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المديرية العامة لمستشفى خولة
Directorate General of Khoula Hospital

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Document Author	Ms. Shatha Nasser Al Rawahi
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Validated by		**Approved by**	
Name	Ms. Huda Al Abri	Name	Dr. Rashid Al Alawi
Designation	Head of Accreditation Department	Designation	Director General
Signature	Huda	Signature	
Date	03/05/2026	Date	03/05/2026

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9.Ms. Balquees – General Nurse A, Clinical Guide Committee (CGC).
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Acronyms

MoH	Ministry of Health
DGKH	Directorate General of Khoula Hospital
HCP	Healthcare Professionals
QM&PSD	Quality Management & Patient Safety Directorate
SBAR	Situation, Background, Action and Recommendation
EMR	Electronic Medical Record
MDT	Multi-Disciplinary Team
SOP	Standard Operating Procedure

1.Definitions

1.1 Communication: The process of transmitting information, ideas, or instructions between individuals or group to ensure understanding and coordinated action. Communication may occur verbally, non-verbally, in writing or electronically and must adhere to confidentiality and professional standards.

1.2 Handover: The formal Transfer of professional responsibility and accountability for aspects of patient care to another healthcare provider or team either temporarily or permanently. It includes sharing critical information about the patient's condition, treatment and ongoing needs.

1.3 Escalation: The structured process of communicating urgent or unresolved clinical or operational issues to a higher level of authority to ensure timely intervention and decision-making.

1.4 Inter-Institutional Communication: Exchange of information or referrals between healthcare facilities or organizations to ensure continuity of care (e.g., referral of patients or case discussions between hospitals).

1.5 Read back Method: A safety communication technique where the receiver repeats key information back to the sender to confirm accuracy (used commonly for verbal or telephone orders).

1.6 Closed-Loop Communication: A complete communication process in which the sender delivers the message, the receiver confirm understanding by repeating it back, and the sender verifies that the information was correctly understood. This ensures mutual clarity and reduces errors.

1.7 Communication Breakdown: Any failure that leads to misunderstanding or omission of essential information impacting patient care.

1.8 Critical Results: A diagnostic findings that requires immediate clinical action to prevent harm.

1.9 SBAR (Situation, Background, Action and Recommendation): A structured communication framework used to convey critical information clearly and concisely between healthcare professionals.

Chapter one

2. Introduction

Effective communication among healthcare professionals at all levels is essential for ensuring patient safety, quality of care, and operational efficiency. Miscommunication remains one of the leading causes of preventable adverse events in healthcare systems globally. This guideline outlines communication among healthcare professionals, across departments, and between institutions to ensure clarity, accountability, and timely information transfer.

3. Purpose

This guideline aims to:

a. Standardize clear, consistent and structured communication practices across all levels of healthcare delivery.
b. Minimize risks of miscommunication, delayed decisions, and medical errors.
c. Promote a culture of openness, respect, and psychological safety in communication among healthcare professionals.
d. Ensure that key information is handed over, escalated, or referred in a timely, well-documented, and traceable manner.
e. Enhance the use of approved communication tools and checklists e.g., SBAR to standardize information flow.

4. Scope

This guideline applies to all staff working at DGKH, including those engaged in direct and indirect patient care, clinical decision making, documentation and communication during:

a. Patient handover and transitions of care.

b. Referrals (internal and external).

c. Escalations of clinical concerns.

d. Interdepartmental and inter institutional commination.

e. Electronic documentation and communication via approved system e.g., Al Shifa system.

Chapter Two

5. Structure

It is the guideline of DGKH to standardize clear, consistent and structured communication practices across all levels of healthcare delivery.

5.1 General Principles:

a. All healthcare communication should be timely, accurate, clear and respectful, following professional and ethical standards. All communication related to patient care must maintain confidentiality and cultural sensitivity.

b. Staff should use standardized methods and tools—such as SBAR hand over tool (see appendix 1) or any other approved communication tool for handovers, referrals, and escalation.

