



CCU.6.1 There is a documented evidence of handover between physicians at change of shift.

CCU.6.2 There is a documented evidence of handover between nurses at change of shift.

CCU.6.3 There is a documented evidence of handover between the CCU nurse and the unit nurse at the time of transfer to a lower acuity of care.

Standard Intent:

The effective communication is very important part in medical treatment of all patient, and as all the cases admitting to the CCU should have continuous monitoring and adjusting of treatment protocols where no place for any mistake, the CCU should adapt handover process that implemented by the physician at the end of the shift to ensure that all patients information mentioned to the coming shift. Handover should be documented properly for any future reference in case of legal issue occurs. Similarly, the nursing staff should have documented handover within the unit and whenever patient transfer to lower acuity unit to ensure the continuity of care for the patient.

CCU.7 Patient care in coronary care unit is provided using a multidisciplinary approach.

CCU.7.1 There is a multidisciplinary team that includes both CCU as well as non CCU members (CCU physician, CCU nurse, clinical pharmacist, respiratory therapist, dietitian, social worker, physiotherapist, and the consultant of the primary service under which the patient was first admitted).

CCU.7.2 Medically necessary services are readily available and accessible at all times.

CCU.7.3 Care is provided equally to all CCU patients whether inside the unit or those in other areas of the hospital (e.g., ventilated patients in emergency department).

CCU.7.4 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

Standard Intent:

The patient admitted to the coronary care unit considered some special patients with special need that required multidisciplinary team to identify the needs and work to fulfill these needs. The team should include all concerned hospital personnel and should not limit the service to the patients who required such service all over the hospital.

CCU.8 The admission and discharge processes in the coronary care unit are coordinated.

CCU.8.1 The physician in charge of the coronary care unit together with the most responsible physician jointly make the decision to admit and discharge patients from the unit.

CCU.8.2 A summary of the coronary care stay is written by the physician and made available at the time of discharge from critical care to a lower acuity level.

CCU.8.3 There is a documented evidence of handover between the coronary care physician and the unit physician at the time of transfer to a lower acuity of care.