



Protocol of Referring Geriatric Psychiatry Cases for Follow-up in Local/Regional Poly Clinic

AMRH/PSY/G/PRT/001/Vers.01
Effective Date: March 2023
Review Date: March 2026

Institution Name: Al Masarra Hospital					
Document Title: Protocol of Referring Geriatric Psychiatry Cases for Follow-up in Local/Regional Poly Clinic					
Approval Process					
	Name	Title/Designation	Institution	Date	Signature
Written by	Dr. Saleha Al Jadidi	HOD, Consultant Geriatric psychiatry	Al Masarra Hospital	5/9/2023	
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Reviewed by	Dr. Said Al Kaabi	HOD, Consultant General Psychiatry Dept.	Al Masarra Hospital	6/3/23	
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Validated by	Kunooz Balushi	Document Manager,	Al Masarra Hospital	March 2023	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	March 2023	





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Acronyms

AMRH	Al Masarra Hospital
DGHA	Directorate General of Health Affairs
MOH	Ministry of Health
WHO	World Health Organization
OPD	Out Patient Department



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1. Introduction

Al Masarra Hospital, (AMRH) as the only tertiary psychiatric hospital in the country, has a growing statistic of geriatric patients coming from in and out of Muscat governate. AMRH's Geriatric Psychiatry Unit endeavors to achieve precise balance between quality, cost and time effectiveness, and patient satisfaction through proper implementation of Patients Referral System from Geriatric unit to local/regional psychiatry health care facilities based on systematic and scientific methodologies and feasibility to local psychiatry health care services.

2. Scope

This policy is applicable to all healthcare providers who assess and manage geriatric patients in geriatric specialized unit, Out Patient Department (OPD- AMRH).

3. Purpose

To standardize patients` referral from Geriatric OPD to the local and/or regional psychiatric services outside Muscat for the patients' best interest.

4. Definition

4.1 Geriatric psychiatry unit: is a specialized unit which provides psychiatric care to geriatric population who are 60-year-old or above.

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

4.3 Primary health care institutions: are the basic health institutions providing primary health care services to the population in their respective catchment area.

4.4 Secondary health care institutions: are primarily offered in the Regional Referral Hospitals with all the major clinical specialties, equipment, drugs, consumables, and ancillary services; equipped with necessary technical expertise, enabling them to fulfill health care needs of majority of patients within the regional bounds.



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4.5 Tertiary health care institutions: They included Hospitals located in the major areas providing health care at national level.

4.6 Local psychiatry health care facilities: are secondary health care facilities which are specialized to provide mental health care to population within specific region.

4.7 Community mental health service: is one of health care services, concerning with delivery of mental health care for adults and older adults with severe mental health needs domestically or within community area.

4.8 New case: is a case which presents for the first time to geriatric unit requesting assessment / management.

4.9 Senior population: is a term referred to elderly populations.

4.10 Hospital bed capacity: The number of beds which a hospital has been designed and constructed for use.

4.11 Compliance: Medication compliance refers to the act of conforming to a recommendation of continuing treatment for the prescribed length of time.

4.12 Caregiver burnout: is a state of physical, emotional and/or mental exhaustion that can create negative and unconcerned caregiving.

4.13 Regular documented attended in-person visits: Patient who is regularly attending his/her follow-up appointments (at least 75% of follow up visits/ within 12 months) at Geriatric unit - AMH-OPD.

4.14 Stable case: Patient with no relapse symptoms within 12 months.

5. Protocol

5.1 The inclusion criteria for Patients Referral from Geriatric unit to local/regional psychiatry health care facilities include:

5.1.1. Must be 60 years old patient and above.\

5.1.2. Regularly documented attended in-person visits in Geriatric OPD.

5.1.3. Patient should be stable for at least one year.

5.1.4 Patient requests the referral before/prior to one year of stability.

5.1.5 Patient lives outside Muscat Governorate.

5.1.6 Local availability of psychiatric service.



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5.2. The exclusion criteria include:

- 5.2.1 Lack of regular follow up during the last 12 months.
- 5.2.2 Relapse symptoms during the last 12 months.
- 5.2.3 Recently discharged patients.
- 5.2.4 Patient was referred previously and presented with frequent relapse.
- 5.2.5 Patients/family refused to be referred.
- 5.2.6 Associated multiple psychiatry comorbidities which require interventions by multidisciplinary teams.
- 5.2.7 Patient considered as Treatment resistant and barely controlling his/her regimen.

5.3 Written referral includes:

- 5.3.1. Patient preliminary data
- 5.3.2 Diagnosis
- 5.3.3 Comorbid medical conditions
- 5.3.4 Precise history
- 5.3.5 Last MSE
- 5.3.6 Latest risk assessment
- 5.3.7 Latest Investigations
- 5.3.8 Treatment plan
- 5.3.9 Medications
- 5.3.10 Conditions to refer back
- 5.3.11 Recommendation

5.4. Treating geriatric psychiatrist/doctor shall apply the inclusion/exclusion criteria on the patient for possible referral and eligibility criteria.

