



**SULTANATE OF OMAN  
MINISTRY OF HEALTH**

MANUAL ON  
**PATIENT REFERRAL GUIDELINES**

**SECOND EDITION – 2004**

DIRECTORATE GENERAL OF HEALTH AFFAIRS

# PREFACE

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**Patient Referral system is the back-bone of health services infrastructure, offering highest possible levels of health services to each and every member of the community through a network of Primary, Secondary, & Tertiary Health Care providing institutions.**

MOH assigns high priority to this essential component of health services, evidenced by a recent National Workshop and revision of the Manual on Patient Referral Guidelines within five years of publication of the previous edition of the manual.

Manual on Patient Referral Guidelines has been revised in consideration with the changing needs of the community, rapid development of health services in Oman, and changing concepts in the medical profession. We have also attempted to make the referral system even more patient friendly, as well as making the manual user-friendlier.

Following changes in the manual (and policies therein) make it simpler to read and understand, despite further elaboration of referral protocols and inclusion of beneficial and relevant information.

1. Permissibility of skipping service levels with certain explicit criteria applied. Thereby, offering referring clinicians a margin to select appropriate referral institution and save precious time of patients, making the referral system more patient friendly.
2. Necessary amendments in the Patient Referral Form, making it suitable to serve the purpose as an appointment request form and monitoring the referral system as well.
3. Revision of concepts and definitions for referral assessment criteria, and their incorporation in Monitoring & Reporting system.
4. Inclusion of scientific definitions for clinical categories of referrals i.e. Routine, Urgent and Emergency.
5. Inclusion of flow diagrams, offering graphic explanation of complete process for referrals, back referrals, appointment system, and feedback advice in consideration with key dimensions i.e. Out-patient Vs In-Patient status of referrals, and Routine Vs Urgent Vs Emergency clinical categorization of patients.
6. Emphasis on patient safety demonstrated by inclusion of "Patient Escort Form" for cases transferred under supervision of Medical Escort Team. This form also includes checklists for necessary equipment, drugs, and documents etc.
7. Inclusion of non-scaled maps showing various health care providing facilities, and tabulated leveling of health care facilities for each region.
8. Inclusion of services index for Secondary and Tertiary health care facilities with specific clinical services listed for each.
9. Inclusion of separate section for monitoring system, with reporting formats and few indicators enlisted to gauge effectiveness of referral system.
10. Change in referral directory with emphasis on contact numbers for on-call doctors, rather than for Heads of Dept.

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**The revised 'Patient Referral Manual' (Edition 2004) is an outcome of commendable teamwork by number of staff of Ministry of Health. The untiring efforts and contributions of following are highly appreciated.**

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- Directorate General for Health Affairs.
- Directorate General of Planning Affairs, MOH
- Directorate General of Admin. & Financial Affairs, MOH
- Director General of Health Services and staff of all Regional Directorates.
- Hospital Directors & staff of Regional Referral Hospitals
- MOIC's and staff of Local / Wilayat Hospitals and Health Centers.
- All the participants of the '**Second National Workshop on Patient Referral System**', held in April 2004.

First edition of the Patient Referral Manual provided valuable guidance and relevant information.

Final compilation of this manual is an outcome of untiring efforts by **Dr. Irfan Farooq**, in collaboration with **Prof. Hopkins Holmberg** and **Dr. S. Raza**.

Your valued comments, suggestions, and recommendations for further improvement of this manual shall be gratefully received.

Kindly forward your comments to

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## STANDARD ABBREVIATIONS

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<b>A&amp;E</b>	-	<b>ACCIDENT AND EMERGENCY</b>
<b>ARI</b>	-	<b>ACUTE RESPIRATORY INFECTIONS</b>
<b>CT</b>	-	<b>COMPUTERIZED TOMOGRAPHY</b>
<b>CTG</b>	-	<b>CARDIOTOGRAPHY</b>
<b>DSA</b>	-	<b>DIGITAL SUBTRACTION ANGIOGRAPHY</b>
<b>EHC</b>	-	<b>EXTENDED HEALTH CENTER</b>
<b>EMG</b>	-	<b>ELECTROMYOGRAPHY</b>
<b>ERG</b>	-	<b>ELECTRORETINOGRAPHY</b>
<b>FAMCO</b>	-	<b>FAMILY AND COMMUNITY MEDICINE</b>
<b>GFR</b>	-	<b>GLOMERULAR FILTERATION RATE</b>
<b>HAI</b>	-	<b>HOSPITAL AUTONOMY INITIATIVE</b>
<b>HC</b>	-	<b>HEALTH CENTER</b>
<b>IPD</b>	-	<b>INPATIENT DEPARTMENT</b>
<b>MOH</b>	-	<b>MINISTRY OF HEALTH</b>
<b>MRD</b>	-	<b>MEDICAL RECORDS DEPARTMENT</b>
<b>MRI</b>	-	<b>MAGNETIC RESONANCE IMAGING</b>
<b>NICU</b>	-	<b>NEONATAL INTENSIVE CARE UNIT</b>
<b>OBG</b>	-	<b>OBSTETRICS &amp; GYNAECOLOGY</b>
<b>OPD</b>	-	<b>OUTPATIENT DEPARTMENT</b>
<b>PHC</b>	-	<b>PRIMARY HEALTH CARE</b>
<b>PICU</b>	-	<b>PEDIATRIC INTENSIVE CARE UNIT</b>
<b>QA</b>	-	<b>QUALITY ASSURANCE</b>
<b>SCBU</b>	-	<b>SPECIAL CARE BABY UNIT</b>
<b>SHC</b>	-	<b>SECONDARY HEALTH CARE</b>
<b>SQH</b>	-	<b>SULTAN QABOOS HOSPITAL (SALALAH)</b>
<b>SQUH</b>	-	<b>SULTAN QABOOS UNIVERSITY HOSPITAL (MUSCAT)</b>
<b>STD</b>	-	<b>SEXUALLY TRANSMITTED DISEASES</b>
<b>THC</b>	-	<b>TERTIARY HEALTH CARE</b>
<b>USG</b>	-	<b>ULTRASONOGRAPHY</b>

- ***Other than the above, MOH staff shall only use internationally accepted abbreviations in all medical records.***
- ***Self-created abbreviations are detrimental to the quality, accuracy, and reliability of clinical information, with potential threat to patient's safety.***

**MISSION OF MOH**

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MOH endeavors to ensure provision of quality health care services to all the nationals and residents of Sultanate of Oman, through an effective and efficient health care delivery system, in accordance with the needs of the communities served, and to best of their satisfaction.

Ministry of Health shall also strive for rational utilization of its precious resources by adopting cost-containment strategies, without compromising on the quality of services”

**STRATEGY**

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MOH shall strive to achieve delicate balance between quality, cost-containment, efficiency, and patient satisfaction through proper implementation of Patient Referral System. Patient Referral system elaborated in this manual is based on systematic and scientific methodologies and practices, adapted to the specific needs of the health services and the patients in this country. This Manual shall offer pertinent policies and protocols comprehensively addressing all aspects of an integrated referral system, practically suited and feasible in the best interest of health services in general and the patients in particular.

**WHAT IS PATIENT REFERRAL SYSTEM**

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**WHAT IS PATIENT REFERRAL SYSTEM?**

***"Patient Referral means movement of patients and clinical information / material through various levels and branches of health care delivery system. "***

Referral system involves a two-way movement of the patient, and/or flow of clinical information, essentially but not exclusively from lower level of health care services to a higher level facilities, seeking higher level of expertise and management, and then in the reverse direction from a higher to lower level, known as the Back-Referral. Referral letters and Feedback advice, accompanying the referral cases, serve as means for transfer of relevant demographic & clinical information about referred / back-referred patients to the clinicians concerned at respective levels of health care delivery system.

In general, patient referral in health care is a process in which a treating clinician by virtue of his lesser qualifications, experience, expertise, and/or facilities at his level to manage a clinical condition, 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 a particular episode of a clinical condition.

Various dimensions, directly or indirectly relevant to the Patient Referral System, are addressed in details in the subsequent sections of this manual, providing the fundamental principles for effective & efficient patient referrals between different health care providing facilities in Sultanate of Oman.



## HEALTH SERVICES IN OMAN.

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MOH endeavors to provide highest possible level and quality of health services, right at the doorsteps of each member of the community. A network of PHC centers easily accessible to each and every household, and supported by Wilayat, Local, & Regional Referral hospitals in every region of Sultanate of Oman is a living evidence of successful completion of this humongous task.

Ongoing development & up-gradation of health facilities, and continued review and revision of the policies and protocols affirms the commitment of MOH to its mission.

Development of Health services in MOH during the last five years can be broadly categorized as

- ***Development of Health services through new projects e.g. commissioning of three Regional Ref Hospitals during the last 5 years in Al Dakhliya, North Sharqiya, & South Sharqiya regions and ongoing emergence of new Primary Health Care Centers and Specialty Polyclinics.***
- ***Inclusion of new specialty services in existing health care facilities e.g. establishment of satellite Oncology Units in each region of the Sultanate to facilitate chemotherapy sessions nearer to the patients' place of residence, inclusion of Oncology Center at Royal Hospital, and setup of secondary clinics at Bausher & Wattaya polyclinics.***
- ***Up-gradation of existing specialty services e.g. provision of CT scan and state of the art surgical equipment for Laparoscopic surgeries to regional hospitals etc.***
- ***Continuing up-lifting of the skill mix in existing health care services at each level through numerous staff development & Continuing Education activities e.g. Post-basic training courses, On-job Training courses, Post-graduation residency courses, Seminars, workshops and symposia etc.***

## PRIMARY HEALTH CARE INSTITUTIONS

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Health Centers (HC's) are the basic Health Units providing Primary Health Care (PHC) services at the grass-root level. MOH has an established network of HC's, which spans the length and breadth of Sultanate of Oman.

Over and above their major role in the primary health care delivery system, these HC's also offer ambulatory curative and First-aid Emergency services to the population in their respective catchment area.

Some HC's are also equipped with observation beds, and a few with normal Delivery services as well.

Following Health care facilities primarily provide the primary care Health services.

- **Health Centers**
- **Extended Health Centers / Polyclinics** (*Ambulatory Secondary HC services are also offered in EHC's through specialty clinics*)
- **Local / Wilayat Hospitals** (*Local / Wilayat hospitals are included in PHC facilities, but some of these hospitals also provide curative secondary health care services, including Inpatient, Outpatient, and Emergency management*).
- **Private Clinics.**

***Haima Hospital – The regional hospital Al-Wusta region, offers PHC and nominal Secondary Health Care (SHC) services.***

## SECONDARY HEALTH CARE INSTITUTIONS

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Secondary health care services are primarily offered in the Regional Referral Hospitals available in each and every region of the Sultanate.

Regional Referral hospitals at Sohar, Nizwa, and Sur have affiliated Extended HC's / Polyclinics offering Outpatient Secondary Health Care Services, in addition to the PHC services.

Regional Referral hospitals have all the major clinical specialties, equipped with necessary technical expertise, equipments, drugs, consumables, and ancillary services enabling them to fulfill health care needs of majority of patients within the regional bounds. Up-gradation of health services on account of these hospitals, have lead to significant reduction of referrals to the tertiary health care facilities, with consequent convenience to patients and containment of precious resources.

The Tertiary Health Care (THC) Hospitals located in the capital area also serve as the secondary health care providers for the population of Muscat Governorate.

Bausher Polyclinic and Wattaya Polyclinic (OBG) offer Outpatient secondary health care services to the population of Muscat Governorate.

