

**PC.36 The hospital has an effective process for consultations between specialty services.**

- PC.36.1 The consulting physician completes a consultation request that defines:
  - PC.36.1.1 Date and time of consultation.
  - PC.36.1.2 Name and designation of consulting physician.
  - PC.36.1.3 Name and designation of consulted physician.
  - PC.36.1.4 Urgency of consultation (24 hours for routine inpatient consults and one hour or less for emergency cases).
  - PC.36.1.5 Case summary.
  - PC.36.1.6 Rationale for consultation.
- PC.36.2 The consulted physician indicates in writing:
  - PC.36.2.1 Date and time of consultation visit.
  - PC.36.2.2 Name and designation.
  - PC.36.2.3 Opinion and recommendations, including the need to transfer the patient under his name.
- PC.36.3 The consulting physician approves and follows up the implementation of the plan of care as set by the consulted physician.

**PC.37 Policy and procedure guides the transfer of patients between hospital units.**

- PC.37.1 The most responsible physician assesses the need for transfer and matches the condition of the patient with admission criteria of the unit.
- PC.37.2 Verbal or written agreement as received from the receiving unit is documented in the patient's medical record, including the name of the receiving physician.
- PC.37.3 The most responsible physician assesses the transfer requirements, both staff and equipment.
- PC.37.4 Summary of the patient medical and nursing assessment findings including reason for transfer, diagnoses, clinical findings, and current medications is available in the patient's medical record before transfer.
- PC.37.5 The physician and the nurse at the receiving unit assess the patient at arrival to ensure safe and smooth handover.

**PC.38 The hospital has an efficient discharge process.**

- PC.38.1 The patient and the family are involved in the discharge process with clear follow up instructions.
- PC.38.2 Discharge is based on the patient's condition and relevant policies or criteria.
- PC.38.3 Patients' needs after discharge are assessed as early in the care process as possible.
- PC.38.4 The discharge process identifies the post-service needs and supports continuity of care after discharge.
- PC.38.5 The post-service needs are communicated to relevant staff members.
- PC.38.6 Staff members ensure coordination with various departments involved in the discharge process.
- PC.38.7 Whenever required, staff members ensure coordination with outside organizations and post-service providers as appropriate to the patient's needs.
- PC.38.8 Staff members ensure that all patients' needs are met prior to discharge.
- PC.38.9 Policies and procedures guide the transfer of patients to other organizations.