5.5. Eligible Patients shall always be offered a referral to local/regional polyclinic

5.6. Encourage, reassure patients and their caregivers concerning the process of referral.



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- 5.7. Address the patients'/caregivers' needs and expectations.
- 5.8. Respond to the patient's/caregivers' inquires.
- 5.9. Request for the patient's and/or caregiver's approval and preference.
- 5.10. Inquire to the nearest polyclinic regarding possible referral of a patient
- 5.11. Ensure psychiatrist's availability at the recipient/referred polyclinic.
- 5.12. Psycho-educate the patient and the caregiver.
- 5.13. Justify and document reasons of referral on treatment plan.
- 5.14. Copy of referral letter to be given to the patient or caregiver.
- 5.15. Follow up appointment with treating psychiatrist for annual/biannual assessment as clinically indicated.
- 5.16. Address resistance and facilitate the referral.

6. Responsibilities

All healthcare providers, who assess and manage geriatric patients in geriatric specialized unit (OPD-AMRH) shall comply with this protocol.



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7. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01.	Initial Release	Dr. Saleha al Jadidi Dr. Ahmed S. Aboalatta, Dr. Mervat Said, Dr. Hazim Mohamed	March 2026
02.	Update		
Written by		Reviewed by	Approved by
Dr. Saleha al Jadidi Dr. Ahmed S. Aboalatta, Dr. Mervat Said, Dr. Hazim Mohamed		Dr. Said Al Kaabi Ph. Najla Al Zedjali	Dr. Bader Al Habsi

8. Related Documents

- 8.1. Appendix 1. Audit Tool
- 8.2. Appendix.2. Document Request Form
- 8.3. Appendix 3. Document Validation Checklist



9. References

Title of book/journals/articles/Website	Author	Year of publication	Page
MANUAL ON PATIENT REFERRAL GUIDELINES SECOND EDITION – 2004).	MOH	2004	6,7,12
<u>"New Measures of Population Ageing". United Nations.</u> Retrieved 21 December 2021.	Scherbov, Sergei; Sanderson, Warren	2021.	1-6
Medication Compliance and Persistence: Terminology and Definitions, Value in Health, (https://www.sciencedirect.com/science/article/pii/S1098301510604950)	Joyce A. Cramer, Anuja Roy, Anita Burrell, Carol J. Fairchild, Mahesh J. Fuldeore, Daniel A. Ollendorf, Peter K. Wong,	2008	44-47
Burnout in Familial Caregivers of Patients with Dementia. Braz J Psychiatry. ISSN 1516-4446, https://doi.org/10.1016/j.rbp.2012.02.006 . (https://www.sciencedirect.com/science/article/pii/S151644461200045)	Aattitudesnibal Truzzi, Letice Valente, Ingun Ulstein, Elias Engelhardt, Jerson Laks, Knut Engedal,	2012	405-412



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Appendix 1.Audit Tool

Department:					Date:		
S.no	Audit process	Description of Criteria	Yes	Partial	No	N/A	Comments
1	Interview	Are the doctors and/or healthcare providers who assess and manage geriatric patients in geriatric specialized unit, Out Patient Department (OPD) aware about this protocol?					
2	Observation Interview	Does the referring doctor adhere to the inclusions and exclusions criteria of eligible patients for referral?					
3	Observation interview	Does the referring doctor explain the process and reasons of referral to the patient and their carer?					
4	Observation Document Review	Does the referring doctor include in the referral notes all the pertinent data that shall be included in the referral such as MSE, investigations done, risk assessments, treatment plan and recommendation?					
5	Observation Interview	Does the referring doctor properly document in the referral letter and/or in the patient's record, the follow up appointments or; the biannual/annual assessment appointment?					



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Appendix 2.Document Request Form

Document Request Form			
Section A: Completed by Document Request			
1. Requester Details			
Name	Saleha Al Jadidi	Date of Request	March 2023
Institute	Al Masarra Hospital	Mobile	----
Department	Adult Psychiatry- Geriatric	Email	-----
The Purpose of Request:			
<input checked="" type="checkbox"/> Develop New Document <input type="checkbox"/> Modification of Request <input type="checkbox"/> Canceling of Document			
2. Document Information:			
Document Title	Protocol of Referring Geriatric Psychiatry Cases for Follow-up in Local/Regional Poly Clinic		
Document Code	AMRH/PSY/G/PRT/001/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Cancelled <input type="checkbox"/> Forward To:			
Comment and Recommendation: <u>to proceed with the document</u>			
Name	Kunooz Balushi	Date	March 2023
Signature		Stamp	



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Appendix 3.Document Validation Checklist

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Document Validation Checklist					
Document Title:		Protocol of Referring Geriatric Psychiatric Cases for Follow-up in Local/Regional Poly Clinic		Document Code: AMRH/PSY/G/PRT/001/Vers01	
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1. Approved format used					
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed			✓	
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2. Document Content					
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3. Well defined procedures and steps					
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed			✓	
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4. General Criteria					
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations..... For implementation ..✓..... More revision To be cancelled					
Reviewed by :...Kunooz Balushi..... Reviewed by: Maria Claudia Fajardo-Bala					

Kunooz Balushi