### **Regional distribution of the institutions rendering SHC services:**

<b>North Batinah</b>	-	<b>Sohar Hospital</b>
<b>South Batinah</b>	-	<b>Rustaq Hospital</b>
<b>Al Dakhliya</b>	-	<b>Nizwa Hospital</b>
<b>Al Dhahira</b>	-	<b>Ibri Hospital</b>
	-	<b>Buraimi Hospital</b>
<b>North Sharqiya</b>	-	<b>Ibra Hospital</b>
<b>South Sharqiya</b>	-	<b>Sur Hospital</b>
<b>Dhofar</b>	-	<b>Sultan Qaboos Hospital</b>
<b>Mussandam</b>	-	<b>Khasab Hospital (partial Services)</b>
<b>Muscat Governorate</b>	-	<b>Bausher Polyclinic (OPD only)</b>
	-	<b>Watayya Polyclinic (OPD only)</b>

**TERTIARY HEALTH CARE INSTITUTIONS**

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Tertiary health care services are rendered through four (4) hospitals located in the capital area under the domain of MOH. Sultan Qaboos University Hospital also offers tertiary health care services to the population of Oman, and secondary health services for proximate population.

The Tertiary care hospitals in Muscat Governorate also serve as secondary health care service providers for the population of Muscat Governorate and a few Health centers of adjoining Regions in view of their geographical proximity to capital.

**TERTIARY HOSPITALS - MINISTRY OF HEALTH.**

- **Royal Hospital**
- **Khoula Hospital**
- **Al Nahdah Hospital**
- **Ibn Sina Hospital**

**TERTIARY HOSPITAL – SULTAN QABOOS UNIV.**

- **Sultan Qaboos University Hospital (SQUH)**

**Table No.1****LEVELING OF HEALTH CARE FACILITIES (REGION WISE)**

<b>REGION</b>	<b>PRIMARY</b>	<b>SECONDARY</b>	<b>TERTIARY</b>
<b>AI WOSTA</b>	- HAIMA HOSP - HEALTH CENTER	- NIZWA HOSP - SQH, SALALAH	- ROYAL - AL NAHDHA - KHOULA - IBN SINA - SQUH - SQH, SALALAH
<b>DHOFAR</b>	- HEALTH CENTERS	- SQH, SALALAH	- SQH, SALALAH (partial) - TERTIARY HOSPITALS AT CAPITAL
<b>DAKHLIYA</b>	- HEALTH CENTERS - POLYCLINICS - LOCAL HOSPITAL - WALAYAT HOSPITALS (Partial Secondary)	- NIZWA HOSP - SPECIALTY CLINICS AT POLYCLINIC	- TERTIARY HOSPITALS AT CAPITAL
<b>SOUTH BATINAH</b>	- HEALTH CENTERS - POLYCLINICS	- RUSTAQ HOSPITAL - SPECIALTY CLINICS AT POLYCLINIC	- TERTIARY HOSPITALS AT CAPITAL
<b>NORTH BATINAH</b>	- HEALTH CENTERS - POLYCLINICS - LOCAL HOSPITAL - WALAYAT HOSPITALS (Partial Secondary)	- SOHAR HOSPITAL	- TERTIARY HOSPITALS AT CAPITAL
<b>AL DHAHIRA</b>	- HEALTH CENTERS	- IBRI HOSPITAL - BURAIMI HOSP	- TERTIARY HOSPITALS AT CAPITAL
<b>MUSSANDAM</b>	- KHASAB HOSPITAL	- SOHAR HOSP - ROYAL - AL NAHDHA - KHOULA - IBN SINA	- TERTIARY HOSPITALS AT CAPITAL
<b>NORTH SHARQUIYA</b>	- HEALTH CENTERS - POLYCLINICS - LOCAL HOSPITAL - WALAYAT HOSPITALS (Partial Secondary)	- IBRA HOSP	- TERTIARY HOSPITALS AT CAPITAL
<b>SOUTH SHARQUIYA</b>	- HEALTH CENTERS - POLYCLINICS	- SUR HOSP - BBHASAN HOSP - BB ALI HOSP	- TERTIARY HOSPITALS AT CAPITAL
	- MASIRAH HOSPITAL	- ROYAL - AL NAHDHA - KHOULA - IBN SINA	- TERTIARY HOSPITALS AT CAPITAL
<b>MUSCAT GOVERNORATE</b>	- HEALTH CENTERS - BAUSHER POLYCLINIC	- BAUSHER & WATAYYA POLYCLINIC - ROYAL - AL NAHDHA - KHOULA - IBN SINA	- TERTIARY HOSPITALS AT CAPITAL

***In view of geographical proximity with capital, Sumail Hospital, Bid Bid HC, & Fanja HC in Dakhliya Region, and Barka Polyclinic in South Batinah Region can refer patients directly to Muscat region.***

**Table No. 2**  
**SPECIALTY SERVICES INDEX**  
**TERTIARY HOSPITALS AT MUSCAT**

<b>HOSPITAL</b>	<b>SPECIALTY</b>	<b>SERVICES</b>
<b>1. ROYAL HOSPITAL</b>	<b>MEDICINE</b>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology</li> <li>- Endocrinology</li> <li>- Gastroenterology</li> <li>- Hematology</li> </ul>
	<b>SURGERY</b>	<ul style="list-style-type: none"> <li>- Nephrology</li> <li>- Neurology</li> <li>- Respiratory Medicine</li> <li>- Rheumatology</li> <li>- Oncology</li> <li>- Gen. Surgery</li> <li>- Upper GI, Colo-rectal Surgery</li> <li>- Vascular Surgery</li> <li>- Pediatric Surgery</li> <li>- Laparoscopic Surgery</li> <li>- Urology</li> <li>- Hepato-Pancreato-biliary Surgery</li> <li>- Cardio-Thoracic Surgery</li> <li>- Breast Surgery</li> </ul>
	<b>PEDIATRIC</b>	<ul style="list-style-type: none"> <li>- Infectious diseases in children</li> <li>- Hematology</li> <li>- Endocrinology &amp; Metabolic Diseases</li> <li>- Oncology</li> <li>- Gastroenterology</li> <li>- Neurology</li> <li>- Cardiology</li> <li>- Neonatology</li> </ul>
	<b>OBSTETRICS &amp; GYNAECOLOGY</b>	<ul style="list-style-type: none"> <li>- Delivery suite</li> <li>- Hypertension in Pregnancy</li> <li>- High Risk Pregnancy</li> <li>- Molar Pregnancy</li> <li>- Diabetes in Pregnancy</li> <li>- Infertility</li> <li>- Cardiac Diseases in Pregnancy</li> <li>- Gynecological Oncology</li> <li>- Gyne Laparoscopic Surgery</li> </ul>
	<b>PATHOLOGY</b>	<ul style="list-style-type: none"> <li>- Hematology</li> <li>- Histopathology</li> <li>- Chemical Pathology</li> <li>- Microbiology</li> </ul>
	<b>RADIOLOGY</b>	<ul style="list-style-type: none"> <li>- Mammography</li> <li>- Angiography</li> <li>- Bone Densitometry</li> <li>- CT Scan</li> <li>- Ultrasound</li> </ul>
	<b>NUCLEAR MEDICINE</b>	
	<b>RADIOTHERAPY</b>	
<b>2. KHOULA HOSPITAL</b>	<b>ORTHOPEDICS</b>	<ul style="list-style-type: none"> <li>- General Orthopedics</li> <li>- Sports Medicine</li> <li>- Pediatric Ortho Surgery</li> <li>- Shoulder Surgery</li> <li>- Scoliosis</li> <li>- Hand Surgery</li> <li>- Limb Reconstruction</li> <li>- Pelvic Surgery</li> <li>- Arthroplasty</li> <li>- Spine and Back</li> </ul>
	<b>NEUROSURGERY</b>	<ul style="list-style-type: none"> <li>- General Neurosurgery</li> <li>- Spinal Neurosurgery</li> <li>- Micro Neurosurgery</li> <li>- Pediatric Neurosurgery</li> <li>- Brain Tumor Surgery</li> <li>- Neurosurgery</li> <li>- Cerebro-Vascular</li> <li>- Spinal Microdisectomy</li> <li>- Cranial-Spinal</li> <li>- Spinal Stabilization</li> <li>- Traumatology</li> <li>- Cerebro-spinal Infections</li> <li>- Stereotactic Neurosurgery</li> </ul>
	<b>PLASTIC &amp; RECONSTRUCTIVE SURGERY</b>	<ul style="list-style-type: none"> <li>- Congenital Abnormalities</li> <li>- Free Tissue Transfer</li> <li>- Hand surgery</li> <li>- Replantations &amp; Revascularizations</li> <li>- Craniomaxillofacial surgery</li> <li>- Peripheral Nerve Surgeires</li> <li>- Head &amp; neck Cancer surgery</li> <li>- Burn Management &amp; Surgery</li> <li>- Microsuregry</li> <li>- Surgery for Salivary Glands</li> <li>- Surgery Skin-Neoplasms</li> </ul>
	<b>GENERAL SURGERY</b>	<ul style="list-style-type: none"> <li>- Gen. Surgery</li> <li>- Hepato-Pancreato-biliary Surgery</li> <li>- Vascular surgery</li> <li>- Upper GI, Colo-rectal Surgery</li> <li>- Laparoscopic Surgery</li> <li>- Breast Surgery</li> </ul>
	<b>OBSTETRICS &amp; GYNAECOLOGY</b>	<ul style="list-style-type: none"> <li>- Deliveries</li> <li>- General D &amp; C</li> <li>- High Risk Pregnancy</li> <li>- General Gynaecology</li> <li>- Diabetes in Pregnancy</li> <li>- Menopause</li> <li>- Colposcopy</li> </ul>

**Table No. 2 Contd.**

**TERTIARY HOSPITALS AT MUSCAT**

<b>HOSPITAL</b>	<b>SPECIALTY</b>	<b>SERVICES</b>	
<b>KHOULA HOSPITAL</b> <i>(Contd.)</i>	<b>PEDIATRIC</b>	- General Pediatric	- Neonatology
	<b>RADIOLOGY</b>	- Radioflouro Screening - Ultrasound - CT Scan	- MRI - Interventional Radiology.
	<b>PATHOLOGY</b>	- Hematology - Blood Bank - Biochemistry - Microbiology	- Immunology & Special Chemistry - Cytology - Histology
	<b>REHABILITATION SERVICES</b>	- Conventional Physiotherapy - Sports Unit - Hydrotherapy - Orthotics & Prosthetics	- Occupational Therapy - ADL/Vocational Training - Home & Environment Modification
	<b>ACCUPUNCTURE</b>	- Accupuncture	
<b>3. AL-NAHDAH HOSPITAL</b>	<b>DENTAL &amp; ORO-MAXILLO-FACIAL SURGERY</b>	- Oral & Maxillofacial surgery - Periodontics	- Paedodontics - Special Dental Needs - Dental Pubic Health
	<b>DERMATOLOGY &amp; GENITO-URINARY MEDICINE</b>	- Allergy - Bullous Disorders - Dermato-surgery - Histopathology - Infertility	- Laser - Leprosy - Mycology - Paediatric Dermatology - Phototherapy
	<b>E. N. T.</b>	- Audiology - Communication Disorders - Head & Neck Surgery & Oncology - Otology	- Paediatric Otolaryngology - Laryngology - Endoscopic Surgery - Rhinology including Allergology
	<b>OPHTHALMOLOGY</b>	- Anterior segment & Cornea - Paediatric Ophthalmology - Uveitis	- Glaucoma - Occuloplastic & Orbital Surgery - Surgical & Medical Viterectomy
<b>4. IBN SINA HOSPITAL</b>	<b>GENERAL PSYCHIATRY</b>	- Occupational Therapy - Psychotherapy - Drugs levels (including addictive Substance & therapeutic drugs)	- Electro-convulsive Therapy - Electroencephalography - Psychometric Assessment. - Social work & Rehabilitation
	<b>DRUG ADDICTION</b>	- Drug detoxification - Group Psychotherapy	- Social work & Rehabilitation
	<b>CHILD PSYCHIATRY</b>		

**SECONDARY POLYCLINICS AT MUSCAT**

<b>1. BAUSER POLYCLINIC</b>	- ENT - Ophthalmology - Dermatology	- Internal Medicine - Paediatric - *RDU - *Central Blood Bank (* Located in Premises of Bauser)
<b>2. WATAYYA POLYCLINIC</b>	<b>OBSTETRICS &amp; GYNECOLOGY</b>	OUTPATIENT SERVICES.

