates (sending) the referral of patients

Referred Facility: the facility which accepting the referral.

Routine Referral: in which the condition of the patient is not urgent in charcter but needs referral for second opinion, higher level of investigations and for seeking routine management / admission.

Urgent Referral: in which the condition of the patient needs appointment and consultation within 72 Hours of the time of request in order to prevent impending complication.

Emergency Referral: in which immediate referral is required to facilitate the treatment of a patient whose condition for any type of "life", "limb", "vision" are threatening emergencies.

Self Referral: in which patients bypass the normal routes/levels of referral system and present at the next level on their own.

Appropriate Referral: Referrals which are neither misdirected nor unjustified, and have a completely filled referral form along with necessary clinical details information.

Unjustified Referral: in which there are no valid medical reasons.

Misdirected Referral: in which the referral is addressed to facility or department that has no such services or is not appropriately staffed or equipped.

Incomplete Referral Form: in which the referral form has not been filled with needed information.

Inadequate Clinical Information: in which the referral forms are missing necessary clinical details information justifying the referral on medical grounds.

MoH Health Care Facilities: These are institutions that belong to Ministry of Health and basically categorized into three levels based on type of health care provided which include: primary, secondary and tertiary healthcare. And according to the nature of healthcare that are provided, these institutions are given the following names: Health Centre,

Extended/Polyclinic, Local/Wilayat Hospital, Regional Referral Hospital and Tertiary Hospitals.

Non-MoH Government Health Care Facilities: These are institutions belong the Government other than MoH healthcare facilities; like Armed Force, Royal Oman Police Hospital and Royal Court Hospitals and Polyclinics.

Primary Health Care: Services rendered to an individual in good health or to a patient in the early symptomatic stage of a disease. There is really no need for consultation with a specialist unless a problem arises in the diagnosis or treatment.

Secondary Health Care: services rendered to a patient who maybe symptomatic or asymptomatic but serious stage of disease requiring moderately specialized knowledge and technical recourses for adequate management.

Tertiary Health Care: Covers levels of diseases that are serious threat to the health of the patient and require highly technical and specialized knowledge, facilities and personnel.

Abbreviations:

MoH: Ministry of Health

PHEs: Private Health Establishments

DGPHE: Directorate General of Private Health Establishments

A&E: Accident & Emergency

SCBU: Special Care Baby Unit

OBG: Obstetrics & Gynaecology

MRD: Medical Records Department

1. Purpose

To standardize patients referrals from and to private health establishments for the best interest of health services in general and the patients in particular.

2. Scope

This policy applies to all private health establishments (PHEs) and includes:

2.1. Receiving of patients between one PHE to another PHE.

2.2. Receiving of patients from one PHE to another MoH health care facility.

2.3. Receiving of patients from one PHE to another non-MoH health care facility.

2.4. Receiving of patients from MoH & non-MoH healthcare facility to another PHE.

3. Target Audience

All private health establishments, MoH, & non-MoH healthcare facility' administration and health care professionals.

4. Responsibilities

All private health care providers to comply with this policy and DGPHE to audit and monitor for compliance.

5. Policy Statements:

5.1 It is not accepted professionally to refer any patient verbally without proper referral arrangement initiated by treating healthcare to go for further management to another health care facility.

5.2 All efforts must be made to administer timely and proper initial management especially for urgent cases; i.e. patients should be stabilized before referral is made.

5.3 Practice best judgment in deciding when and where to refer.

5.4 Indications for referral to another facility is based on the following criteria, but not limited to, :

5.4.1 Patient's need for specialized care not available in the receiving facility in terms of expertise and facilities.

5.4.2 For second opinion.

5.4.3 Non-availability of hospital beds

5.4.4 Ineligibility for treatment in receiving facility

5.5 The receiving facility must avoid unnecessary repetition of investigations and avoid referral extensions (receiving to another healthcare facility with the same level of care and capacity to manage the patient).

5.6 The physician in the receiving health care facility will assume overall for the patient welfare during transfer to the receiving health care facility to ensure continuity of care and patient safety during transfer process.

