
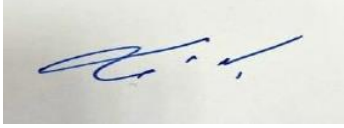




## Ministry of Health

<b>Document Title</b>	Hospital Stay Against Medical Advice
<b>Document type</b>	Procedure
<b>Directorate/institution</b>	Directorate General of Specialized Medical Care (DGSMC), MOH
<b>Targeted group</b>	MoH Institutions
<b>Document Author</b>	- Dr. Rashid Said Al-Shakaili - Dr. Zaima Yousuf Al-Rawahi
<b>Designation</b>	- HOD – Hospital Affairs, DGSMC - General Practitioner – DGSMC
<b>Document reviewer</b>	Dr. Mohammed Qader Al-Balushi –
<b>Designation</b>	Director, DGSMC
<b>Release Date</b>	December 2023
<b>Review Frequency</b>	Three years

<b>Validated by</b>		<b>Approved by</b>	
<b>Name</b>	Dr. Qamra Said Al-Sariri	<b>Name</b>	Dr. Badriya Mohsin Al-Rashdi
<b>Designation</b>	Director General	<b>Designation</b>	Director General
<b>Signature</b>		<b>Signature</b>	
<b>Date</b>	8 January 2024	<b>Date</b>	8 January 2024

## Table of contents

<b>Section</b>	<b>Page</b>
Table of contents	2
Acknowledgment	3
Acronyms	4
1. Introduction	5
2. Purpose	5
3. Scope	5
4. Definitions	6
5. Procedures	7
5.1 General principles	7
5.2 Proceedings for dealing with SAMA patients	9
5.3 Administrative and legal proceedings	10
6. Responsibility	10
7. Document history and version control	12
8. Related documents	12
9. References	12
10. Appendix 1: Flowchart for the general process of managing cases of stay against medical advice	13

## **Acknowledgement**

The directorate general of specialized medical care would like to thank all hospitals, directorates, departments, and staff who reviewed and gave feedback on this document.

## Acronyms

MoH	Ministry of Health
PRO	Public Relation Officer
SAMA	Stay Against Medical Advice
SOP	Standard Operating Procedure

## **1. Introduction**

Patients who refuse to leave the hospital can impose a unique challenge to hospital staff and to the health system in general. These patients can disturb the routine hospital functions by interrupting the normal flow of patients and reducing access to care by creating a shortage in admission beds. They can also frustrate hospital staff and consume hospital resources needlessly. Moreover, these patients can put themselves at risk of the consequences that may arise from unnecessary hospital stay such as the risk of exposure to hospital-acquired infections. Therefore, a careful and comprehensive approach should be implemented when dealing with these patients in order to facilitate the process of discharging them safely and effectively.

This document will provide a guide to support hospital staff in addressing cases of stay against medical advice (SAMA). It will also detail the procedures that should be carried out when handling patients who refuse to leave the hospital.

## **2. Purpose**

- 2.1** To establish unified procedures among all MoH healthcare institutions on how to deal with patients who refuse to leave the hospital and stay against medical advice.
- 2.2** To improve the way of communication with SAMA patients or their representatives.

## **3. Scope**

- 3.1** These procedures apply to all MoH healthcare institutions that provide inpatient services.
- 3.2** The scope of this document includes the following situations:
  - Patient's refusal to leave the hospital.
  - Family or caregiver refusal to take the patient after discharge.
- 3.3** The following situations are out of the scope of this document:
  - Prolonged hospital stay due to unknown patient identity.
  - Prolonged hospital stay for unconscious patient with unknown family or sponsor.The latter situations should be dealt with at the administrative level in collaboration with the concerned legal and security authorities in the country.

#### 4. Definition

- 4.1 **Patient stay against medical advice:** patient's refusal to leave the hospital after the treating physician or the multidisciplinary treating team has announced (based on clinical grounds) that the patient no longer requires medical care and can be safely discharged, or the provided inpatient care will add no more benefit compared to outpatient or home care.
- 4.2 **Patient's representative/caregiver:** the person who is empowered to make or communicate a health care decision on behalf of an incompetent patient.
- 4.3 **Incompetent patient:** a patient who is unable to make a decision for him/herself regarding medical treatment because of mental or physical impairment or disturbance.

## **5. Procedure**

### **5.1 General Principles:**

- 5.1.1** In general, the patient has to be discharged from the hospital as soon as possible once the treating doctor confirms that the patient has improved and does not require inpatient care anymore, or in case the treatment has reached its maximum and there is no potential for further improvement.
- 5.1.2** Since patient stay against medical advice is not just a department problem but a hospital problem, all hospital staff should assist in the process of discharging these patients according to their authorities and responsibilities.
- 5.1.3** Patients who refuse hospital discharge have to be identified early so the necessary procedures can be initiated sooner. The longer these patients stay in the hospital, the more likely they will become entrenched and even more difficult to be discharged.
- 5.1.4** Patient's motives for stay in the hospital have to be identified as much as possible, as this will significantly assist in solving the dispute.
- 5.1.5** Formulating action plans to discharge patients who stay in the hospital against medical advice is important as these plans will help in integrating the efforts and coordinating the work between the different stakeholders. The action plans should be individualized for each patient and should be agreed upon by all concerned parties.
- 5.1.6** It is highly advised that each hospital form a local team responsible for handling SAMA cases. Forming such teams will help in accumulating knowledge and experience that can assist in managing similar cases in the future.
- 5.1.7** In case the hospital already has a team dealing with patients who stay against medical advice (e.g. the discharge planning team), then it is acceptable if that team continues carrying out that task, provided that the procedures mentioned in this document are implemented.