**Table No. 2 Contd.**

**SECONDARY HOSPITALS (INTERIOR REGIONS)**

<p><b>1. SOHAR HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology / CCU</li> <li>- Nephrology</li> <li>- Gastroenterology</li> <li>- Endoscopy Unit</li> <li>- Oncology</li> <li>- Anesthesia / ICU (adult)</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Urology</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Burn Therapy</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric / ICU</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Histopathology</li> <li>- Dietetics</li> <li>- *Dentistry</li> <li>- *Psychiatry</li> <li>- *Dermatology</li> </ul> <p>(* Based in Affiliated Polyclinic)</p>
<p><b>2. NIZWA HOSIPTAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology / CCU</li> <li>- Nephrology / RDU</li> <li>- Gastroenterology</li> <li>- Endoscopy Unit</li> <li>- Oncology</li> <li>- Anesthesia / ICU (adult)</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Urology</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Burn Therapy</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric / ICU</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- *Dentistry</li> <li>- *Psychiatry</li> <li>- *Dermatology</li> <li>- *Diabetology</li> </ul> <p>(* Based in Affiliated Polyclinic)</p>
<p><b>3. SUR HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology</li> <li>- Nephrology / RDU</li> <li>- Gastroenterology</li> <li>- Endoscopy Unit</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Burn Therapy</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- *Dentistry</li> <li>- *Psychiatry</li> <li>- *Dermatology</li> <li>- *Diabetology</li> </ul> <p>(* Based in Affiliated Polyclinic)</p>
<p><b>4. IBRI HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology</li> <li>- Nephrology / RDU</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Urology</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- Dentistry</li> <li>- Psychiatry</li> <li>- Dermatology</li> <li>- Diabetology</li> </ul>
<p><b>5. RUSTAQ HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology</li> <li>- Nephrology / RDU</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Physiotherapy</li> <li>- Pediatric</li> <li>- SCBU</li> </ul>	<ul style="list-style-type: none"> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- Dentistry</li> <li>- Psychiatry</li> <li>- Dermatology</li> <li>- Diabetology</li> </ul>
<p><b>6. BURAIMI HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Physiotherapy</li> <li>- Pediatric</li> </ul>	<ul style="list-style-type: none"> <li>- Dietetics</li> <li>- Dentistry</li> <li>- Psychiatry</li> <li>- Diabetology</li> <li>- Dermatology</li> <li>- Obstetrics &amp; Gynecology</li> </ul>
<p><b>7. IBRA HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Cardiology</li> <li>- Nephrology</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Burn Therapy</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- Dentistry</li> <li>- Psychiatry</li> <li>- Diabetology</li> <li>- Dermatology</li> </ul>
<p><b>8. SULTAN QABOOS HOSPITAL</b></p>	<ul style="list-style-type: none"> <li>- Internal Medicine</li> <li>- Neurology</li> <li>- Cardiology / CCU</li> <li>- Nephrology</li> <li>- Gastroenterology</li> <li>- Endoscopy Unit</li> <li>- Oncology</li> <li>- Anesthesia</li> <li>- ICU</li> <li>- A &amp; E</li> </ul>	<ul style="list-style-type: none"> <li>- General Surgery</li> <li>- Neuro-Surgery</li> <li>- Urology</li> <li>- Ophthalmology</li> <li>- ENT</li> <li>- Orthopedic</li> <li>- Burn Therapy</li> <li>- Physiotherapy</li> <li>- CT Scan</li> <li>- Mammography</li> </ul>	<ul style="list-style-type: none"> <li>- Pediatric</li> <li>- SCBU</li> <li>- Obstetrics &amp; Gynecology</li> <li>- Dietetics</li> <li>- Dentistry</li> <li>- Psychiatry</li> <li>- Dermatology</li> <li>- Diabetology</li> <li>- Histopathology</li> </ul>



## IMPORTANT CONCEPTS

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### **APPROPRIATE REFERRALS**

Referrals which are neither MISDIRECTED nor UNJUSTIFIED, and have a completely filled referral form along with necessary clinical details.

### **INAPPROPRIATE REFERRALS**

#### **1. UNJUSTIFIED REFERRALS**

Referrals for which there are no valid medical reasons.

#### **2. MISDIRECTED REFERRALS**

Referrals for which a valid medical justification exists, but the referral is addressed to an institution or department that has no such service or is not appropriately staffed and equipped.

#### **3. INCOMPLETE REFERRAL FORM**

Referrals with Referral form in which all designated spaces have not been filled with needed information.

#### **4. INADEQUATE CLINICAL INFORMATION**

Referrals with Referral forms missing in necessary clinical details justifying the referral on medical grounds

### **REFERRING INSTITUTION:**

Health care facility, which initiates the referral / transfer of the patient.

### **REFERRED INSTITUTION:**

Health care facility to which the patient is being referred / transferred.

### **BACK-REFERRING INSTITUTION:**

Health care facility which is referring back the patient, referred to them from other health care facility.

### **BACK-REFERRED INSTITUTION:**

Health care institution to which the patient is being referred back / transferred back.

**IMPORTANT CONCEPTS**

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**ROUTINE REFERRALS**

- For second opinion, higher-level investigations, and for seeking routine admission and management of a patient.

**URGENT REFERRALS**

- A case that needs appointment and consultation within 72 hrs of the time of request for the same.

**EMERGENCY REFERRALS**

- For any type of 'Life', 'Limb', 'Vision' threatening emergencies that cannot be dealt with at the referring health facility.

**SELF REFERRALS**

- Self-referrals take place when patients bypass the normal routes / levels of referral system and present at the next level on their own.
- Self-Referrals are not permissible in the OPD of SHC and THC health care facilities (*Inappropriate self referrals*).
- Self-referrals to A&E department of SHC & THC facilities for clinical emergencies are accepted as a norm in health care delivery system e.g. medical / surgical emergencies (*Appropriate Self Referrals*)

**MOH REFERRAL POLICY STATEMENTS.**

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- On approval and distribution of Patient Referral Manual (2004 edition), all previous policies relevant to Patient Referral System shall stand cancelled.
- Policies, Protocols, Rules & Regulations described in the Edition 2004 of Patient Referral Manual shall be implemented with immediate effect, applicable to all the health care institutions under the domain of Ministry of Health.
- Private health establishments and health establishments of other governmental agencies / ministries shall abide by and honor these referral guidelines when referring or back referring the patients to MOH health care facilities.
- MOH staff shall effect timely patient referrals against justified clinical criteria, to the appropriate health care facility offering the desired expertise and facilities for management of referred cases.
- MOH institutions shall strive for continued improvement and facilitation of bilateral communication, and collaborate to optimize effectiveness, efficiency, and rational utilization of the Patient Referral System.
- MOH staff shall prioritize Patient safety issues during patient transfer, by addressing all relevant aspects related to ambulances, medical equipment / drugs, and medical escort.
- Health care facilities shall implement the system of 'Risk Management' and 'Incident Reporting' and communicate directly for mutual search of alternatives / solutions for any operational constraints noted in the Patient Referral system.
- Patients shall be referred from one health care facility to another only if expertise and facilities necessary in case management are lacking at the referring health care facility.
- Clinicians may opt to refer patients in order to seek second opinion from their colleagues, if and when clinically indicated.

## **SECTION II.**

## **REFERRAL SYSTEM GUIDELINES**

### **MOH REFERRAL POLICY STATEMENTS.**

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- Senior clinicians shall decide upon the 'Need' for Referrals / Back 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.
- Secondary and Tertiary health care institutions shall entertain all routine and urgent referrals through an already established appointment system.
- Referral Institutions shall offer special consideration to referral appointments requested from distant locations i.e. Salah, Masirha, and Musandam, especially in regards of their traveling schedules and logistic arrangements.
- Referred health care 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.
- At Referred facility, patients shall be seen by a Doctor with appropriate level of higher expertise than that prevailing at the referring health care facility.
- In general all chronic patients requiring regular follow-ups shall be entertained at the health care institution nearest to their place of residence, unless indicated otherwise on clinical grounds.
- MOH shall implement a comprehensive Monitoring System at central and institutional level to maximize efficacy of the referral system, by minimizing inappropriate referrals.
- The Information Technology Directorate General shall expedite provision of electronic interface for all relevant issues related to Patient Referral system.

**REFERRALS & APPOINTMENT SYSTEM**

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- Referral institutions shall generally entertain referral cases through a system of prior appointment bookings.
- In general the referrals shall be routed stepwise from lower to higher level of health care service providing facilities i.e. Primary Health Care (PHC) to Secondary Health care (SHC), and SHC to Tertiary Health Care (THC) facilities.
- However, the referring clinician may select an appropriate referral institution, other than the one next in routine channel, based on criteria of availability of needed specialty, expertise, skills, equipment and consumables etc (ref. Flow Diagram 1).
- Certain health care facilities in interior regions, in view of their geographical proximity with Muscat, shall be entitled to refer cases directly to Institutions at Muscat, even if specialty and services exist in their own regional institutions e.g. Sumail hospital, Fanja HC, and Barka Polyclinic.
- Such exception in-between interior regions shall be permitted on consensus and approval of respective Director General of Health Services, in consultation with the concerned health care facilities.
- Referring clinician shall prepare and fax the appointment request on Patient Referral Form.

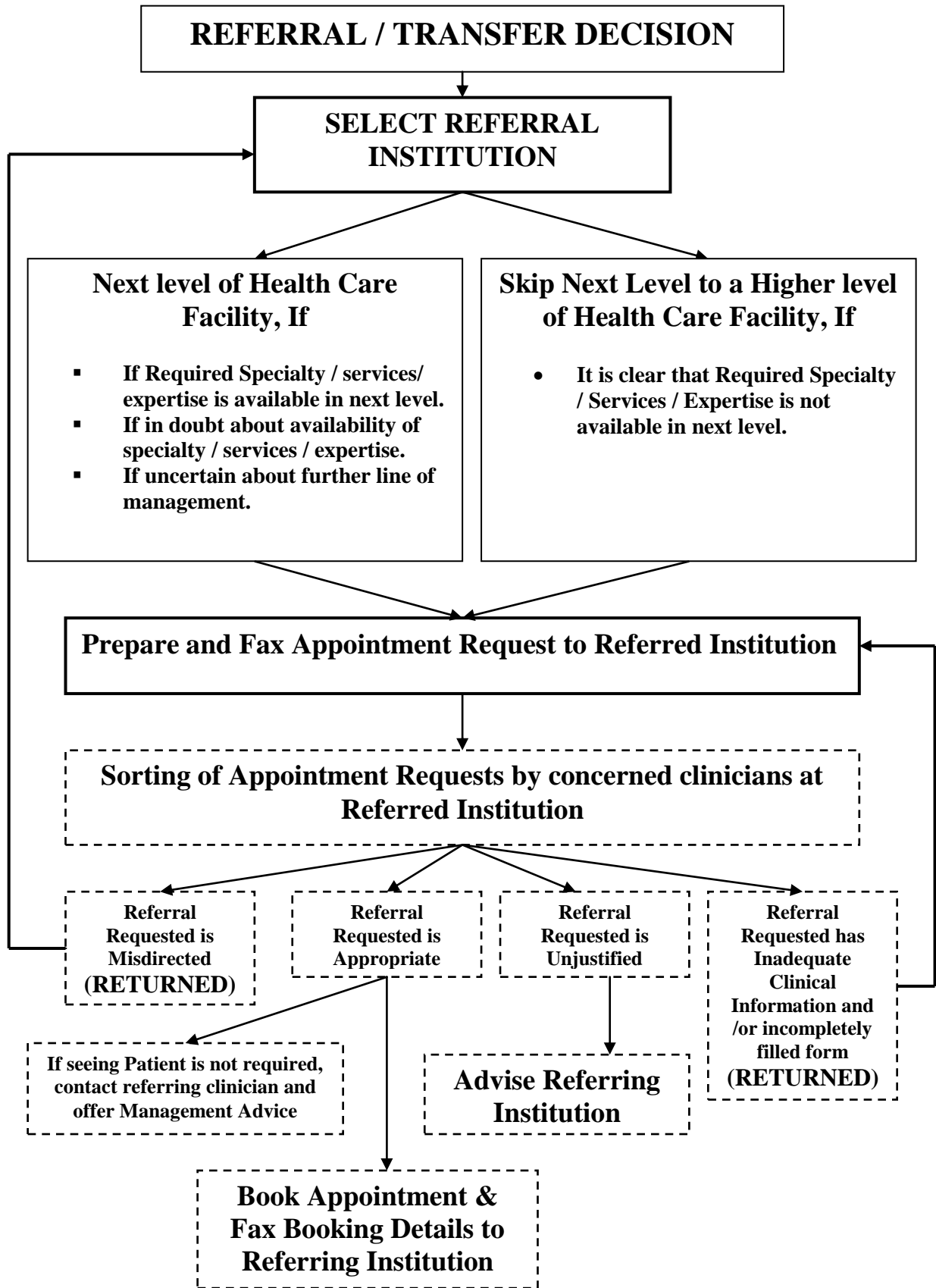
***At the Referred Health Care Facility***

