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LD.17.2 The process of delegation is consistent with other relevant hospital policies.

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**Standard Intent:**

A manager alone cannot perform all the tasks assigned to him. In order to meet the targets, the manager should delegate authority. Delegation of authority means division of authority and powers downwards to the subordinate. Delegation is about entrusting someone else to do parts of your job. Delegation of authority can be defined as subdivision and sub-allocation of powers to the subordinates in order to achieve effective results.

Authority can be defined as the power and right of a person to use and allocate the resources efficiently, to take decisions and to give orders so as to achieve the organizational objectives. Authority must be well- defined. All people who have the authority should know what is the scope of their authority is and they shouldn't misutilize it. Authority is the right to give commands, orders and get the things done. The top level management has greatest authority.

Authority always flows from top to bottom. It explains how a superior gets work done from his subordinate by clearly explaining what is expected of him and how he should go about it. Authority should be accompanied with an equal amount of responsibility.

Delegating the authority to someone else doesn't imply escaping from accountability. Accountability still rest with the person having the utmost authority.

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**LD.18 Hospital leaders ensure an effective and efficient internal and external communication.**

LD.18.1 The hospital implements a policy that outlines the process, including roles and responsibilities, for communication between the different departments, both vertical and horizontal.

LD.18.2 Departmental staff meetings are held on a regular basis and minutes are documented.

LD.18.3 Hospital-wide policies are properly communicated to all relevant staff.

LD.18.4 The hospital utilizes one or more of professional communication tools (e.g., intra-net, bulletin boards, periodic reports, newsletters, and website).

LD.18.5 The hospital implements a policy that outlines the process, roles and responsibilities for handling all incoming requests from other hospitals and external organizations.

LD.18.6 The response to the incoming requests is timely and informative.

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**Standard Intent:**

To coordinate and integrate patient care, the leaders develop a culture that emphasizes cooperation and communication. The leaders develop formal (for example, standing committees, departmental meetings, joint teams) and informal (for example, newsletters, posters) methods for promoting communication among services, and

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.

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**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.

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**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.

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**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.