5.7 Patient's safety during transfer must be ensured by the receiving facility by providing the following:
5.7.1 Appropriate ambulance with necessary equipments

5.7.2 Medical or nursing staff as escorts depends to the condition of patient.

5.8 All PHE that are conducting any kind of surgeries on site must have access to a well-equipped ambulance service for transferring of patients.

6.9 The healthcare provider at the receiving facility shall carry out advice or management of the patient according to the feedback form. The physician shall transfer information of the feedback form and document it in the patients' medical record for monitoring and evaluation processes.

5.10 PHE shall strive for continued improvement and facilitation of bilateral communication, and collaborate to optimize effectiveness, efficiency, and rational utilization of the patients' referral system.

5.11 PHE shall implement the system of "Risk Management" and "Incident Reporting" and communicate directly to the Directorate General of Private Health Establishments DGPHE for mutual search of alternatives / solutions for any operational constraints noted while implementing the referral policy.

5.12 All PHE shall strive to refer their patients (for non-emergency cases) primarily to another PHE where expertise and facilities necessary in case management are available over there. For emergency cases, patients should be referred either to another PHE or to a government hospital depending on clinical condition of the patient and the distance between the receiving facility and the receiving hospital; provided that the receiving hospital in both situations is made fully informed about the case prior to arrival of patient. **Please refer to the algorithm at the appendix; and to adhere the following standards:**

- Private healthcare facilities shall implement the standard referral/appointment forms approved by MOH.

- Private healthcare facilities shall strive to refer their patients primarily to another private healthcare facility where the needed expertise or services are available.

- Expatriate paying patients to be referred to a larger private healthcare facility if the expertise and services are available there. This applies even to emergency conditions such as MI and stroke..

- Omani patients may be referred to the nearest appropriate government hospital for emergency and serious urgent cases. However, Omani patients may be referred to another private facility or to their respective regional hospital for routine and minor urgent conditions.

- Omani patients should not be referred to the tertiary care hospitals for secondary care non-urgent conditions, particularly if they have bypassed their regional hospital or left against medical advice .

- Exceptional inpatient back-referrals shall be governed by the general back-referral guidelines described in the manual of MoH referral guideline.

5.13 In general the referrals shall be routed stepwise from lower to higher level of health care service providing facilities i.e. from primary to secondary to tertiary health care facilities.

5.14 Senior clinicians shall decide upon the "Need" for referrals, determine the urgency of referral based on clinical condition of patient, and perform the Risk-Benefit Analysis to ensure safety of patient during the referral / transfer process.

5.15 Referred healthcare facilities shall prioritize attendance of all escorted transfers in order to facilitate earliest return of the medical escort team and ambulances to their parent work stations.

5.16 When receiving emergency cases, the receiving physicians should communicate verbally with the on-call physicians (or Emergency Department staff) at the referred facilities prior to anticipate patient arrival.

5.17 In emergency situations, all healthcare facilities will be required to act diligently to safeguard the welfare of the patient. An emergency situation supersedes all restrictions for delivering care and must provide for patient stabilization regardless of expense or resources consumption, so as to obtain the best possible medical outcome for the condition.

5.18 All private hospitals are required to have a designated hospital hotline, which shall be made accessible for the purpose of referral.

5.19 The receiving facility must document in the transfer notes the name of the receiving facility, name of the individual /health professionals' agreeing to receive the patient and any change in the patient condition or status during transfer (for both cold and emergency cases).

5.20 At referred facility, patients shall be seen by a doctor with appropriate level of higher expertise than that prevailing at the receiving health care facility.

5.21 DGPHE shall implement a comprehensive Monitoring System at central and regional level to maximize efficacy of the referral system, by minimizing inappropriate referrals.

5.22 Receiving institutions shall prepare and fax the appointment request on Patient Referral Form and a copy to be given to the patient, who could follow up with the referred facility.

5.23 Patient Referral Form shall be used both for seeking appointments, and as a referral letter containing all relevant referral information.

5.24 Patient Referral Form shall be completely filled, with appropriate clinical information (patient's assessment, status, clinical information or clinical summary, procedures, or other interventions provided, lab and radiology reports), justifying the reasons and objectives of the referral; and should be stamped and signed by the receiving physician.