- 5.1.8** Based on hospital capabilities and needs, the SAMA team should include the following staff: discharge planner, bed manager, nursing supervisor, social worker, rehabilitation staff, and public relation officer (PRO). Other ad hoc staff can include: a doctor from the patient's treating team, respiratory therapist, psychologist, and a community service nurse.
- 5.1.9** The SAMA team should preferably be led by an experienced staff with extended experience in discharge planning. The team leader shall be responsible for the overall supervision of the issue including, but not limited to:
- coordinating the team work and assigning the tasks,
  - communicating with the patient or caregiver and clarifying any points and answering any questions the patient or caregiver may have,
  - documenting incident details, and
  - following up the patient regularly with the aim of reviewing all case aspects and trying to convince the patient to accept the discharge.
- 5.1.10** It is highly advised to minimize the number of staff who communicate and discuss the matter with the patient or the caregiver, and in all instances that staff must be a member of the appointed team.
- 5.1.11** Always make sure that the patient is mentally competent and aware of the decision he/she is making, and also well informed of the possible consequences of that decision.
- 5.1.12** Patients who stay against medical advice are still patients. Therefore, they must be treated with respect and dignity, and receive all necessary medical care.
- 5.1.13** Documenting all information relevant to the incident of refusal to leave the hospital is very important. The documented information should include details on the following:
- case assessment, care plan, and expected outcomes
  - any identified or potential reasons for refusal to leave the hospital
  - meetings and decisions regarding the case, and the actions that were taken
  - the ongoing follow-up and discussions with the patient or caregiver
  - next steps on the discharge plan



## **5.2 Proceedings for dealing with SAMA patients:**

- 5.2.1** When a patient decides to stay against medical advice and all efforts of the treating team fail to convince him/her to leave the hospital, the case should be referred to the SAMA team.
- 5.2.2** The SAMA team should review all case details and conduct a thorough assessment to identify the possible cause of patient stay, if not already identified.
- 5.2.3** If the reason for staying against medical advice is identified, all efforts should be made to resolve it in order to send the patient home.
- 5.2.4** If the dispute continues, other solutions can be tried such as involving a family member to talk to the patient or making an agreement with the patient to discharge him/her after some days.
- 5.2.5** If the family or caregiver refuses the discharge because of fear of inability to take care of the patient at home due to condition complexity (e.g. ventilated patient, patient with tube or catheter, etc.), the team should explain to the caregiver that all required materials and training for safe handling of the patient will be provided, and the patient will be followed up regularly at home by the concerned staff. In these situations, involving some ad hoc members in the team (e.g. community nurse, respiratory therapist) can be very beneficial.
- 5.2.6** If required and agreed upon with the patient or caregiver, consider a site visit to the patient's home by a community nurse (with support from the SAMA team) to assess the home environment.
- 5.2.7** If any charitable equipment is required (e.g. home ventilator), the hospital can inform the relevant departments in MoH to arrange for providing the required equipment.
- 5.2.8** If the family or caregiver has difficulty in arranging a place for the patient, the hospital can communicate with the Ministry of Social Development (after assessing the patient's home environment) to provide any possible assistance. This requires a prior recommendation from the social worker and approval of the hospital administration.

### **5.3 Administrative and legal proceedings:**

- 5.3.1** If all measures of the SAMA team fail to convince the patient to leave the hospital, then the Public Relations Officer (PRO) and/or legal affairs department can be involved to take the necessary actions.
- 5.3.2** The roles of the PRO/the legal affairs staff shall be limited to the following:
- explaining to the patient or caregiver the legal consequences of staying in the hospital against medical advice, and
  - communicating with the legal authorities or other concerned parties to take action, when necessary.
- 5.3.3** The administrative and legal proceedings can be initiated first at the lower levels (e.g. involving the Sheikh or the Wali office at the catchment area where the patient belongs), and then the case can be raised at a higher level (e.g. the Omani Public Prosecution) through the proper channels.
- 5.3.4** Whenever a meeting is held between the patient/caregiver and external parties (e.g. the Sheikh, the Wali, etc.), it is always advised that the PRO attends that meeting and prepares a meeting minutes. The minutes should document what had transpired during the meeting, including the matters that had been agreed or not agreed upon.

## **6. Responsibilities**

### **6.1 Hospital administration**

- 6.1.1** Ensure implementation and compliance with this document when dealing with SAMA cases.
- 6.1.2** Ensure formation of a SAMA team in the hospital or any other alternative team to deal with SAMA cases.

## **6.2 SAMA team members:**

- 6.2.1** Participate in accomplishing the general tasks assigned to the team and the tasks assigned to them by the team leader.
- 6.2.2** Participate actively in implementing the plans and decisions made by the team in order to facilitate effective, safe, and timely discharge of the patient.

## **6.3 Public Relation Officer (PRO)**

- 6.3.1** Communicate and coordinate with possible patient's sponsor, company or embassy, and with the Royal Oman Police, Omani Public Prosecution, Wali office, or catchment area Sheikh, when necessary.
- 6.3.2** Attend potential meetings that can take place between the patient/caregiver and external parties.

## 7. Related Documents

7.1 Discharge Planning Procedures for Nurses – 2023, the Directorate General of Nursing Affairs

## 8. Document History and Version Control

Version	Description	Review Date
1.	Initial release	December 2026
2.		
3.		

## 9. References

Nil

## 10. Appendix

### Appendix 1: Flowchart of the general process of dealing with stay against medical advice cases