*(Shown as dotted lines in the Flow Diagram No.1)*

- Medical Records department of referred institution shall arrange for vetting of all appointment requests through concerned clinicians.
- Concerned clinicians shall assess the referral request as Appropriate or Inappropriate and act in accordance with the actions described in the flow diagram.
- Appropriate appointment requests shall be given appointment booking, and inappropriate shall be redirected or returned.
- Referred clinicians may opt to offer certain clinical guidance for management at the referring health care facility, rather than offering appointment booking. In such situations the referred and referring clinicians may arrange to discuss the case on telephone and mutually agree upon the line of further management accordingly.

**Flow Diagram No. 1**

**REFERRALS & APPOINTMENT SYSTEM**



*The dotted lines show activity in the Referred Institution.*

**PATIENT REFERRAL / APPOINTMENT FORM**

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- MOH approved Patient Referral / Appointment Form shall be used both for seeking appointments, and as a referral letter containing all relevant referral information.
- Referral form shall be completely filled, with appropriate clinical information, justifying the reasons and objectives of the referral.
- Referral forms shall be faxed to the Medical Records Department (MRD) of referred health care facility.
- MRD 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 health care facility.
- MRD shall re-fax the referral / appointment form to the referring facility, with duly endorsed booked appointment or clinical management plan, as the case may be.
- Clinicians and MRD staff of referring and referred institutions shall ensure complete filling of all specified columns in the form.
- Referring 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 appointment bookings.
- Clinicians & MRD staff of concerned institutions shall abide by the time frames established for repeating appointment requests and dispatch of booked appointments as shown in flow diagram No. 2.
- Data entries in the Referral / Appointment Forms shall be used in referral monitoring system, addressed later in the manual.

**TO PASTE PATIENT REFERRAL / APPOINTMENT FORM HERE**



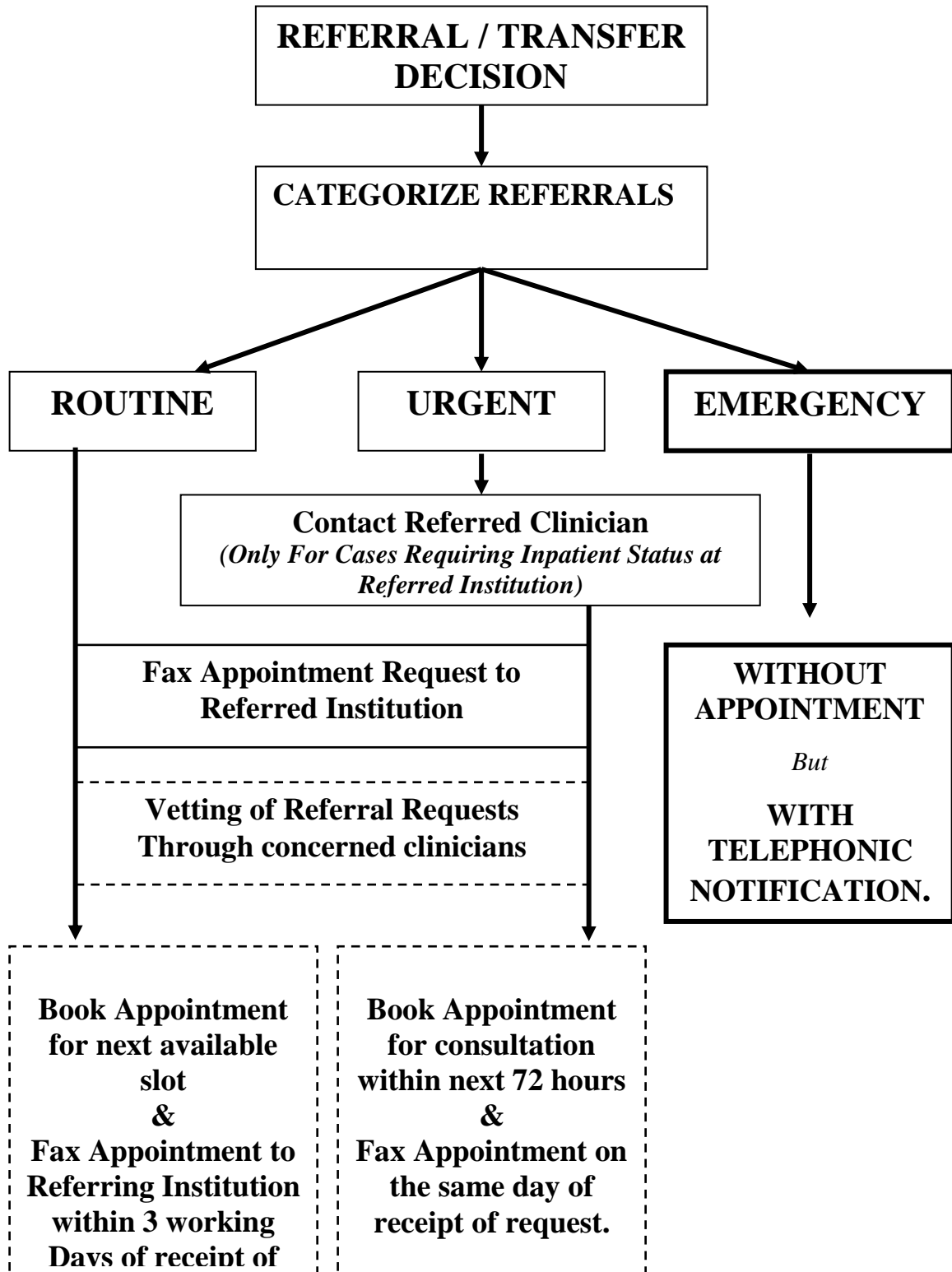
**APPOINTMENT PROTOCOLS FOR REFERRAL CATEGORIES**

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- Appointment booking procedure varies according to different categories of referrals
- Referrals shall be categorized as
  - **Emergency**
  - **Urgent**
  - **Routine.**
- Emergency referrals shall not require any prior booking or appointment.
- Urgent and Routine referrals shall be effected through prior booked appointments from referred health care facilities.
- Appointments requests, where applicable, shall be forwarded on the Patient Referral Forms.
- Appointment requests and booked appointments shall be forwarded through the Medical records departments of referring and referred institutions respectively.
- All Fax appointment requests shall be vetted through the concerned specialty clinicians at referred institution.
- ***Appointment Booking***
  - Routine appointment requests shall be booked for next available vacant slot.
  - Urgent appointments shall be booked for consultation / admission within 72 hours of receiving the faxed request.
- ***Faxing Booked Appointments***
  - Urgent appointment bookings shall be faxed to referring institutions within the same day of receipt of request.
  - Routine appointment bookings shall be faxed to referring institutions within 3 working days from date of receipt of request.

**Flow Diagram No. 2**

**APPOINTMENT PROTOCOLS FOR  
REFERRAL CATEGORIES**



*\*Referral & Appointment system shall apply to all Routine and Urgent Referrals, irrespective of their status as Outpatient or Inpatient.*

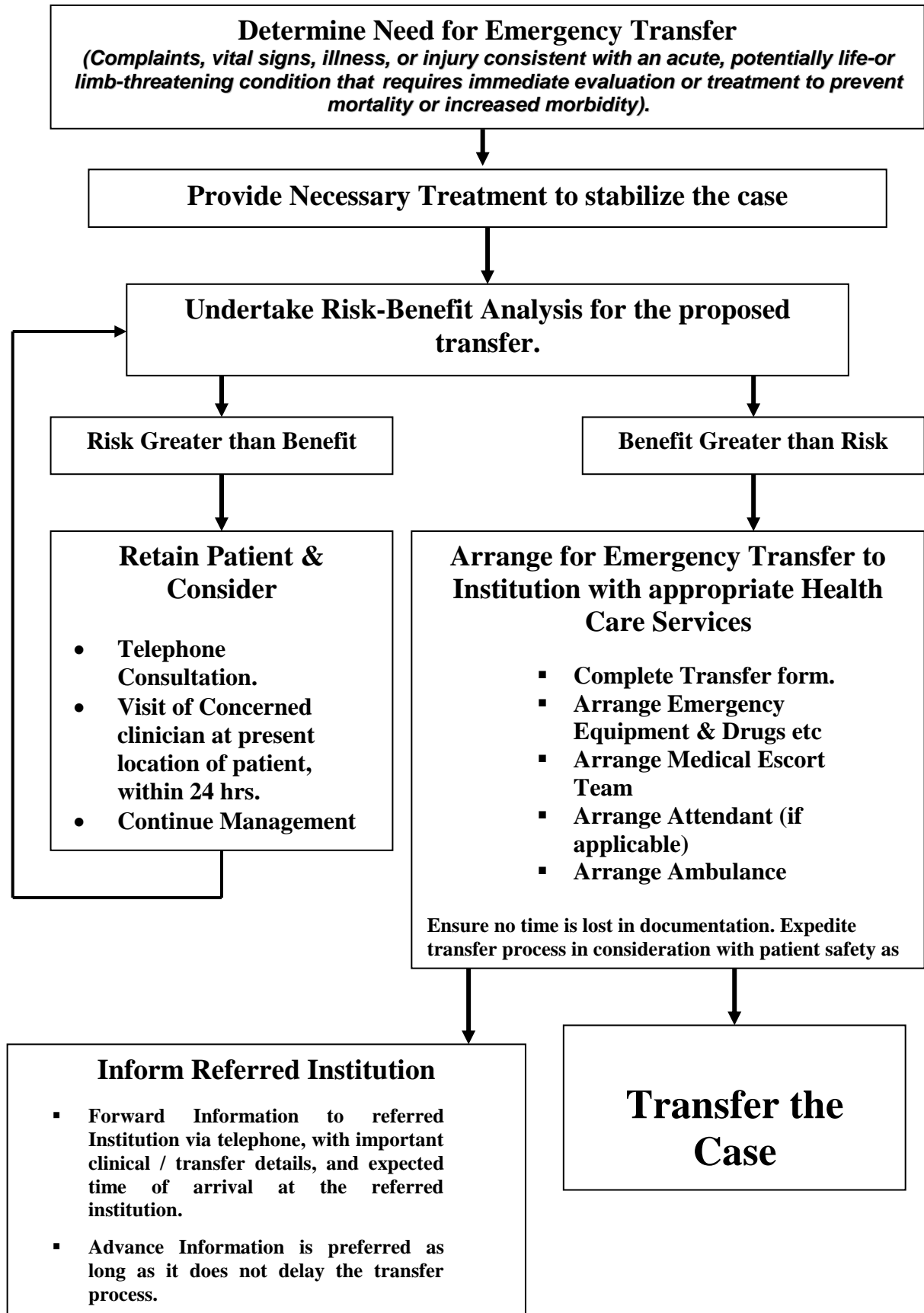
**EMERGENCY REFERRALS**

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- Referring institution shall initiate emergency management and continue necessary treatment.
- Senior clinician shall evaluate the clinical condition and weight benefits Vs risks inherent to the transfer process.
- The case management shall continue at the referring institution with available means and resources if the risk outweighs the benefits of transfer.
- Treating clinician may contact referred facility clinician to seek management advice on telephone.
- Referred clinician may visit the patient at the present location as an outcome of arrangements after telephonic discussion regarding the case.
- Treating clinician shall analyze risk Vs benefit repeatedly and periodically.
- Decision of transfer of the case to referred facility may be effected once determined that benefits outweigh the risks.
- Referring clinician shall ensure completion of referral documents (Ref. Flow Diagram No.3), offering due priority to patient safety and taking into consideration that no time is lost in the process.
- Referring facility shall complete transfer arrangements with attention to medical escort, necessary equipment and drugs etc.
- On completion of above formalities the patient shall be transferred, with preferable advance information to referred facility via telephone.
- Complicated Poly-trauma cases shall be stabilized and transferred to Khoula Hospital, which shall then arrange for multi-disciplinary management even if it requires specialty services from other tertiary hospitals at Muscat.

