
PC.34.2.4 Ethical guidelines.

PC.34.3 Staff members are aware of and implement all relevant policies and associated care plans.

PC.34.4 Patient's medical record reflects the use of these policies and plans.

Standard Intent:

Hospitals care for patients with a variety of health care needs. Some patients are considered high risk because of their age, their condition, or the critical nature of their needs. Children and the elderly are commonly placed in this group, as they frequently cannot speak for themselves, do not understand the care process, and cannot participate in decisions regarding their care. Similarly, the frightened, confused, comatose, or emergency patient is unable to understand the care process when care needs to be provided efficiently and rapidly.

When serving any of the high-risk patients, the hospital establishes and implements guidelines and procedures for the services provided for and the patients served.

PC.35 The hospital has a policy for patients permitted to leave the organization during the planned course of treatment.

PC.35.1 The policy defines categories of patients permitted to leave the hospital during hospitalization.

PC.35.2 The policy defines the maximum duration to go for out on pass.

PC.35.3 The policy defines the assessment requirements before leaving the hospital and upon return.

PC.35.4 The policy defines how medications will be dispensed in amounts enough to cover the out on pass period.

Standard Intent:

There must be a process to guide when the hospital permits patients to leave the hospital for a period of time (such as on a weekend "pass").

The policy include:

- Defines categories of patient permitted to leave.
 - Duration.
 - Assessment required before leave.
 - How to dispense medications during out in pass period.
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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.



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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.

Standard Intent:

Patients who need opinion from another specialty, hospital must design an effective consultation process with a well design consultation request form that must be clearly and timely completed by both the consulting and the consulted physicians and include and name and time, the urgency of consultation, case summary, rationale for consultation and the opinion and recommendation and the need for transfer the patient under his care.

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.

Standard Intent:

As patients move through the hospital from departments and services to another, many different health care practitioners may be involved in providing care. The continuity of care is enhanced when all patient-care providers have the information needed from the patient's current and past medical experiences to help in decision making. When multiple decision makers are providing care, the decision makers agree on the care and services to be provided. Indeed, hospital must develop a process of communication to facilitate smooth handover of patient care between hospital units. Both medical and