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- 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.

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- 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 focus 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

from anywhere in the world. The purpose of outsourcing should not jeopardize the quality of contracted services or patient and staff safety. Hospital leaders should ensure the selection of best contractors and continue monitoring the services they provide to ensure that they are consistent with the hospital quality and safety standards. Currently, outsourcing takes many forms. Organizations hire service providers to handle distinct business processes or whole operations. The most common forms of outsourcing in hospitals are information technology, housekeeping, catering, security, waste disposal, some laboratory tests, and bio-med and general maintenance.

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**LD.22 Hospital leaders ensure coordination of care during off duty hours.**

- LD.22.1 The hospital has a qualified duty manager with a clear job description to coordinate the care during off duty hours.
  - LD.22.2 The duty manager has the resources required to function (e.g., efficient office space, information on vacant and occupied beds, authority to allocate beds between different specialties, authority to accept referrals from other hospitals).
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**Standard Intent:**

To ensure proper operation of the facility during off duty hours and weekends, a duty manager should be assigned with a clear job description. The duty manager should be qualified by education and experience. The hospital should provide adequate resources for the duty manager to ensure ability to perform a good job.

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**LD.23 Hospital Leaders ensure there is a system for the safe management of medical supplies and devices.**

- LD.23.1 Hospital leaders and relevant heads of departments identify all medical supplies and devices that are essential for the provision of a safe quality care.
- LD.23.2 Suppliers of medical supplies and devices are qualified and carefully selected and evaluated.
- LD.23.3 Medical supplies and devices are stored safely and in accordance with manufacturer's recommendations.
- LD.23.4 Medical supplies and devices are protected against theft, damage, contamination, or deterioration.
- LD.23.5 Hospital leaders conduct regular inspections to ensure the safety of medical supplies and devices (e.g., storage conditions, integrity, contamination, expiration).
- LD.23.6 Hospital leaders respond to any adverse effects resulting from the use of medical supplies and devices through prompt investigation and the use of recurrence prevention measures.
- LD.23.7 Hospital leaders ensure the reporting of adverse effects resulting from the use of medical supplies and devices to the relevant regulatory authorities.