### Flow Diagram No. 3

## EMERGENCY REFERRALS



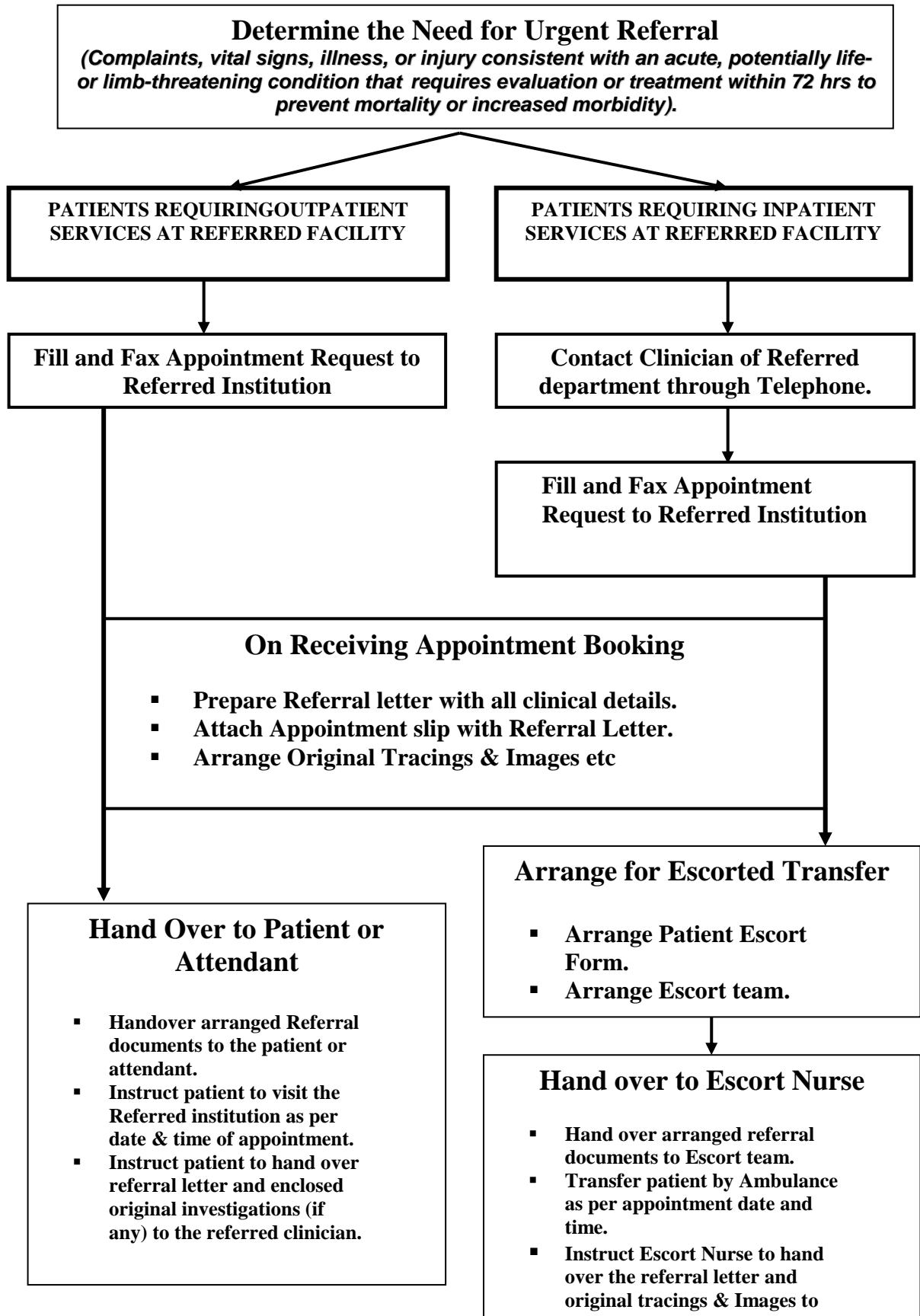
**URGENT REFERRALS**

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- All urgent referrals shall require a prior booked appointment at the referred institution.
- Patients requiring Urgent inpatient services at the referred facility shall require telephonic contact by referring clinician to verbally discuss appointment matter, followed by a formal fax appointment request as well.
- Referring clinician, on acquiring the appointment booking, shall arrange for an updated Referral Form, and original tracings and Images relevant to clinical justification for the referral.
- Appointment booking shall be attached with the referral letter.
- Patients with Outpatient status at referring facility shall manage their own transport arrangements, except for referrals from distant locations like Salalah, Massirah, and Mussandam. Such patients shall be handed over all relevant referral documents prior to the appointment date.
- All relevant Referral documents for patients with Inpatient status at referring facility shall be handed over to the escort nurse.
- Referring facility shall ensure arrangement of ambulance and medical escort for patients referred with inpatient status at the referring facility.
- Patients requiring multi-disciplinary management approach, when those disciplines are not all cited in the same hospital, shall be referred to the hospital with the discipline which can address the patient's most urgent problem. That referred hospital will then be responsible for arranging contributions of the needed disciplines from other hospitals.

**Flow Diagram No. 4**

**URGENT REFERRALS**



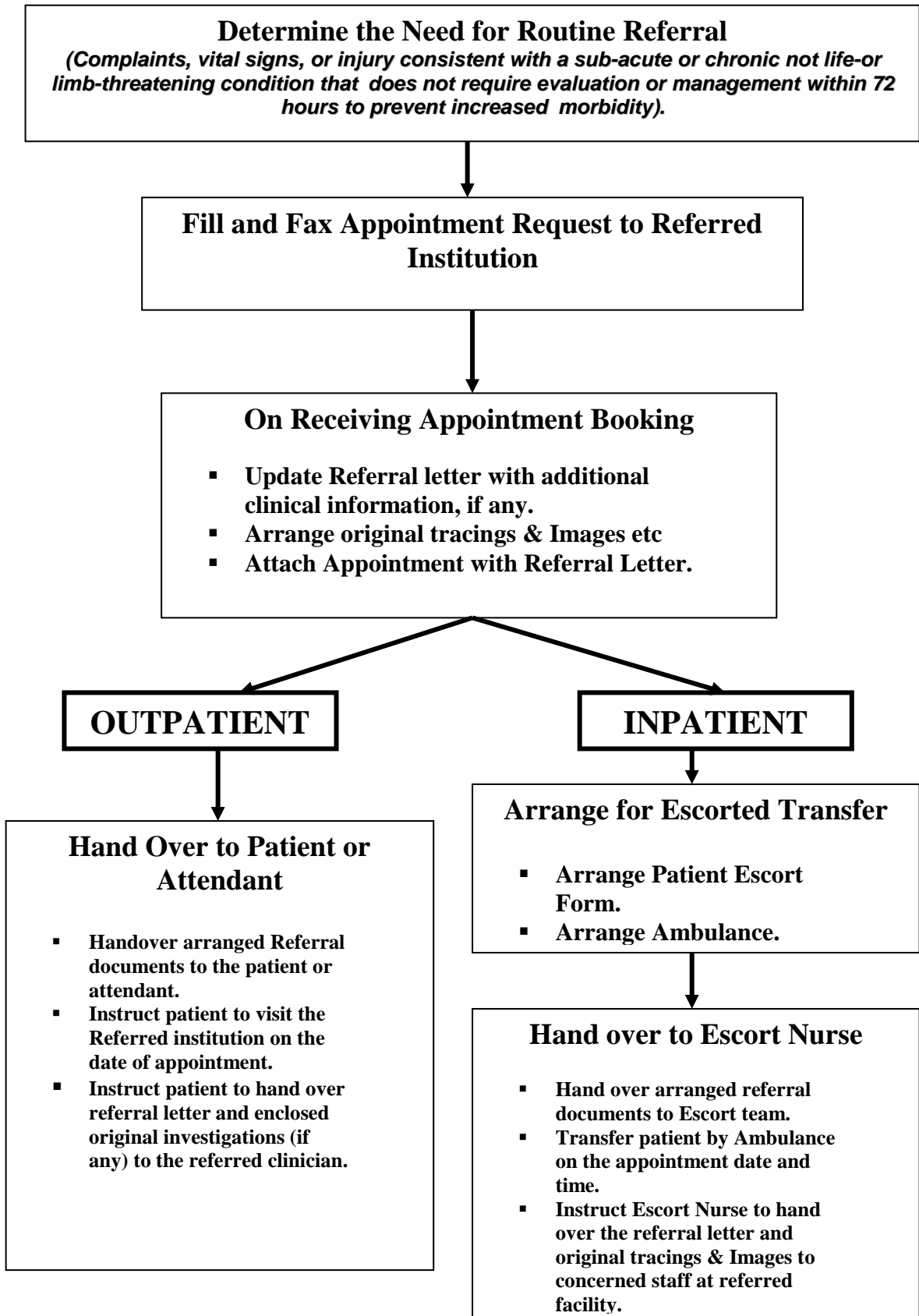
**ROUTINE REFERRALS**

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- Appointment system shall apply to all routine referrals, irrespective of their Inpatient or Outpatient status.
- Rules, regulations, and protocols concerning appointments, referral documents, and transport arrangements shall remain same as for urgent referrals.
- Referring clinicians may opt to verbally (via telephone) discuss routine referrals with the referred clinicians.
- Referred clinician may suggest a management plan rather than an appointment consultation, which can then be instituted on mutual agreement of the referring and referred clinicians.
- Routine referrals with Outpatient status at the referring facility shall manage transport on their own, except for referrals from distant locations e.g. Salalah, Massirah, and Mussandam.
- Routine referrals with Inpatient status at the referring facility shall be provided with an ambulance and escort by an appropriate staff.

**Flow Diagram No.5**

**ROUTINE REFERRALS**





**PATIENT TRANSFER GUIDELINES**

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- Cases with Inpatient status at the referring health care facility shall be transferred on ambulance, with a medical escort.
- Senior clinicians shall determine the need and composition of the medical escort required, based on clinical condition of the patient and taking into account the safety of patient during the transfer journey.
- "Patient Escort Form" shall be used in all cases transferred with inpatient status at referring health care facility, and clinical condition meriting nursing staff escort.
- Medical escort shall imply a medical orderly and/or Nurse and/or doctor.
- The escort form shall be filled by concerned clinicians, ward nurses, and escort nurses of referring facility, in sections specified for their respective use, ensuring completeness and legibility of the forms.
- Concerned clinicians and nursing staff shall ensure endorsement of consent from patient / relative before actual transfer of the patient.
- Patient escort form shall act as a checklist for necessary preparations prior to safe transfer of the patient to referred destination.
- Patient escort form shall also serve as medical record for the patient during the actual journey.
- Copy of the escort form shall be handed over to the referred institution for their records.
- Patient escort form shall be used a monitoring tool for the transfer process in patient referral system.
- Referred institution shall endorse taking-over date / time on the same form.

