

## Policy Document

<b>Title: Medical Intra-departmental Policy</b>	
<b>Policy Owner:</b> Medical Department	<b>Policy Code:</b> C-Med-001
<b>Section location:</b> Medical Department	<b>Effective Date:</b> 01/12/2020
<b>Applies to:</b> Medical Department	<b>Revision Date:</b> -
	<b>Due Revision Date:</b> 01/12/2021
<b>Approvals : Name/Title</b>	<b>Signatures and dates:</b>
<b>Approved by:</b> Dr. Naela Al-Mazeedi (Head of Medical Department)	
<b>Approved by:</b> Dr. Mohamad Al-Rashidi (Hospital Director)	

### Purpose:

- The purpose of this policy is to organizing the work between the units in the medical department for the patient's main interest.

### Policy Statements:

1. This policy was put after meeting and agreement of all the medical unit representatives on January 2020. It was finalized on November 2020 and was approved on 1-12-2020 in the medical department meeting.
2. The policy mainly focuses on the admission and disposition of patients encountered by the medical department of Farwaniya hospital.
3. Policy committee: Dr. Mukhtar Al-Bayer, Dr. Ahmad Al-Hajji, Dr. Mariam AL-Rashid, Dr. Sultan Qaderi, Dr. Lulwa Al-Duaij, Dr. Khalid Al-Fassam, Dr. Sayed Saif, Dr. Abdulla Al-Enezi, Dr. Talal Al-Aradi, Dr. Bader Almutairi.

4. Medical unit Attendees:
  - a. Unit A1: Dr. Khalid Al-Fassam
  - b. Unit A2: Dr. Ali Mesbah
  - c. Unit B1: Dr. Altaf Kalsekar
  - d. Unit B2: Dr. Farida Redha
  - e. Unit C1: Dr. Saleh Al-Abdeli
  - f. Unit C2: Dr. Alaa Tawfiq
  - g. Unit D1: Dr. Hamdi Ibrahim
  - h. Unit D2: Dr. Saad Al-Nesafi
  - i. Unit E1: Dr. Saad Atef
  - j. Unit E2: Dr. Emad Salama
5. Subspecialty Unit Attendees:
  - a. Cardiology: Dr. Ali Hegazi
  - b. Nephrology: Dr. Ahmad Abdulqader
  - c. Gastroenterology: Dr. Ahmad Al-Houti
  - d. Endocrinology: Dr. Mohmd Hussain
  - e. Rheumatology: Dr. Waleed Al-Kanderi
  - f. Hematology: Dr. Mohmd Adel
  - g. Neurology: Dr. Sulaiman Al-Khashan

## **Definitions:**

- **The time of reference definitions:**
  1. **First encounter in ER:** If the patient is presenting for the first time to the ER, the date of the ER visit (as documented in the HIS) is the day of presentation.
  2. **Second encounter in ER:** If the patient returned and presented again to the ER after being discharged by the medical team, the date of the ER visit (as documented in the HIS) is the day of the 2<sup>nd</sup> presentation and considered as the start time for re-admission period.
  3. **Day 0 after discharge:** if the patient was discharge from the hospital (from the ward or the ER), the day of discharge till 12:00 midnight is considered Day 0.

## **Procedures:**

### **1. Emergency Room (ER) disposition:**

- 1.1. ER doctors are expected to DOCUMENT in the hospital system (HIS) that he/she INFORMED the oncall doctor of any specialty about the referred case and to write the informed doctor's NAME and the TIME of referral.

