

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



Policy No. ACC/003

Initial Released Date: 25 April 2007

Last Reviewed Date: 24 April 2010

Next Revision Date: 23 April 2013

TITLE: Continuity of Care

1. Statement of Purpose:

1.1. These policy and procedures guidelines are formulated to guide the staff of the BDF to assure continuity of care of patients attending BDF facilities.

2. Responsibility:

2.1. Hospital Director, Chief of Medical Staff and Director of Nursing: Responsible for approval and dissemination of this policy.

2.2 Chairpersons / Heads of Department and Sections: Responsible for implementation of this policy and to monitor compliance with its contents.

2.3. All BDF staff and employees: Responsible to comply to this policy and having a validated competency if applicable.

3. POLICY:

3.1 Continuing of care planning is the process of managing patient care from the first contact at the primary care or emergency departments throughout all subsequent phases of care.

3.2. The systematic coordinated process to screen, assess and reassess, care and management of patient, education of patients and family at the BDF are designed to provide the patient's continuing care needs. Provisions will be made for the following, as applicable:

3.2.1. Identification of physical, social, emotional, spiritual needs.

3.2.2. Assessment of resources to meet those needs.

3.2.3. Involvement of patient/ family in assessment, planning, identification, and choice of resources to be used.

3.2.4. Education to prepare patient/ family for continuing care

3.2.5. Patients and their families are informed of the referral to the available health care setting and other relevant organizations to meet continuing care needs.

3.2.6. Transfer with patient/family consent to practitioners, settings and organizations that are necessary to facilitate referral for continuing care.

3.2.7. Assist patient/ family in adaptation to the continuing care plan.

3.2.8. Timely movement to the next appropriate level of care.

3.3. BDF will design and implement processes to provide continuity of patient care services within the organization and coordination among health professionals in:

3.3.1. Emergency, ambulatory services and in-patient admission

3.3.2. Diagnostic and treatment services

3.3.3. Surgical and non-surgical services

3.3.4. Primary Health Care and Home Care Services

3.3.5. Specialized Services

3.4. Patients have access to appropriate level of care and services based on the patient's assessed needs.

3.5. Patients are accepted to appropriate care and services based on the BDF assessment and reassessment procedures.

3.6. During all phases of care, a qualified individual from the BDF Interdisciplinary Health Care Team shall be identified for the patient's care and is documented in the medical records of the patient.

3.7 The appropriate care, service and setting are determined by the patient's clinical status throughout the continuity of care.

3.8. Reports / documents completed by all health care providers must be available in patient's medical record at all times.

3.9. The patient's record is available to the care providers to facilitate the exchange of information.

3.10 Coordination of the continuing care process includes the following components:

3.10.1. Assessment, reassessment, and data collection.

3.10.2. Plan of care development

3.10.3. Plan of care implementation.

3.10.4. Plan of care evaluation.

3.11 Referral, transfer or discharge of a patient to other levels of care, health professionals, or settings is based on the patient's assessed needs and available care facilities to cater for these needs and address the following:

3.11.1. How responsibility is shifted between providers and settings.

3.11.2. Reasons for transfer

3.11.3. Conditions under which transfer can occur.

3.11.4. Responsible person during patient's transfer.

3.11.5. Mechanism for external and internal referral.

3.12. A summary of patient care information is transferred with the patient to another service or unit at the BDF, to other healthcare provider within the Kingdom of Bahrain or abroad. The summary will contain:

3.12.1. The reason for admission / transfer

3.12.2. The significant findings

3.12.3. Diagnosis

3.12.4. Procedures.

3.12.5. Medications and treatments.

3.12.6. The patient's condition at transfer

3.13 Patient transferred from one inpatient facility to another inpatient facility within the BDF shall be transferred with his/her medical record.

3.13.1. It is the responsibility of the Head Nurse of the transferring unit to notify Medical Record Department that the patient file was transferred, and to which unit.

3.13.2. It is the responsibility of the Head Nurse to inform the admission Office to discharge the patient from one unit and admit to the other.

3.14. The follow up process will provide continuity of care based on the patient's needs.

3.15 The patient is informed in a timely manner of the need for planning for discharge or transfer to another organization or level of care.

3.16 In case of death, post mortem care may be provided based on special circumstances that may be required by Bahrain Law.

4.0 Procedures:

4.1 Before admission

4.1.1. The hospital facility / department identify and accesses available information sources about the patient's needs.

4.1.2. The hospital facility / department communicate with other care settings and hospitals if needed, based on patient assessment and availability of care at the BDF.

4.2 During admission

4.2.1. The available services should be consistent with the BDF mission, vision, values, population served and settings.

4.2.2. The hospital makes arrangements with other organization and settings to facilitate the patient's admission, if services are not available at the BDF or the patient is not eligible to receive such services.

4.2.3. Patients are referred or transferred to other facilities to meet their needs based on intensity, risk, staffing level and availability of such services that cater for their healthcare needs.

4.3 During Hospital Stay

4.3.1. Services flow continuously from assessment through care of patient, treatment, reassessment and evaluation of care.

4.3.2. The patient's care is coordinated among practitioners.

4.4 Before discharge

4.4.1. The patient's status and need for continuing care are assessed.

4.4.2. Patient education is provided to prepare the patient for discharge.

4.5. At discharge

4.5.1. The patient is directly referred to practitioners, settings and organizations to meet his/her continuing needs.

4.5.2. The use and value of continuing care to meet the patient's needs are reassessed.

4.5.3. The BDF provides information or data to help other healthcare providers meet the patient's continuing care needs.

Approvals

Director of Nursing: ----- Date: -----

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

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

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