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Document Title: SCOPE OF SERVICE		
Applies To: All MCH Staff		Index No: SOS-NR-001
Issue date: January 05, 2025	Effective date: February 19, 2025	Review date: February 19, 2028

1. POPULATION SERVED:

- 1.1 Maternity and Children Hospital, Hafer Al Batin is a 300 bedded hospital, operating under Ministry of Health serving the population of Eastern province (Hafer Al Batin), with the following scope of service:
 - 1.1.1 Neonates 0 – 28 days delivered in the hospital, home delivery and referred from other government and private hospitals.
 - 1.1.2 Paediatrics 29 days to 14 years of age, Male and Female.
 - 1.1.3 Female populations 14 years and above seeking healthcare services related to Obstetrics and Gynaecology.

2. WORKING HOURS:

- 2.1 Administrative Employees – Sunday – Thursday – 07:30am – 03:30pm
- 2.2 Emergency Department – 24/7 without holidays
- 2.3 Radiology Department – 24/7 without holidays
- 2.4 Pharmacy Department – 24/7 without holidays
- 2.5 OPD Clinics 07:30am – 04:00pm except on official holidays

3. STAFFING:

- 3.1 Refer to Nursing Staffing Plan.

4. STATISTICS

- 4.1 Total number of patients seen annually in the hospital – (367,726)
- 4.2 Total number of patients seen annually in the ER – (304,192)
 - 4.2.1 PER – 220,884
 - 4.2.2 OBS – GYNE ER – 83,308
- 4.3 Total number of patients seen annually in the OPD – (63,534)
- 4.4 Total number of live births – (7,499).
 - 4.4.1 Caesarean – 2,241
 - 4.4.1 Normal – 5,258
- 4.5 Total number of radiology scan
- 4.6 Total number of operations – (9,678)
- 4.7 Total number of patients admitted annually in the hospital – (20,330)



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5. PRINCIPAL DIAGNOSTICS AND THERAPUETIC MODALITIES:

5.1 Neonatology and Paediatrics

5.1.1 Diagnostics

- 5.1.1.1 2D ECHO
- 5.1.1.2 ROP
- 5.1.1.3 CCHD Screening
- 5.1.1.4 Newborn Screening
- 5.1.1.5 Hearing Assessment
- 5.1.1.6 Cranial Ultrasound (to diagnose IVH)

5.1.2 Therapeutics

5.2 Obstetrics and Gynaecology

5.2.1 Diagnostics

- 5.2.1.1 Ultrasound
- 5.2.1.2 CTG

5.2.2 Therapeutics

- 5.2.2.1 Nitrous Oxide Inhalation
- 5.2.2.2 Central Line Insertion
- 5.2.2.1 Thoracotomy
- 5.2.2.1 Laparoscopy

5.3 Others:

- 5.3.1 MRI
- 5.3.2 CT – SCAN
- 5.3.3 X – RAY
- 5.3.4 EEG
- 5.3.5 ECG
- 5.3.6 Mamography
- 5.3.7 Laboratory Test



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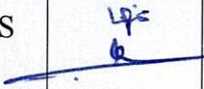
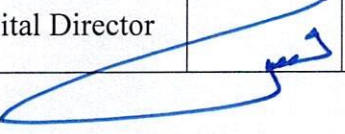
6. EQUIPMENTS AND MACHINES:

- 6.1 Ventilators (Conventional, High Frequency, Bubble CPAP)
- 6.2 ECG Machines
- 6.3 Echocardiogram Machines
- 6.4 Incubators
- 6.5 Radiant Warmers
- 6.6 Blood Warmer
- 6.7 Milk Warmer
- 6.8 Phototherapy (Single, Double and Capsule)
- 6.9 Pulse Oximeter
- 6.10 Syringe and Infusion Pumps
- 6.11 Defibrillators
- 6.12 Suction Apparatus
- 6.13 Cardiac Monitors
- 6.14 Tecoterm
- 6.15 Pneumatic Compression Device
- 6.16 Portable Nebulizer Machine
- 6.17 Weighing Scales
- 6.18 Portable X – ray Machines
- 6.19 Thermometers
- 6.20 Apnea Monitor



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9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Rasha Anwar	Nursing QM&PS Supervisor		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 9, 2025
Reviewed by:	Mr. Abdullellah Ayed Al Mutairi	QM & PS Director		February 12, 2025
Approved by:	Mr. Fahad Hizam Al-Shammari	Hospital Director		February 19, 2025