5.25 The referred institutions shall arrange for forwarding the appointment requests to the concerned specialty clinicians, who shall advise for appointment bookings or suggest management plans at the parent healthcare facility.

5.26 The appointment date for the patients needing referral can be secured directly from the receiving hospital/facility and the patients will be notified of the appointment date.

5.27 Referred clinicians may opt to offer certain clinical guidance for management at the receiving health care facility, rather than offering appointment booking. In such situations the referred and receiving clinicians may arrange to discuss the case on telephone and mutually agree upon the line of further management accordingly; and all the decisions must be documented on both sides.

5.28 If emergency services offered by a private establishment, there should be ambulance or proper escorting facility available in place.

5.29 Receiving and referred institutions shall organize protocols for maintaining their records for all fax appointments requested and booked respectively in order to prevent duplication of requests and / or appointments.

5.30 The receiving facility shall send complete feedback form/report to the receiving facility after patient consultation/discharged, so that receiving facility is informed about patient medical condition and if necessary can provide follow-up care accordingly.

5.31 Data entries in referral / appointment forms shall be used in referral monitoring system.

5.32 Substantive violation of this policy / regulation that places patients at risk or produces any adverse patient outcomes will result in disciplinary action, penalty, and/or sanction.

6. Appointment Protocols for Referral Categories

6.1 General principles:

6.1.1 Appointment booking procedure varies according to different categories of referrals as follow based on clinical background of the patient's condition:

- Emergency
- Urgency
- Routine

6.1.2 Emergency referrals shall not require any prior booking or appointment.

6.1.3 Urgent and routine referrals shall be affected through prior booked appointments from referred healthcare facilities.

6.1.4 Appointments request and booked appointments shall be forwarded through the Medical Records Departments.

6.2 Emergency Referrals:

6.2.1 Receiving institutions shall initiate emergency management and continue necessary treatment.

6.2 .2 Senior clinicians shall evaluate the clinical condition and weigh benefits Vs risks inheriting to the transfer process repeatedly and periodically.

6.2 .3 The case management shall continue at the receiving institution with available means and resources if the risk outweighs the benefits of transfer.

6.2.4 Treating clinician should contact on telephone the referred facility clinician prior to transfer the patient to seek management advice.

6.2 .5 Receiving clinician shall ensure completion of referral documents, offering due priority to patients safety and taking into consideration that no time is lost in the process.

6.2 .6 Receiving facility shall complete transfer arrangements with attention to medical escort, necessary equipments and drugs etc.

6.3 Urgent Referrals:

6.3 .1 All urgent referrals shall require a prior booked appointment at the referred institution within 3 days.

6.3.2 Patients requiring urgent inpatients services at the referred facility shall require telephonic contact by receiving clinicians to verbally discuss appointment matter, followed by a formal fax appointment request as well.

6.3.3 Receiving clinician, on acquiring the appointment booking shall arrange for an updated referral form, tracings, and images relevant to clinical justification for the referral.

6.3.4 Appointment booking shall be attached with referral letter.

6.3.5 Patients with outpatients status at receiving facility shall manage their own transport.

6.3.5 All relevant referral documents for patients with inpatients status at receiving facility shall be handled over to the escort nurse.

6.3.6 Receiving facility shall ensure arrangement of ambulance and medical escort for patients referred with inpatients status at the receiving facility.

6.4 Routine Referrals

6.4.1 Appointment system shall apply to all routine referrals, irrespective of their inpatients or outpatients status.

6.4.2 Rules, regulations and protocols concerning appointments, referrals documents and transport arrangements shall remain same as for urgent referrals.

6.4.3 Routine referrals with Inpatients status at the receiving institutions shall be provided with an ambulance and escort by an appropriate staff.

7. Patient Transfer Guideline

7.1 Cases with Inpatients status at the receiving facility shall be transferred on ambulance, with a medical escort.

7.2 Senior clinician shall determine the need and composition of the medical escort team required, based on clinical condition of the patient and taking into account the safety of the patient during the transfer journey.