- 1.2. The medical unit or the medical subspecialty unit doctor, who sees a patient in the ER, needs to write in the HIS system a diagnosis and a management plan before discharging the patient home from the ER, whether it is a regular discharge or against medical advice.
- 1.3. If a patient was discharged from the ER and required OPD follow up, the oncall discharging unit should arrange a close OPD follow up with his/her unit DISCHARGE OPD (once established), even if the patient was following up in the MOPD with another unit. After sorting out the acute issue in the initial OPD visit, the patient can be sent back to the previous OPD unit that the patient was following with.
- 1.4. If the medical unit or the medical subspecialty unit was informed about a case, and the patient left against medical advice before being seen by the medical team, the medical or subspecialty unit should document in the hospital system (HIS) that the patient left before being seen by the medical team.
- 1.5. If the patient decided to leave against medical advice from ER (after being seen by the medical unit or the subspecialty) he/she has the right to leave. The medical unit or the subspecialty unit should provide the best management options for the patient condition given his/her situation, including and not limited to prescribing medication from the ER or the OPD, requesting special investigation (e.g. endoscopy, CT scan, nuclear imaging), and follow up appointment in the medical or subspecialty OPD.
- 1.6. **If the patient was seen in the CASUALTY by a medical team and was discharged as a regular discharge or against medical advice (AMA):** the patient will be re-admitted to the same unit within **3 days** from the first encounter day irrespective of the medical diagnosis.  
Note that the first encounter day is considered day 0, and 3 days are counted after day 0. The days are counted and not the time of presentation or readmission.
- 1.7. If the medical team was informed about a patient in the casualty but the patient left **against medical advice (AMA) or absconded** before being seen by the medical team, then the patient will be considered as a NEW patient if he/she presented again to the ER.
- 1.8. If the medical team was informed about a patient and referred the case to another department, and was later cleared by the department, if the patient will be admitted, he will be admitted under the first medical unit who was informed about the case IF proven that the reason for admission is medical.
- 1.9. If the medical team was informed about a patient in the ER and referred the case to another department or a medical subspecialty, and the patient was discharged by the other department or the medical subspecialty: If the patient presented again **within 3 days** of the first medical team encounter and required admission to the medical department, he/she will

be admitted under the first medical unit who saw and referred the patient IF proven that the reason for admission is medical.

Note that the first encounter day is considered day 0, and 3 days are counted after day 0.

- 1.10. If the patient was seen by an admitting medical subspecialty (nephrology or cardiology) in the ER first and referred the case to the medical unit and the patient required admission, he/she will be admitted under the informed medical unit.
- 1.11. If the patient was seen by an admitting medical subspecialty in the ER and was discharged by them. If he/she came again with the same complaint or any other medical complaint, he/she will be considered as a NEW patient. If the patient required admission to the medical department he/she will be admitted to the oncall medical team who will be informed about the patient.
- 1.12. If there is a disagreement between the medical unit and another department regarding who should admit the case from the ER, to follow the MOH ER admission policy regarding FORCED admission.
- 1.13. **If the patient was in the MEDICAL WARD and was discharged as a regular discharge, against medical advice (AMA) or absconded, and required admission from the ER:** he/she will be re-admitted to the same unit within **7 days** from the discharge day irrespective of the medical diagnosis.  
Note that the day of leaving the hospital is day 0 (not the day of discharge from the hospital system). Additional 7 days are counted after day 0.

e.g. if a patient was discharged from a medical unit as a regular discharge on 1/1/2020 but he did not leave the hospital and stayed the next day. He left the hospital on 2/1/2020 at 5:00pm. The re-admission 7 days period will be counted from 3/1/2020 as day 1 discharge. If this patient PRESENTED (got casualty paper) again to the ER on or before 9/1/2020, regardless of the time, and was admitted, he/she will be considered as a re-admission on the discharging medical unit. Even if the patient was ADMITTED on 10/1/2020, the time of casualty paper or ER encounter in the system is the time that will be taken in the readmission.

## **2. Out-patient department (OPD) disposition:**

- 2.1. Patients who require hospital admission from the medical OPD (morning or evening OPD) or the subspecialty OPD, his/her disposition will be as the following:
  - 2.1.1. **Urgent cases** (e.g. CVA/ chest pain / HTN urgency or emergency): The patient should be shifted to the ER after contacting the ER doctor attending the Resus room (contact number: Direct line 24892508 or extension 5504) for stabilizing the patient, then the medical oncall will be informed about the admission if required.

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2.1.2. **Stable cases** (e.g. endoscopy in high risk patient, chronic anemia for further investigation): The patient should be admitted directly from the OPD to the ward. The OPD doctor should transfer the patient in the system and write the admission note (MR7) and the treatment plan (MR12). In addition he/she should inform a senior about the admission according to the following:

2.1.2.1. **Before 12:00PM and medical OPD:** The OPD doctor should inform his/her unit senior to review the patient and carry on the management plan.

2.1.2.2. **After 12:00PM or subspecialty OPD:** The OPD doctor should inform the senior oncall to review the patient and carry on the management plan.

