

**Bahrain Defense Force Hospital
Policy and Procedures Guidelines**



Policy No. ACC/08

Initial Released Date: 4 June 2007

Last Reviewed Date: 3 June 2010

Next Revision Date: 2 June 2013

TITLE: Physicians' Accountability in Patient with Multiple Trauma or Co-morbidity.

1.0. Statement of Purpose:

1.1 This PPG identifies physicians' responsibilities toward patients with multiple traumas or co-morbidities.

2.0 Definition:

2.1. Multiple Trauma Patients: Patients of any age who sustain trauma, irrespective to its cause, who require more than one medical specialty to provide care to the patient.

2.2. Patients with co-morbidity: Patients of any age who may require care by more than one specialty / subspecialty at the same time.

3.0 Scope:

3.1 All physicians with admitting privileges at BDF hospital.

3.2 This policy applies to all patients at the BDF facilities who are admitted to the BDF hospital with multiple trauma or co-morbidity.

4.0. Responsibilities:

4.1. Hospital Director and Chief of Medical Staff: Responsible for approving and disseminating the policy.

4.2 Heads of Clinical Departments: Responsible for disseminating and implementing this policy and assuring staff compliance.

4.3. Physicians at the BDF: Responsible for complying with this policy.

5.0 Policy:

5.1. The admitting physician shall be responsible for care / coordination of care of the multiple-trauma patient or patient with co-morbidity during the entire phase of hospitalization, including care at ICU if required.

5.2. If the patient requires ICU care, the admitting consultant shall not refuse receiving his / her patient who is under his/her care once discharged from ICU.

5.3. The admitting consultant may transfer the patient to other specialty / subspecialty based on the clinical condition of the patient, and after securing approval from the receiving consultant or his/her designee.

6.0. Procedures:

6.1. Multiple trauma patients or patients with co-morbidity shall be admitted by the on-call / admitting consultant based on patient's assessment and findings.

6.2. The admitting consultant shall coordinate care provided to his patients by other specialties / subspecialties through the consultation mechanism, including referral of the patient to ICU based on ICU admission criteria.

5.2 If the patient is managed at any time during his hospitalization at the ICU, he/she shall be discharged to the care of the **admitting physician** once ICU consultant decides that ICU care is no longer required.

5.3. The admitting physician shall accept the discharged patient from ICU.

5.4. If the patient no longer requires care by the admitting consultant but in need to care by other services, the patient shall be discharged from the service of the admitting consultant, and shall be transferred to another specialty / subspecialty through the interdepartmental transfer mechanism.

Approvals

Chief of Medical Staff: ----- Date: -----

Hospital Director: ----- Date: -----

Director of RMS: ----- Date: -----