
Documented orders help staff understand the specifics of an order, when the order is to be carried out, and who is to carry out the order.

PC.22 Sufficient medical staff are available to meet patients' needs.

- PC.22.1 Medical staff members are available in sufficient number at all times with no significant variation during holidays or weekend days.
 - PC.22.2 There is at least one qualified physician available at all times for each specialty according to the hospital's scope of services.
 - PC.22.3 Medical and other relevant staff who are "on call" are within the hospital premises during the on call hours.
 - PC.22.4 Medical and other relevant staff who are on call respond promptly to incoming consultations and care related requests.
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Standard Intent:

To ensure constant and proper continuity of patient's care at all times including holidays and weekend, hospital must design an on call Rota including medical, nursing and other relevant staff to meet patient's need according to scope of service of the hospital. The on call staff should be residing within the hospital and their response to calls should be monitored to ensure optimal response time to emergencies.

PC.23 A nursing pre-operative checklist is completed to control the transfer and handover of patients to the operating room.

- PC.23.1 There is a nursing pre-operative checklist that is completed by the assigned nurse.
- PC.23.2 The checklist uses the "Yes", "No" and "Not Applicable" format.
- PC.23.3 Patients are not transferred to the operating room if the checklist is not completed except in dire emergencies.
- PC.23.4 The assigned nurse endorses all the findings of the pre-operative checklist to the receiving nurse in the operating room.
- PC.23.5 The receiving nurse in the operating room reviews all the findings of the pre-operative checklist with the assigned nurse and confirms in writing.
- PC.23.6 The nursing pre-operative checklist contains the following elements as a minimum:
 - PC.23.6.1 The nursing pre-operative checklist contains the following elements as a minimum:
 - PC.23.6.2 Evidence of completed relevant consents.
 - PC.23.6.3 Evidence of completed history and physical examination by medical and nursing staff.
 - PC.23.6.4 Evidence of site marking.
 - PC.23.6.5 Availability of results of requested investigations.

PC.23.6.6 Availability of requested blood or blood products.

PC.23.6.7 Evidence of removal of dentures and loose objects such as eye lenses, eyeglasses, and removable nails.

PC.23.6.8 Evidence of removal of jewelry and patient's valuables.

Standard Intent:

Hospital design a nursing preoperative checklist with a policy that control handover process for patients transferred to operating room. The nursing preoperative checklist includes elements in sub-standards PC.23.6.1 to PC.23.6.8 to ensure proper and full assessment including clinical, nursing, radiological and laboratory in addition to others elements considered important and not to jeopardize patient life. The checklist utilized during handover between nursing and operating room endorses.

PC.24 The hospital meets the unique needs of terminally ill patients in a culturally and age-appropriate manner.

PC.24.1 The hospital assesses and responds to the unique needs of end of life patients, including psychological, spiritual, social, and cultural assessment.

PC.24.2 The hospital provides an effective palliative care for terminally ill patients (e.g., management of pain and management of other distressing symptoms).

PC.24.3 Family members are involved in care decisions.

PC.24.4 Family members are educated on how to care for their patient.

PC.24.5 When required, the hospital provides referral and transfer services to other facility that can provide palliative care (e.g., bed or resources availability).

PC.24.6 When applicable, the hospital provides or arrange for a nursing home care (e.g., inability to refer, or patient/family wish).

Standard Intent:

Patients who are approaching the end of life require care focused on their unique needs. Dying patients may experience symptoms related to the disease process or curative treatments or may need help in dealing with psychosocial, spiritual, and cultural issues associated with death and dying. Their families and caregivers may require respite from caring for a terminally ill family member or help in coping with grief and loss.

The hospital's goal for providing care at the end of life considers the settings in which care or service is provided (such as a hospice or palliative care unit), the type of services provided, and the patient population served. The hospital develops processes to manage end-of-life care. These processes

- ensure that symptoms will be assessed and appropriately managed;
- ensure that terminally ill patients will be treated with dignity and respect;
- assess patients as frequently as necessary to identify symptoms;
- plan preventive and therapeutic approaches to manage symptoms; and