5.2 Communication between different levels should follow the defined pathways:

a. Staff to staff communication

When one Health care Professionals (HCPs) transfers care or information to another (e.g., nurse-to-nurse) or (e.g., doctor-to-doctor), staff should:

i. Use a structured handover tool (e.g., SBAR, or checklist) during shift change or when handing over tasks. Arabic or English language should be used during handover.

ii. Document key information in the Electronic Medical Record (EMR).

iii. Ensure receiving staff confirms the information (repeat-back method) to ensure understanding, especially for verbal communication.

iv. Maintain confidentiality and professionalism in all communication.

v. Immediately escalate and communicate any abnormal findings, deterioration and urgent concerns to the physician following the escalation pathway

b. Staff to doctor communication

This section governs communication regarding changes in patient status, concerns and escalation:

i. Staff (nurses and allied health professionals) should verbally communicate any change in patient status, concern, or need for escalation to the responsible physician, followed by appropriate written documentation in EMR.

ii. Use SBAR hand over tool to ensure all clinical information is shared clearly:

- Situation: State the immediate problem.
- Background: Provide relevant clinical history.
- Assessment: State clinical findings.
- Recommendation: Clearly state what you need the doctor to do.

iii. The doctor should acknowledge receipt and confirm next steps; staff should document the conversation and actions taken.

c. Doctor to doctor communication (same department)

i. All communications between doctors within the same department should be clear, timely, professional, and focused on continuity of patient care.

ii. Structured communication tools (e.g., SBAR or standardized handover format) should be used during case discussions, shift handovers, and escalation of concerns.

iii. The receiving doctor should acknowledge the information, clarify any uncertainties, and confirm understanding through read-back method when critical information is communicated.

iv. All patient care decisions, treatment changes, and clinical recommendations resulting from the communication should be documented in the EMR.

v. During on-call handovers, doctors should communicate pending investigations, unstable patients, anticipated risks, and required follow-up actions.

vi. Urgent or deteriorating patient conditions should be escalated immediately to the responsible senior doctor or consultant without delay.

vii. Mutual respect, confidentiality, and professional conduct should be maintained in all communications.

d. Doctor to doctor communication (different departments)

i. The communication should include a referral note with clinical summary, reason for referral, urgency, and required actions.

ii. Prior to transfer/consultation, the sending doctor ensures the receiving doctor acknowledges and accepts responsibility.

iii. Both doctors document the referral/consultation and outcome in the EMR.

iv. If patient safety risks exist, the treating doctor should escalate to head of department or Director of Quality Management & Patient Safety.

e. Doctor to doctor (different institutions)

For referrals or transfers to another hospital or healthcare institution:

i. Doctors should ensure comprehensive communication including clinical summary, investigations, treatment given, reason for referral, and expected outcomes. All of this information should be documented in external referral notes in the EMR. The receiving doctor should confirm with the referring doctor that this documentation process should be completed.

ii. Prior to patient transfer, the referring institution should obtain agreement from the receiving institution, shares required documents and ensures transportation logistics and patient stability.

iii. The receiving institution must acknowledge receipt of the referral and provide status back to the referring doctor within agreed timeframe. Documentation of transfer, receipt and handover should be maintained in both institutions' records.

iv. If the receiving institution cannot safely accept the patient, the referring doctor should escalate to the regional health authority or hospital administration.

5.3 Verbal and Telephone Communication:

All verbal or telephone communications involving clinical instructions, orders, or critical results must include a **"read back"** method. All "Read back" method should be documented in the patient's records (see appendix 2).Closed-loop communication is mandatory for:

a. Telephone orders

- Critical test results or radiology findings.

b. Verbal orders

- Emergency or high-risk situations (e.g., during resuscitation, handover of unstable patients)

5.4 Inter-Departmental or Inter-Institutional Referrals /Communications:

It should include an essential clinical information, clear outline of further management plan, documentation and acknowledgement receipt.

5.5 Follow up Training on Effective Communication:

a. The ongoing training on effective communication tools (e.g. SBAR, close loop communication or EMR alerts).

b. All departments should integrate communication practices into their standard operating procedure (SOP) and conduct regular compliance audits.

c. All new employees should receive communication and SBAR training as part of their orientation.

5.6 Medication orders:

For medication orders, both the prescribing and receiving parties should clearly state and verify the dose, including the appropriate unit of measurement (e.g., mg, mL, units, or mg/kg where applicable), the patient-specific calculated total dose, and the frequency of administration.

5.7 Escalation Hierarchy:

If a response is delayed beyond an acceptable timeframe, based on the clinical criticality and acuity of the case, escalation should be made to the in-charge staff, senior staff member, or head of department, and the matter should be reported to the Director of Quality Management & Patient Safety.

Chapter Three

6.Responsibilities

6.1 Directors /HoD Shall:

6.1.1 Promote a culture of effective, open, responsible communication within their teams and across departments/institutions.

6.1.2 Monitor compliance with communication and handover standards (e.g., handover checklists, referral documentation, and repeat-back confirmation).