PATIENT ESCORT FORM TO BE PLACED HERE

## HANDING-OVER / TAKING-OVER

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### **GENERAL PRINCIPLES**

- These guidelines shall apply to Inpatient referrals & back referrals, escorted by the Medical Escort Teams.
- The referring and referred institutions shall coordinate handing-over and taking-over formalities in a manner that offers minimum possible time loss and maximum safety to patient during the process.
- Handing-over / taking over formalities shall be duly endorsed in the relevant sections of the 'Patient Escort Form' by the referring and referred facilities respectively.
- Referring Health institution shall remain responsible for the referred patient till the patient enters the referred hospital premises.
- The escort team shall accompany the patient till formal handing /taking over formalities are completed at the referred health care facility.
- Handing / Taking over process involves two venues
  - At Referring Health Care Facility.
  - At Referred Health Care Facility.

### **AT REFERRING HEALTH CARE FACILITY.**

- Nurse in charge for the patient shall ensure completion of all relevant referral documents (Referral letter & appointment booking slip/form)
- Nurse in charge for the patient shall arrange all relevant reports, tracings, and images required for transfer to referred institution along with the patient.
- Patient and all referral documents shall be handed over to the Escort Team Nurse with endorsement in the relevant section of the 'Patient Escort Form'.

## **HANDING-OVER / TAKING-OVER**

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### **AT REFERRED HEALTH CARE FACILITY:**

Handing / Taking over process in the referred health care facility shall be governed by following.

1. Neonates / Pediatric age group
2. OBG cases.
3. Prior Appointment Vs Emergency Cases.
4. Stable Vs Unstable Vs Critical cases.

### **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 Accident & Emergency Department, and directly handed over to the SCBU staff by the escort team.

### **Pediatric Cases**

- Pediatric cases shall be received in the A&E dept. of the referred facility (Pediatric A&E if Available, otherwise in the General A&E). Further proceedings shall be governed by the clinical condition of the patient as described below.

### **Obstetrics & Gynecology Cases**

- OBG cases shall be directly received in the maternity units / Delivery suites, and handed over to the staff of the maternity units and Delivery suites.

### **Obstetric Cases Referred for other Medical / Surgical ailments.**

- OBG Cases referred for other Medical / Surgical reasons shall be received in the A&E Dept. Further proceedings shall be determined by the clinical condition of the patient as described below.

### **Emergency Referrals.**

- Emergency cases shall be received at the A&E of referred facility, handed over to the staff of the A&E, and managed as any other emergency at the referred facility.

**HANDING-OVER / TAKING-OVER**

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**Other Referrals.**

- All other referrals / transfers shall be received in the A&E department of the referred facility.
- A&E doctors shall evaluate and reassess the clinical condition of patient on arrival at referred institution.
- Handing over of these cases shall depend upon on their clinical condition as assessed in the A&E of referred institution.

***Stable Condition:***

- A&E department shall assign one staff to accompany the escort nurse from referring institution.
- Patient shall be transferred to concerned ward /unit by escort nurse and staff assigned by the A&E of referred institution.
- Patient and referral documents shall be handed over to the in charge nurse of the ward / unit.
- Nurse in charge of referred ward / unit shall endorse reception of patient and documents on the Patient escort Form.
- On handing over to the concerned specialty, escort team shall be relieved to return to their parent institutions.

***Unstable Condition:***

- A&E doctor shall decide about either shifting the patient to concerned ward / unit or calling over the concerned doctor to A&E department, depending upon the degree of instability of clinical condition of patient.
- On decision to transfer to ward/unit, A&E of referred facility shall assign one nurse to accompany the patient and escort nurse to the destination ward / unit. Rest of the formalities shall remain as above.

**HANDING-OVER / TAKING-OVER**

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- On decision to call concerned doctor to A&E in view of higher degree of instability of patient, the A&E department shall take-over the case and assumes full responsibility for further proceedings.
- The escort nurse from referring institution shall remain present in the A&E till arrival of the concerned clinician who may need some information from the escort nurse.
- On furnishing desired information, the escort team shall be released for the return journey thereafter.
- Such unstable patients shall be transferred to the ward / unit in due course of time, as per decision of the referred facility clinicians, through their own escort staff.

***Critical Condition:***

- The A&E doctors, on assessment of patient as critical, shall take over the case and initiate necessary treatment, managing the patient as in any other emergency situation.
- Referred clinician shall be called to attend the patient in the A&E department.
- The escort team of referring facility shall remain present in the A&E till arrival of the referred clinician.
- On furnishing all desired information to the referred clinician, escort team shall be released for their return journey.
- Management and transfer of such patients shall be affected in due course of time as per discretion of the referred clinicians.
- If critical patient needs to be wheeled into any critical area immediately on arrival at referred facility, the escort team shall assist fully in the transfer and remain available for furnishing desired information to the concerned doctor.

## ADMINISTRATIVE CONCERNS

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Institutional management shall endeavor to implement and monitor MOH policies through organized operational approach, ensuring effective, efficient, and rational utilization of referral system. Following aspects of Patient Referral System shall be addressed on priority.

- Implementation of effective administrative protocols for the Medical Records Department in order to ensure and maintain
  - Effective and efficient bilateral transmission of appointment requests and bookings.
  - Maintenance of records for appointment requests and bookings to avoid unnecessary duplication of efforts and undue filling of booking slots by duplicated bookings.
  - Provision of means for facilitative communication between clinicians within the institution, and with their colleagues in other institutions.
- Timely arrangement of the ambulance as per appointment date and time.
- Ensuring availability of the ambulance drivers round the clock for emergency transfers and referrals, through scheduled duty rosters.
- Scheduled preventive maintenance of the ambulances.
- Arrangement of attendant for patients referred for possible admission in the referred institution, in accordance with the rules and regulations specifying the need for an attendant.
- Scheduled preventive maintenance of the life-saving equipment through regularized service contracts.
- Ensuring availability of life saving drugs and disposables in the institution and for the referral cases transferred through ambulance.
- Prioritize patient safety measures through implementation of risk management methodologies, including incident reporting.
- Ongoing monitoring of the referral system with periodical reports to MOH-HQ on prescribed formats (please refer to section on Monitoring system).

## **SECTION II.**

## **REFERRAL SYSTEM GUIDELINES**

### **REFERRAL SYSTEM WITHIN MUSCAT REGION**

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The Patient Referral System guidelines elaborated in this manual shall apply to Muscat region, with some exceptions and deviations addressed in this section.

Any aspect of patient referral system not addressed in this section shall imply conformation to the general guidelines stated in relevant heads of the section above.

***Exceptions to General Referral Guidelines are based on the following:***

- Absence of District level Secondary Care Hospital in Muscat Region.
- Dual role of the hospitals in Muscat region i.e. Tertiary role for the interior regions, and Tertiary & Secondary role for population of the capital area.
- Recent establishment of secondary health care clinics in the two Polyclinics in capital i.e. Bausher Polyclinic, and Watayya Polyclinic (for limited specialties as specified in section I).
- Distribution and segregation of clinical specialties (Tertiary) amongst the four hospitals in Muscat region, with provision of Referrals between specialties in the four Tertiary hospitals.

### **EXCEPTIONS APPLICABLE TO MUSCAT REGION:**

Leveling of health care institutions in Muscat has already been addressed in section I of this manual.

- PHC facilities may refer the patients directly to Royal, Khoula, Al Nahdha, and Ibn Sina Hospital for specialties not available in the two Polyclinics of the region, or for other reasons specified in flow diagram No. 1 (Ref. Section I).
- Emergency referrals shall be routed to the nearest health care facility available, without any obligation for prior appointment booking.
- Referral of patients between four tertiary care hospitals in Muscat region to utilize specialty services not available in the referring hospital, or where case management requires multi-disciplinary approach with desired specialties scattered in the four hospitals.



## REFERRAL SYSTEM WITHIN MUSCAT REGION

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- OPD Cases belonging to Muscat region and requiring referral from one tertiary hospital to another within Muscat region may opt to carry the appointment requests by hand to the OPD appointment counter of the referred hospital.
- Appointment requests for patients belonging to other regions shall be forwarded through the Medical Records Department of referring institution.
- Similarly, the back-referred cases belonging to Muscat Region may utilize the same facility for acquiring appointments by hand at the back-referred facility, if desired so.
- Inpatient referrals shall be handled primarily in consideration with the clinical condition of the patient, and as per mutual agreement of the concerned clinicians in referring and referred hospitals (please refer to table below)
  - **Routine IPD Referral:** Referred clinician may visit the patient within 24 hrs at the referring health facility, or offer admission booking and transfer of the patient.
  - **Urgent IPD Referral:** Referring clinician shall contact the referred clinician and mutually agree upon either transfer of the case or visit of the referred clinician to the patient within 2 hrs, at the referring hospital.
  - **Emergency IPD Referral:** Depending on the clinical condition of patient and weighing risk Vs benefit, the referring clinician may transfer the patient immediately and forward all relevant information about the patient to the concerned clinician / hospital via telephone.

or

If condition allows, referring clinician may contact the referred clinician and mutually agree for either immediate transfer or immediate visit of the referred clinician to attend the case in the referring institution.

**SECTION II.****REFERRAL SYSTEM GUIDELINES****REFERRAL SYSTEM WITHIN MUSCAT REGION**

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<b>REFERRAL FROM</b>	<b>EMERGENCY</b>		<b>URGENT</b>		<b>ROUTINE</b>	
	<b>Outpatient</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>Inpatient</b>
<b>Royal Khoula Al Nahdha Ibn Sina</b>	Send Patient to A & E	Phone and send patient if possible. Else, Referred Doctor Should go to other hospital stat.	Seek appointment booking for next outpatient clinic (within 48 hrs).	Phone and send patient if possible, Else Referred Doctor should go to other hospital within 2 hours	As and when outpatient appointment booking is confirmed	Referred Doctor should go to other hospital within 24 hours

**FEEDBACK ADVICE**

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'Feedback Advice' is the major means of transmission of relevant clinical information from referred institution to the back-referred institution, vital in continuity of patient care.

- Referred clinicians shall offer feedback advice for all Inpatient & Outpatient referred cases.
- Feedback Advice shall be offered at two stages.
  - Preliminary Feedback Advice
  - Final Feedback Advice.

**PRELIMINARY FEEDBACK ADVICE.**

- '**Preliminary Feedback Advice**' shall be offered on the specified space in the 'Patient Referral Form' on the day referred case presents at the referred institution.
- Preliminary feedback may include the initial clinical impressions, and information regarding further management plans e.g. investigations, follow-up, and admission etc.

**FINAL FEEDBACK ADVICE.**

- Final Feedback Advice shall be offered on the same day on the specified space in Patient Referral Letter / Form, for patients attending the referred facility for single episode of consultation or Investigations. (Preliminary Feedback Advice shall not be required for such cases).
- For patients followed-up or admitted for management in referred facility, final Feedback Advice shall be offered by the referred clinicians on completion of management at the referred facility, and on decision to back-Refer the patient.
- Final Feedback shall include detailed information about management undertaken at the referred facility, and further management advice for the clinicians at Back-referred facility.
- Discharge summary of IPD and OPD cases shall be considered as the final Feedback Advice for referred cases.

**FEEDBACK ADVICE**

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- For OPD cases, where discharge summary may not be available, Referred clinicians may forward a detailed medical report as the feedback advice.