7.3 “Patient Escort Form” shall be used in all cases transferred with inpatients status at the receiving healthcare facility and clinical condition meriting nursing staff escort.

7.4 Medical escort shall imply a medical orderly and/or nurse and/or doctor.

7.5 The escort form shall be filled by concerned clinicians, ward nurses and escort nurses of receiving facility, in sections specified for their respective use, and ensuring completeness and legibility of the forms.

7.6 Concerned clinicians and nursing staff shall ensure endorsement of consent from patient / relative before actual transfer of the patient.

7.7 Patient escort form shall act as a checklist for necessary preparations prior to safe transfer of the patient to referred destination.

7.8 Patient escort form shall also serve as medical record for the patient during the actual journey.

7.9 Copy of the escort form shall be handed over to the referred facility for their records; and also to be used as a monitoring tool for the transfer process in patient's referral system.

7.10 Referred institution shall endorse taking –over date / time on the same form.

8. Handing-Over patients

8.1 General principles:

8.1.1 These guidelines shall apply to inpatients referrals and back referrals, escorted by the medical escort teams.

8.1.2 The receiving and referred institutions shall coordinate handing-over and taking-over formalities in a manner that offers minimum possible time loss and maximum safety to patients during the process.

8.1.3 Handing-over and Taking-over formalities shall be dully endorsed in the relevant sections of the "Patient Escort Form" by the receiving and referred facilities respectively.

8.1.4 Receiving health facility shall remain responsible for the referred patient till the patient enters the referred health premises.

8.1.5 The escort team shall accompany the patient till formal handing/taking over formalities is completed at the referred health care facility.

8.1.6 Handing / Taking over process involves two venues:

- At receiving Healthcare facility
- At Referred Healthcare facility

8.2 At receiving Healthcare facility

8.2.1 Nurse in charge for the patient shall ensure completion of all relevant referral documents (referral letter & appointment booking slip/form)

8.2.2 Nurse in charge for the patient shall arrange all relevant reports, tracings, and images required for transfer to the referred institution along with patient.

8.2.3 Patient and all referral documents shall handed over to the escort team nurse with endorsement in the relevant section of the patent escort form.

8.3 At referred Healthcare Facility:

Handing / Taking over process in the referred healthcare facility shall be coordinated as per the following specialties/cases:

8.3.1 SCBU Cases:

- SCBU cases shall be directly wheeled in to the SCBU of the referred health care facility, without having to stop over in the A&E departments and directly handed over the SCBU staff by the escort team.

8.3.2 Pediatric Cases:

- Pediatric cases shall be received in the Pediatric A&E Department, if not available, in the general A&E.

- Further proceedings shall be governed by the clinical condition of the child as described below.

8.3.3 Obstetrics & Gynecology Cases:

- OBG cases shall be directly received in the maternity units/ delivery suits, and handed over to their staff.

- If they referred for non-OBG related condition, all patients shall be directed to the main A&E departments.

8.3.4 Emergency referrals:

Emergency cases shall be received at main A&E department of referred facility, and handed over to their staff.

8.3.4.1 Stable Condition:

- A&E department shall assign one staff to accompany the escort nurse from the receiving institution.
- A&E doctors shall evaluate and reassess the clinical condition of the patient on arrival.
- Patient shall be transferred to the concerned ward/unit by the escort nurse and staff assigned by the A&E.
- Patient and referral documents shall be handed over to the ward/unit in charge nurse.
- The ward/unit in charge nurse shall endorse reception of the patient and documents on the patient escort form and the escort team shall be relieved to return to their parent institutions.

8.3.4.2 Unstable Condition:

- A&E doctor shall decide about either shifting the patient to the concerned ward/unit or calling over the concerned doctor to the A&E department, depending upon the degree of instability of the clinical condition of the patient.
- On decision to transfer to the ward/unit, A&E department shall follow the above mentioned procedures.
- On decision to call concerned doctor to A&E department in view of higher degree of instability of patient, the A&E department shall take over the case, and assume full responsibility for further proceedings.
- The escort nurse shall remain present in the A&E till arrival of the concerned clinician who may need some information.
- Such unstable patients shall be transferred to the ward/unit in due course of time, as per decision of the referred facility clinician, through the escort staff.