6.1.3 Investigate reported communication issues or failures and coordinate corrective actions in collaboration with QM&PSD.

6.1.4 Support staff through training, coaching and availability of communication tools and resources.

6.2 Doctors Shall:

6.2.1 Lead the communication process when referrals, patient's transfers or inter-departmental/institutional consultations occur.

6.2.2 Ensure that the receiving doctor or clinical team confirm and documents acceptance of the referral / transfer and acknowledges all clinical information provided.

6.2.3 Provide timely clinical updates, address queries from the receiving team and ensure closure of the communication loop.

6.2.4 Escalate cases where acceptance is delayed or refused to the appropriate authority/administration.

6.3 Directorate of Quality Management & Patient Safety:

6.3.1 Develop and maintain communication training programs, tools and audits that align with MoH standards.

6.3.2 Review incidents or near-misses linked to communication failures, report findings and track corrective actions.

6.3.3 Provide reports on communication effectiveness and escalate major issues to hospital leadership.

6.3.4 Review communication performance metrics (e.g., referral delays, handover errors) and champion system-wide improvements.

6.3.5 QM&PSD conduct quarterly audits and report to the hospital clinical governance committee

6.4 All Healthcare professionals (HCPs) Shall:

6.4.1 Use structured communication tools (e.g., SBAR or any other validated tool) when handing over or transferring clinical information.

6.4.2 Confirm and document information received (repeat-back or acknowledgement) to ensure clarity.

6.4.3 Report any failures, delays or breakdown in communication or transfer processes to the Directorate of QM&PS for review.

Chapter Four:

7.Document History and Version Control Table

Version	Description	Name of Author	Review Date
1	Initial release	Ms. Shatha Al Rawahi	2029
2	Second version		

8.References

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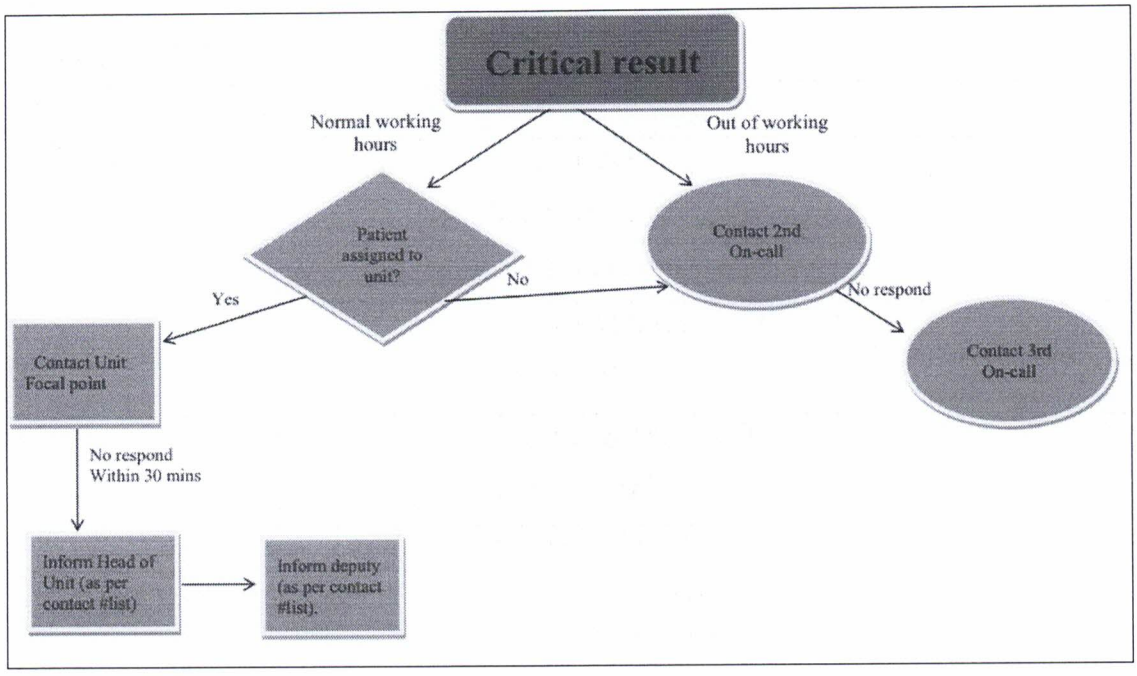
9. Annexes