**DISPATCH OF FEEDBACK ADVICE.**

- The preliminary feedback shall be faxed to the Medical Records Department of referring institution.
- The Final Feedback advice shall be dispatched in the following manner.
  - ***Copy to Patient*** for carrying it by hand to back referred institution (for back-referred cases with OPD status).  
Or  
***Copy to nurse / medical orderly escorting*** the inpatient back referrals.
  - ***Fax to back-referred institution through Medical Records Department.***  
&/or
  - ***Fax to Original referring institution,*** if the back-referred institution is not the same as back referred institution.
  - ***Copy to Pharmacy department*** of the facility back-referring the patient.
- Referring Health care facilities, through an effective administrative arrangements, shall ensure a prompt and reliable system whereby the feedback advice received from referred facilities is promptly delivered to
  - The concerned departments / clinicians, prior to filing in patient case file.
  - Pharmacy department for possible arrangements of specialty drugs from DGMS.

**GENERAL BACK-REFERRAL GUIDELINES**

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- On completion of management at the referred health care facility, the patient shall be referred back.
- Senior Clinician, on clinical grounds, may decide to continue further management at the referred institution. In such cases the original referring facility shall be duly notified by the referred health care facility.
- In general referred cases shall be back-referred to the original referring institution.
- Decision to back-refer the patient to an appropriate health care facility shall be undertaken by the senior clinicians at the referred facility (*please refer to flow diagram No 6. for criteria to select back-referral facility*).
- Deploying the selection criteria, clinicians may decide to back-refer the patient to the original referring institution, or to another appropriately equipped health care facility.
- Accordingly, tertiary care hospitals may decide to back refer the cases directly to the regional hospitals, even if case had been referred from another tertiary hospital at Muscat in view of multidisciplinary management approach required by the patient.
- The clinician concerned shall prepare final feedback advice, and ensure that feedback advice is forwarded to the original referring facility, as well as to any other appropriate back referred facility, if applicable.
- For Inpatient cases, the clinician at referred facility shall contact the clinician at facility where back referral is intended and confirm availability of bed prior to actual transfer of the patient.
- On confirmation of availability of bed the patient shall be transferred to the back-referred institution with an appropriate escort as determined by the back referring clinician, in an ambulance.
- Outpatient back referrals shall arrange their own transportation.

**GENERAL BACK-REFERRAL GUIDELINES**

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- OPD cases back referred to regional referral hospitals shall be directed as below.
  - For regional hospitals with affiliated Polyclinics, the patients shall be directed to the Polyclinics.
  - For regional hospitals without polyclinics attached to them, patients shall be directed to report directly to regional hospitals.
  - OPD Patients shall be advised to acquire appointments at the back referred institutions, where and if applicable.

**At Back-Referred Health Care Facility:**

- On receiving the OPD back-referred patient, the Medical Records Department shall proceed.
  - Accept the feedback advice summary from the patient.
  - Consult concerned clinician for advice on further management.
  - Book appointment if follow-up desired.
  - Forward copy of the back referral feedback advice to Pharmacy and Medical Stores.
  - File feedback advice letter in the patient case file.
- On receiving the back-referred feedback advice for an OPD case, the MRD shall proceed.
  - Present the feedback advice to the concerned clinician.
  - Book appointment if need for follow-up is determined by the clinician.
  - File feedback advice in patient case file.
  - Make necessary arrangements to contact patient and inform about the date & time of booked appointment.
- Inpatient back referrals shall be received in manner similar to that described under the 'Patient Transfer Guidelines' and 'Handing-over' headings above.

**SPECIALTY DRUGS MANAGEMENT**

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Specialty drug formulary may differ in different levels of health care facilities. Back-referrals with specialty drugs not available at the back-referred institutions, therefore, deserve special attention in order to ensure continuity of treatment advised by the referred facilities.

Flow Diagram No. 7 highlights the graphical representation of specialty drug management.

**PHARMACY AND MEDICAL STORES AT BACK REFERRING FACILITY.**

- Back referring health care facility shall prescribe and dispense all drugs for period not exceeding 30 days.
- At the same time, on receiving the back referral feedback advice, the pharmacy of back referring institution shall delete the specialty drug from their monthly indents, if and when applicable.

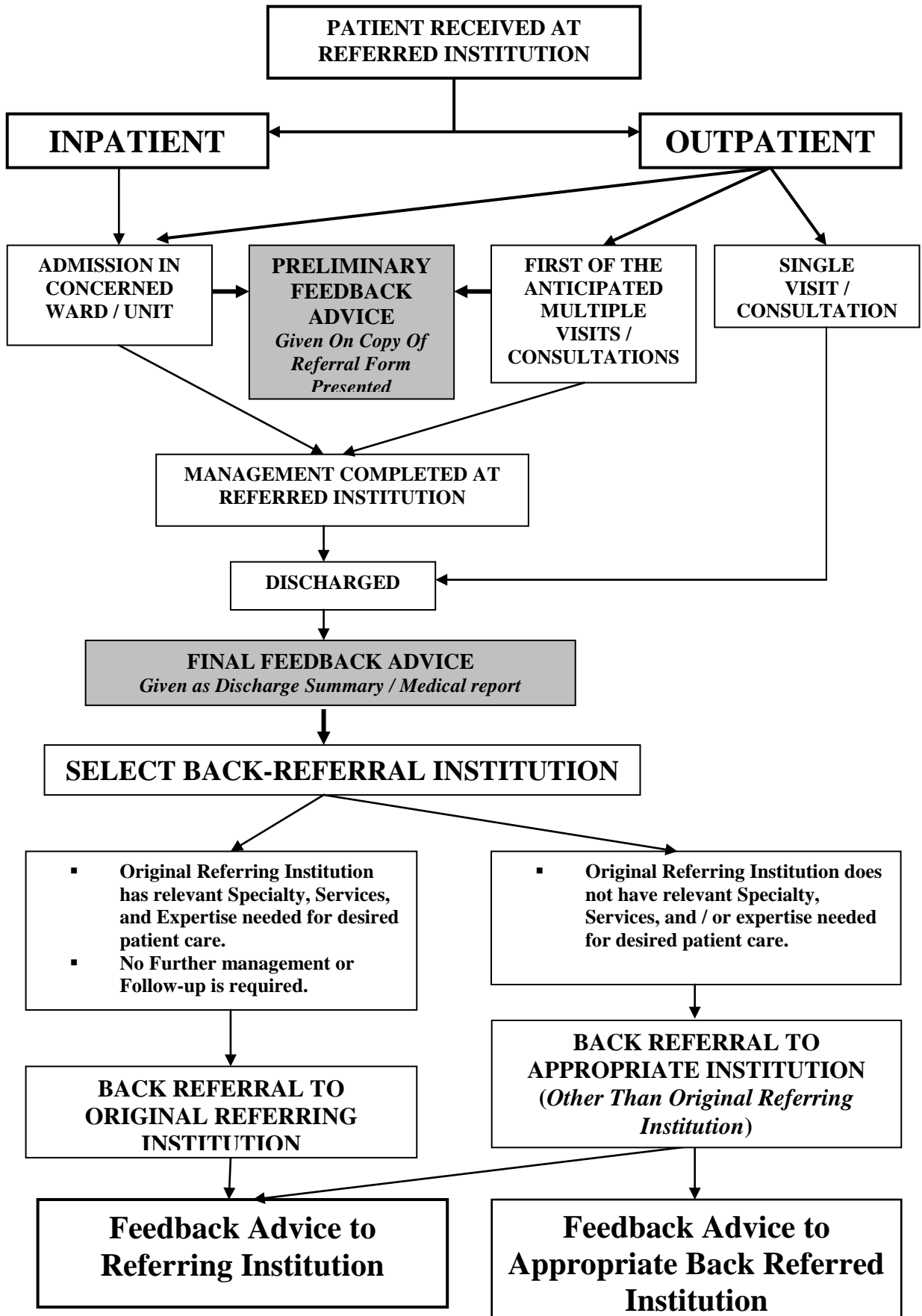
**PHARMACY AND MEDICAL STORES AT BACK REFERRED FACILITY.**

- Prescription and drug dispensing for drugs prescribed at referred facility, if extending beyond period of 4 weeks, shall be arranged at the back referred health care facility.
- On receiving the back referral feedback advice, the Pharmacy and medical stores shall determine if the specialty drug is not available in their health care facility, and establish the duration and quantity required.
- Indents for the specialty drug shall then be raised to DGMS, with copy of the feedback advice attached for their information.
- DGMS shall organize system whereby such indents shall be honored bimonthly to ensure provision of specialty drugs within 4 weeks of the feedback advice letter, and prior to exhaustion of the specialty drugs dispensed from referred facility.

DGMS shall arrange for implementation of similar protocols for other surgical accessories and consumables as well.