8.4 The responsibilities of Healthcare professionals In Emergency Referrals:

8.4.1 Responsibility of the clinician in the receiving healthcare facility:

- Inform the patient or next of kin regarding the referral / transfer and obtain consent prior to any arrangements being made.

- Identify the facility to which the patient is to be sent.
- Contact physician on duty responsible for admission and definitive care of the patient on duty prior to any transfer unless it is an emergency. In case of extreme emergency, do not delay transfer but notify the physician / A&E physician on duty of the transfer and condition of the patient.
- Once the transfer agreed upon, inform the patient and family.
- Inform the nurse In Charge of the unit in the receiving facility to prepare for the transfer, including arrangement of ambulance, equipments, and medications.
- Identify the escort staff, a nurse or doctor depending on the patient clinical condition, who will accompany the patient.
- Complete referral form and attach the needed documents, copied materials, investigations, and medications.
- Record the transfer/referral order in the medical record and determine the level of the escort and if any special equipment is needed.
- The escort team will be responsible to get the required medication, equipments, and materials; monitoring; patients management during transport; handover to the receiving facility and documentation.

8.4.2 Responsibility of the Nurse in charge of the receiving facility:

- Discuss with physician and take the necessary steps to arrange for equipments, medications, and personnel.
- Assign one or more appropriately skilled nurses to accompany the patient.
- Contact the nurse in charge in the referred facility regarding their readiness to receive the patient and to convey pertinent information.
- Review documentation on the patient's condition prior to and during transfer.

8.4.3 Responsibility of the physician in the referred facility:

- Gather the needed information about the patient's condition including a written report when needed for elective inter-hospital transfer. Inform the head of department and obtain permission regarding the potential transfer (for elective transfer).

- Check with medical records/admission department/bed control unit or charge nurse regarding bed availability and arrange bed booking.
- Inform charge nurse of the receiving unit.
- Provide feedback to the receiving facility.
- Evaluate the patient on arrival.
- Evaluate the need for any diseases specific infection control precautions.

8.4.4 Responsibility of the Nurse in charge in receiving unit:

- Confirm the bed booking.
- Inform A&E department (the nurse in charge)
- Assign the patient to a specific nurse.
- Evaluate for the need for an isolation bed or special infection control precautions.
- Specify the route of entrance to the receiving facility usually through the emergency room prior to transfer to the admitting unit.

Appendix I

Content of Patient's Referral Form

Part one: (to be filled by the receiving healthcare facility)

1- Healthcare Facility name and / or logo and contact details

2- Patient demographic information (or patient ID sticker), which includes:
   a. Name
   b. Patient ID (medical record number)
   c. Sex
   d. Nationality
   e. DoB or Age
   f. Contact Details
   g. Next of kin
   h. Information about insurance company (if applicable)

3- Information about Referrer:
   a. Receiving practitioner's name, address and contact information
   b. Referrer's signature and stamp
   c. Referrer's licensing number

4- Referral information:
   a. Name of the specialist clinic and/or name of clinician to whom the patient is being referred.
   b. Reason for requesting specialist assessment (for example, assessment only, assessment and management, assessment and share management with GP, diagnostic procedure, suitable for day surgery, second consultant opinion).
   c. Type of referrals: Routine, Urgent, Emergency

5- Provisional / final Diagnosis

6- Clinical information: presenting problem, past history, current medications, allergy, associated medical conditions that may affect the presenting condition or its treatment, findings of tests and examinations.

7- Date and Time

Part two: (to be filled by receiving healthcare facility)

1- Type of referral: Routine, Urgent, Emergency

2- Referral Assessment: Appropriate, Unjustified, Misdirected,
Inadequate clinical information, Incomplete referral form

3- Preliminary / Final Feedback (to receiving doctor)

4- Appointment Booking: Healthcare facility name, Specialty, Date & Time

5- Name, sign. And stamp of referred doctor

Referral Procedure of Patients from A private health establishment to another PHE or Government HE