

individual staff members. Coordination of clinical services comes from an understanding of each department's mission and services of each department and collaboration in developing common policies and procedures.

Throughout all phases of care, patient needs are matched with appropriate resources in and, when necessary, outside the organization. This is usually accomplished by using established criteria or policies that determine the acceptance of requests from outside organization. Incoming requests may include: medical reports, sick leaves confirmation, patient transfer, medical consultations, among others.

LD.19 Initiation of a new process or changing of an existing one is systematic and consistent throughout the hospital.

LD.19.1 All customers of a new or modified process are identified.

LD.19.2 Customers' needs and feedback are addressed when designing a new process (e.g., new procedure, new practice guideline) or changing an existing one.

LD.19.3 Hospital leaders ensure that the initiation of a new process or the changing of an existing one is always based on evidence, research, and best practice.

LD.19.4 Hospital leaders assess new or modified processes for risk and safety issues.

LD.19.5 Whenever applicable, new or modified processes undergo pilot testing before their routine use.

LD.19.6 Hospital leaders regularly evaluate new or modified processes through process and outcome indicators to ensure an optimal performance.

LD.19.7 Hospital leaders ensure the provision of staff training on new or modified processes.

Standard Intent:

Proper coordination and communication are required whenever change happen to processes or work regulations or a new process is planned to be implemented. Systematic approach or methodology must be identified to be followed in these two situations. The approach should include identification of internal and external process customers and their needs, risk assessment, be evidence based, piloting, and regular evaluation after full implementation. Changes must be communicated to all staff after adequate coordination with all units and staff that have input in the process.

LD.20 The hospital has a policy for controlling the development and maintenance of policies and procedures for key functions and processes.

LD.20.1 There is a unique identification for each policy with title, number, and dates of issue and revision.

LD.20.2 Policies are developed, approved, revised, and terminated by authorized individuals.

- LD.20.3 Policies are dated and are current.
 - LD.20.4 Policies are revised according to a defined revision due date (every 2-3 years, or when required).
 - LD.20.5 Policies are communicated to staff and are always accessible.
 - LD.20.6 A process is in place to ensure that new or updated policies are appropriately communicated to relevant staff.
 - LD.20.7 A process is in place to ensure that policies are always implemented.
 - LD.20.8 A process is in place to ensure that only the last updated versions of policies and other documents (e.g., organizational plans) are available for use in the hospital.
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Standard Intent:

The hospital has to agree on a system to provide definitions of working documents used in delivery and support of care and to set guidelines for developing the hospital policies and procedures' approval, distribution, review, revision, termination and to provide the formats or frameworks used in administrative and patient care policies and procedures.

LD.21 Hospital leaders ensure the overseeing of contracts for clinical and administrative services.

- LD.21.1 Policies and procedures are in place to ensure the quality and safety of all contracted services.
 - LD.21.2 Policies and procedures indicate how to track and monitor all contracted services for quality and safety (within the hospital premises and off-site).
 - LD.21.3 Hospital leaders ensure that the contracts clearly state the services to be provided by the contracted entity.
 - LD.21.4 Hospital leaders and other heads of departments participate in the selection, monitoring, and management of contracted services.
 - LD.21.5 Hospital leaders ensure that contracted services and providers both meet applicable laws and regulations.
 - LD.21.6 Hospital leaders ensure the services provided are consistent with the hospital's quality and safety standards.
 - LD.21.7 The quality of services provided is always considered by hospital leaders before contract renewal.
 - LD.21.8 The process for contracts oversight is documented.
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Standard Intent:

Outsourcing involves contracting out of a business process or service to another party for different reasons including the willingness to focusing on the core business, cost saving, or reducing operational burden. Technology advancement has made outsourcing more common as professional expertise are made available and accessible to be contracted