**Flow Diagram No.6**

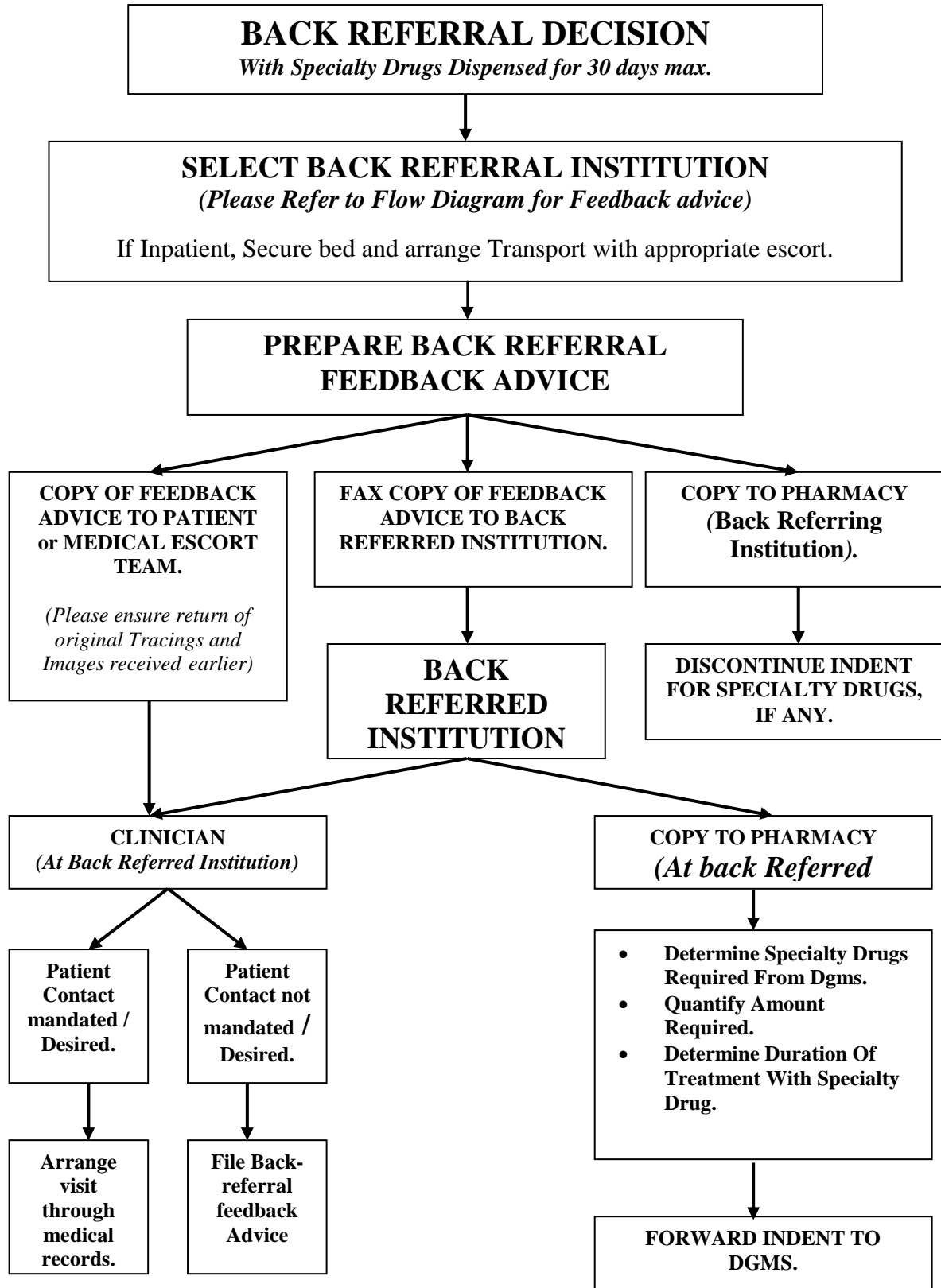
**FEEDBACK ADVICE**





**Flow Diagram No. 7**

**BACK REFERRAL PROCEDURE  
(Including Specialty Drug Management)**



**SECTION. III.****ALLIED HEALTH CARE FACILITIES****REFERRAL GUIDELINES FOR SQUH**

- Health Institutions of MOH and SQUH shall continue to collaborate in all fields of health care delivery system with mutual respect for policies, rules and regulations of each, including the patient referral system.
- The general policies of MOH pertaining to the Patient Referral System shall apply for referrals to, and back-referrals from SQUH.
- However, the administrative proceedings within the jurisdiction of SQUH e.g. protocols for appointment bookings and feedback advice etc shall be accepted by MOH as per rules and regulations of the SQUH.
- SQUH shall provide emergency medical services for all patients presenting with emergency clinical conditions.
- SQUH shall serve as a secondary and tertiary health care service provider for the population of Muscat region, and as Tertiary health care provider for the population of interior regions.
- Specialties available in SQUH (details of specialties awaited)

<b>Accident &amp; Emergency</b>	
<b>Behavioral Medicine</b>	Neuropsychiatry, Psychotherapy, Behavior therapy,
<b>Clinical &amp; Biomedical Physics</b>	Bone densitometry, GFR using Cr51 EDTA, Nuclear Medicine, I 131 Therapy.
<b>Obstetrics &amp; Gynecology</b>	
<b>Oral Health</b>	
<b>Physiotherapy &amp; Rehabilitation</b>	Heat and Ice Therapy, Hydrotherapy, Acupuncture, Occupational therapy, Neurological assessment,
<b>Surgery</b>	
<b>Anesthesia / ICU</b>	
<b>Child Health</b>	Hematology, Cardiology, Nephrology, Genetic & Metabolic Diseases, Neurology, Respiratory Diseases, NICU, PICU.
<b>Medicine</b>	Cardiology, Neurology, Gastroenterology & Hepatology, Nephrology, Rheumatology, Endocrinology, Infectious Diseases, Oncology, CCU
<b>Ophthalmology</b>	Ultrasound, Laser Therapy, Fluorescein Angiography
<b>Pathology</b>	Histopathology, Cytopathology, Immunocytochemistry, Enzyme histochemistry, Electron Microscopy.
<b>Radiology</b>	MRI, DSA, Nuclear medicine, CT, USG, General Radiotherapy
<b>Hematology</b>	Immunophenotyping, haemoglobinopathy, Apheresis, Bone Marrow Transplant, Cord Blood Bank.
<b>Physiology</b>	EMG, ERG, Microneurography, Urodynamics, Polysomnography,

**REFERRAL GUIDELINES FOR PRIVATE HEALTH FACILITIES.**

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- The General Policy Guidelines described in this manual shall apply to the referrals from the private sector.
- Private health care facilities shall implement the standard MOH approved Patient Referral / Appointment Form.
- MOH health care facilities shall entertain all cases from private establishments, which fulfill the criteria of emergency clinical conditions.
- However, MOH health facilities shall entertain non-entitled 'Routine' and / or 'Urgent' referrals from private sectors only if recommended health care services are not available in the private sector.
- Private sector shall be entitled to refer the following categories of cases.
  - Emergency cases.
  - Non-entitled Routine and urgent cases only if clinical services necessary for the patient are not available in the private sector.
- Back-Referrals to private health establishments shall primarily be as OPD status only.
- Exceptional IPD back-Referrals shall be governed by the general back-referral guidelines described in this manual.

**OBJECTIVES & METHODOLOGY**

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Health care providing facilities under the MOH shall deploy a systems approach for monitoring Patient Referral System. Basic guidelines for the monitoring system shall be as follows.

**OBJECTIVES:**

- To consolidate implementation of the approved Patient Referral System
- To acquire pertinent information in order to plan future development of health services.
- To highlight implementation lapses and practical constraints in referral system and search for suitable alternatives for rectification of the same.

**METHODOLOGY:**

- Monitoring system shall be implemented in all health institutions of MOH.
- Health care facilities shall ensure appropriate arrangements for collection and recording of all relevant data required for reporting the Effectiveness and Efficiency indicators.
- MOH shall monitor the Technical and administrative aspects of Patient referral system through Unified / standard Indicators, with monthly central reporting on a standard prescribed formats.
- DGHA, MOH-HQ shall act as central monitoring body for Inter-facility Patient Referral system.
- Interdepartmental referrals, within the facility, shall be monitored individually by each health care facility.
- Analysis of the compiled data shall be undertaken both at the institutional and DGHA level.
- Central and Institutional audits shall be conducted periodically to perform in-depth study and analysis of Patient referral system. Hospitals may perform such audits through QA committee or any other administrative committee assigned this task.

**INDICATORS**

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**TECHNICAL (Service) INDICATORS**

*(Please refer to definitions in section I)*

- **Appropriate Referrals**
- **Inappropriate Referrals**
  - *Unjustified*
  - *Misdirected*
  - *Incomplete forms*
  - *Inadequate clinical information.*
- **Reasons for Referrals**
  - *Second Opinion*
  - *Lacking Expertise*
  - *Lacking Equipment / Consumables*
  - *Social Pressure.*

**ADMINISTRATIVE (Process) INDICATORS.****Indicators At Referring Institution**

- Number of appointment Bookings received after stipulated period of three days from the date of faxing the appointment request.
- Number of Re-faxed Routine appointment requests due to failed response from referred institutions within three days.
- Number of Re-faxed Urgent appointment requests due to failed response from referred institutions on same day.
- Number of duplicate appointments received for the same request forwarded.
- Number of Urgent appointments booked on dates beyond stipulated period of three days from the date of request.
- Number of Inpatient Urgent referrals delayed beyond 72 hrs on account of non-availability of beds at the referred Institution.
- Number of back-referred cases without Feedback Advice / Discharge Summary.
- Number of Inpatient Back Referrals without prior mutual arrangements.

## **MONITORING REPORTS**

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### **Indicators At Referred Institution**

- Number of Routine appointment requests repeated without waiting for the stipulated period of three days.
- Number of Urgent appointment requests repeated without waiting for the stipulated period of one day
- Number of appointment requests repeated despite booking and faxing of appointment slips to referring institutions.
- Number of Inpatient back-referrals delayed beyond 48 hrs on account of non-availability of beds at the referring institution.
- Number of emergency referrals without notification.
- Number OPD cases missing their booked appointments.

### **MONITORING REPORTS:**

- Separate Monitoring forms shall be used for Out-going and In-coming referrals (Please refer to Referral Monitoring Reports 1 & 2 respectively).
- All health care facilities sending and receiving referrals shall fill both forms and forward them to DGHA on monthly basis.
- Health care facilities not receiving any referrals shall only use the monitoring report No.1, which includes indicators for back-referrals as well.
- Detailed data for each referral shall be maintained at the health facility, and made available for monthly audits at the institutional level, and periodical audits by center.

## REFERRAL MONITORING REPORT - 1 (*OUT-GOING REFERRALS*)

HEALTH INSTITUTION.....MONTH / YEAR.....

VARIABLES	OPD	IPD	TOTAL
Cases referred out from			
Males			
Females			
Adult age group			
Pediatric age group			
Routine			
Urgent			
Emergency			

### TECHNICAL (*Service*) INDICATORS

- <b>Second Opinion</b>			
- <b>Lacking Equipment / Consumables</b>			
- <b>Lacking Expertise</b>			
- <b>Social / Admin. Pressure</b>			

### ADMINISTRATIVE (*Process*) INDICATORS

1. Number of Re-faxed Routine appointment requests due to failed response from referred institutions within three days.			
2. Number of Re-faxed Urgent appointment requests due to failed response from referred institutions on same day.			
3. Number of Urgent appointments booked on dates beyond stipulated period of three days from the date of request.			
4. Number of Inpatient Urgent referrals delayed beyond 72 hrs on account of non-availability of beds at the referred Institution.			
5. Number of back-Referred cases without Feedback advice / Discharge Summary.			
6. Number of Inpatient Back Referrals without prior mutual arrangements / Notification.			

*Important Comments (If any)*

*Patients referred from the Outpatient Dept. should be entered in the OPD column and those from Inpatient Dept. in the IPD column*

## REFERRAL MONITORING REPORT - 2 (IN-COMING REFERRALS)

HEALTH INSTITUTION.....MONTH / YEAR.....

VARIABLES	OPD	IPD	TOTAL
Referrals Received in			
Males			
Females			
Adult age group			
Pediatric age group			
Routine			
Urgent			
Emergency			

### TECHNICAL (Service) INDICATORS

<b>APPROPRIATE REFERRALS</b>				
<b>INAPPROPRIATE REFERRALS</b>	<b>1. Unjustified</b>			
	<b>2. Misdirected</b>			
	<b>3. Incomplete Referral Form</b>			
	<b>4. Inadequate Clinical Information</b>			

### ADMINISTRATIVE (Process) INDICATORS

1.	Number of Routine appointment requests repeated without waiting for the stipulated period of three days			
2.	Number of Urgent appointment requests repeated without waiting for the stipulated period of one day.			
3.	Number of emergency referrals without notification.			
4.	Number of OPD referrals missing their booked appointments.			
5.	Number of Inpatient back-referrals delayed beyond 48 hrs on account of non-availability of beds at the referring institution.			

*Important Comments (If any)*

*Patients received in the Outpatient Dept. shall be entered into the OPD column, and the ones received in the Inpatient Dept. in the IPD column*



MINISTRY OF HEALTH MANUALS

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- It is beyond the scope of this manual to incorporate all the clinical management guidelines & clinical criteria for referrals from one level of health service to another.
- Clinical Specialties shall formulate their own clinical guidelines and criteria for the referrals system, based on technical norms, nature & extent of services available, and in consideration with the principles of 'Safe Medical Practice'.
- List of MOH Clinical Manuals, addressing the referral criteria for certain clinical conditions, is presented for ready reference.
  - Antenatal Care
  - ARI Training Manual
  - Child Health Program Manual
  - Communicable Disease Surveillance & Control
  - Dental Health Manual
  - Ear Health Care Manual
  - Eye Health Care Manual
  - Guidelines For Developmental Screening By Health Care Providers
  - Guidelines For Management Of HIV Infections And AIDS
  - Guidelines For Management Of Thalassemia
  - Leprosy Control Program
  - Management Of Common Cancers
  - Manual For Management Of Asthma In Adults
  - Manual For Management Of Hypertension In PHC
  - Manual For Treatment Of Malaria And Its Complications
  - Manual Of Clinical Dietetics – Part1
  - Manual Of Oral Health
  - Manual On Infertility
  - Manual On Protein Energy Malnutrition
  - Manual On Management Of Blood Transfusion Services
  - Manual On Management Of Mental Illnesses In PHC
  - National Guidelines For STD Management
  - Neonatal Care
  - Perinatal And Postnatal Care
  - School Health Manual
  - The Management & Prevention Of Diarrhea And Dehydration In Children Under Five Years
  - The Management Of Acute Respiratory Infections In Children Under Five Years.
  - Management Of Diabetes Mellitus In PHC.