2.2. Patients who require hospital admission from Al-Osaimi clinic needs to be referred to the ER for evaluation by the ER doctors and then the medical oncall if admission is decided.

2.3. If the patient was referred to the ER from the **day time medical OPD**, the patient will be admitted under the same OPD unit irrespective of the medical admission diagnosis.

2.4. If the patient was referred to the ER from the **evening time medical OPD**, the patient will be admitted under the oncall unit as a new patient.

2.5. If the patient was referred from **Al-Osaimi clinic or any medical subspecialty OPD**, the patient will be admitted under the oncall unit as a new patient. (for medical subspecialty admission please refer to the subspecialty admission policy)

### **3. Out of hospital Transfer:**

3.1. If a medical **INPATIENT** was transferred from Farwaniya Hospital to another hospital for any reason and was shifted back to Farwaniya Hospital, the patient will be re-admitted under the same unit who shifted the patient, irrespective of the duration the patient was in the other hospital or the condition change that occurred during that period.

3.2. If a patient was admitted under the cardiology unit and was then shifted to another hospital. If his condition was complicated by a medical condition and he was to be shifted back to Farwaniya Hospital medical department, he will be admitted under the medical unit who was oncall during the 1<sup>st</sup> admission to the CCU.

3.3. In general there is **NO INPATIENT** to **INPATIENT** transfer between the **MEDICAL** departments of the MOH hospitals as per ministry policy.

3.4. If an **INPATIENT** in private / KOC / military / tertiary hospital was transferred to Farwaniya Hospital, as per residency area, he/she will be admitted under the oncall unit

who will receive the patient during their shift, and not the informed unit.

- 3.5. If a patient was referred from an **ER of another hospital** to Farwaniya Hospital ER, as per residency area, and required admission, he/she will be admitted under the oncall unit who will receive the patient during their shift, and not the informed unit.
- 3.6. Any patient coming from **abroad**, he/she will be admitted as a new patient under the on-call unit receiving the patient in the ER
- 3.7. If a patient was transferred from another hospital ICU to Farwaniya Hospital ICU under the medical department, the medical oncall unit should be informed to accept the case and not the ICU medical team. The admission should be done through the ER department.

#### **4. Intra-hospital Transfers:**

- 4.1. If a patient was admitted in another department and a medical consult was sent for takeover, he/she will be evaluated by the consult team specialist and if taking the patient over to the medical department was decided, the patient will be shifted to the medical unit that was oncall in the day of admission in the other department.
- 4.2. If the patient was discharged from the medical department ward or from the casualty by a medical unit and was admitted shortly in another day in another department. If taking over the patient was decided by the consult team specialist, he/she will be shifted to the medical unit that was oncall in the day of admission in the other department, discarding the recent discharge day from the medical department.

#### **5. Re-admission important points:**

- 5.1. The re-admission policy timing was put within few days from the discharge of the patient to provide continuity of care for the patient whether it was for the same or a different illness that the patient was being managed for.
- 5.2. If a patient was re-admitted under non oncall unit in the WEEKEND (starting from Thursday 1:00pm), the oncall admitting unit will keep the patient under their name and see him/her until the next working day, except if the discharging unit has oncall during the weekend. In that case they should be informed about the case in the weekend and shift the patient under their name.
- 5.3. The patient should NOT be left unseen at any time after admission to solve any dispute regarding the admission policy

- 5.4. It is the oncall admitting unit senior responsibility to inform the other unit senior about the re-admitted patient and give them the details of the patient's condition.
- 5.5. There should NOT be any dispute between the medical units about the reason why the patient was re-admitted. If the patient fits the criteria for readmission as mentioned before in this policy, the discharging unit MUST see and follow the patient.
- 5.6. If the disagreement still existed between the units after escalation to the **Head of Units**, the case should be discussed with the **Head of Department** and he/she should decide. The decision of the head of department should be followed by the medical units.
- 5.7. This policy will not cover all the possible situation that can happen, so the units should cooperate to deliver the best patient management in a timely manner and it should be the priority.
- 5.8. Any situation not mentioned in this policy can later be discussed with the head of department and the involved committee in order to formulate an agreed plan and add it to this policy so that it will be followed by all other units.