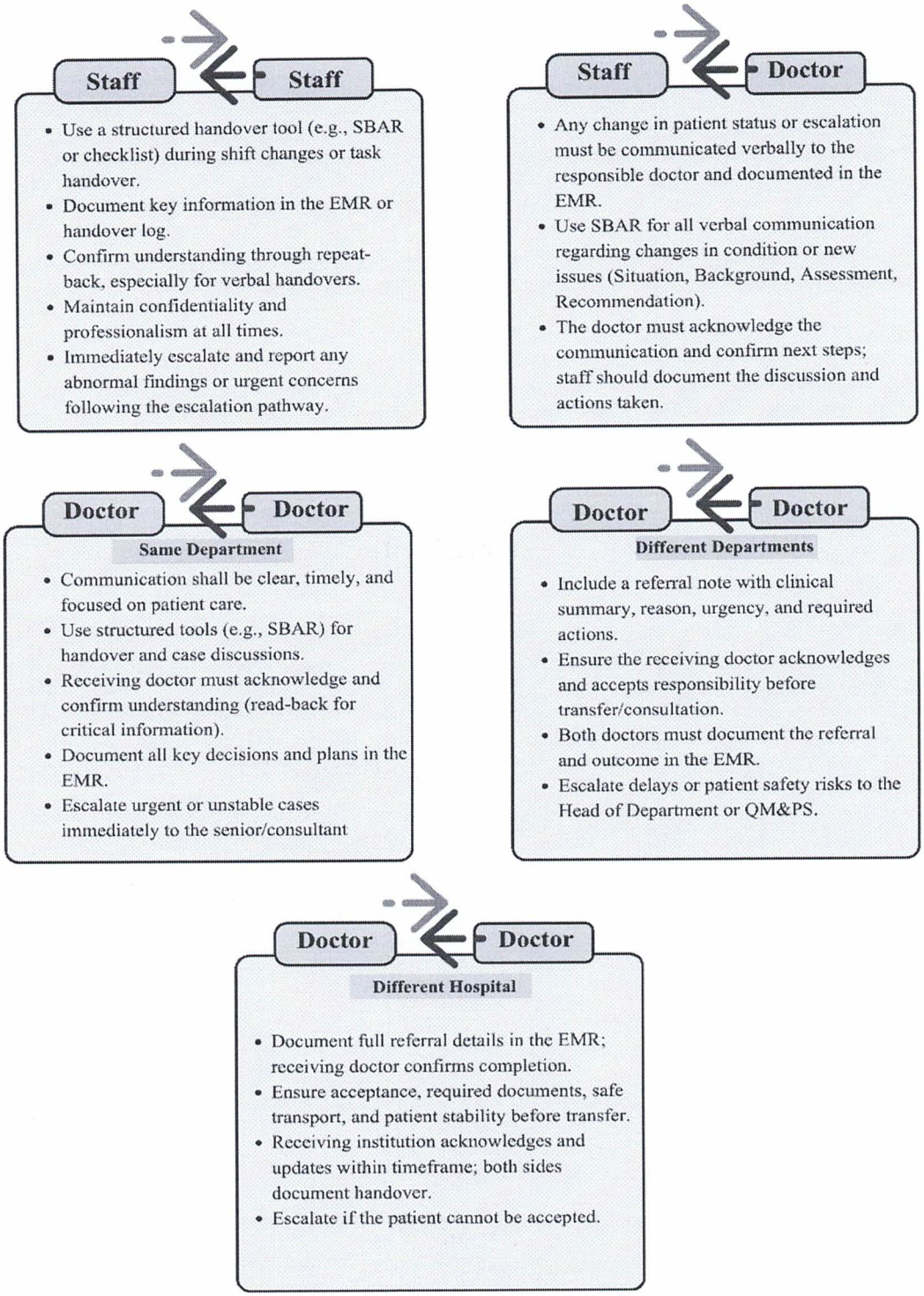
9.1 Appendix (1):SBAR Model Guidance

SBAR Component	Guiding Questions
S- Situation	• What is happening for the patient? • What is the immediate concern? • Admission reason and diagnosis?
B- Background	• What is the patient`s medical/ surgical background information?
A- Assessment	• What changes or trends noticed? • Vital signs, or investigations?
R- Recommendations	• What needed or recommended? • Any orders or next steps required?

9.2 Appendix (1): Flow Chart of Communicate the Critical Results



9.3 Annex (3): Summary of Communication between Health Care Workers



9.4 Appendix (4):Close Loop Communication

Closed-loop communication: (message sent → received → read back → sender confirmation)