HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Discharge and Transfer Summary		
Applies To:	All Healthcare Provider		
Preparation Date:	January 05, 2025	**Index No:**	PC-MPP-010
Approval Date:	January 19, 2025	**Version :**	2
Effective Date:	February 19, 2025	**Replacement No.:**	PC-MPP-010 (1)
Review Date:	February 19, 2028	**No. of Pages:**	5

1. PURPOSE:

1.1 Ensure the continuity of patient care after discharge or referral.
1.2 Ensure that information related to the patient's care is given to him/ her upon discharge and to other healthcare providers after discharge/ transfer.

2. DEFINITONS:

2.1 **Discharge Summary** – is a comprehensive report of the entire patient's stay within the hospital for current admission.
2.2 **Transfer summary** – is a type of discharge summary but is targeted towards an organization/ practitioner from the same or different organization that will assume the care of patient for the same need episode.

3. POLICY:

3.1 Complete discharge summary is prepared for all inpatients:
  3.1.1 A copy is given to the patient at discharge.
  3.1.2 A copy must be kept in the patient's medical record.
  3.1.3 As appropriate, a copy of the discharge summary is provided to the healthcare provider responsible for the patient's continuing or follow up care.
3.2 At the time of discharge, the assigned consultant or his/ her designee will write the discharge summary and authenticate it by name and signature of the consultant.
3.3 Physician can write a medical report for long stayed cases as required.
  3.4.1 The patient will receive the discharge summary with required follow up appointments with date and time.
  3.4.2 Receives information on how and when to re-access health and supportive services when required.
3.5 A transfer summary will be prepared by the attending physician/ his/her designee and authenticated by the attending physician to the receiving organization if the patient is transferred to another hospital.
3.6 The attending physician/ his/her designee will prepare a death summary for all deceased patients.
3.7 Death reports, copies of discharge and transfer summary are kept in the patient's medical record.
3.8 The hospital uses the International Statistical Classification of Diseases and related Health Problems, 10th Revision (**ICD-10**) and Australian Classification of Health Interventions **(ACHI)** for diagnosis and coding. Physician enters the code for final diagnosis while writing the discharge summary.

4. PROCEDURE:

4.1 The attending physician/ his/her designee will write the discharge summary on the day of discharge or 1 – 2 days earlier for long stayed cases. Give it to the patient before discharge.
4.2 The summary should include:
  4.2.1 Patient identification: four names for Saudi/ complete name for non-Saudi, medical record number, sex, date of birth and nationality.

4.2.2 Date of admission.
4.2.3 Date of discharge.
4.2.4 Reason for admission.
4.2.5 Provisional and final diagnoses, comorbidities.
4.2.6 Significant history and physical examination findings.
4.2.7 Diagnostic and therapeutic procedures performed.
4.2.8 Course in the hospital.
4.2.9 Medications administered during hospitalization.
4.2.10 Discharge medications: type, dose, frequency, duration and plan of medications with education to the patient and family and explanations of any possible side effects that they should observe.
4.2.11 Nutrition e.g. for diabetes, inborn errors of metabolism
4.2.12 Instructions for rehabilitation (for patients who require it according to assessment of their needs) and giving post discharge appointment.
4.2.13 Patient condition at time of discharge.
4.2.14 Required follow up investigations
4.2.15 Follow up appointments with all required services
4.2.16 No abbreviations should be used in the discharge summary.

4.3 The assigned physician will:
4.3.1 Discuss the post discharge plan of care and instructions with the patient/ patient guardian.
4.3.2 Advice family of available community resources, including other suitable health care agencies those close to the patient's home and informs the patient how and when to re-access health and supportive services.
4.3.3 A copy of discharge summary will be placed in the patient's medical record.

4.4 The assigned nurse at the time of discharge will:
4.4.1 Arrange follow up appointments
4.4.2 Give the discharge summary to the patient/ patient guardian and keep a copy in the patient's medical record.

4.5 Leaving against medical advice:
4.5.1 Refer the policy on Refusal of Admission or Treatment or Request Discharge Against Medical Advice
4.5.2 Document discharge summary

4.6 Death statement and report:
4.6.1 The physician pronouncing the death will:
4.6.1.1 Write progress note indicating death date and time and all events before death and during resuscitation as soon as possible after the death is pronounced.
4.6.1.2 Complete death notification form at the time of death.
4.6.1.3 Write the death medical report:
4.6.1.3.1 It includes essentially the same information as the discharge summary with the addition of summary of the events immediately prior to death and/ or leading to the death, cause of death and date and time of pronouncing the death.
4.6.1.3.2 If not written by the responsible consultant, it should be signed by the physician who wrote it and countersigned by the responsible consultant.
4.6.1.3.3 Keep the death report in the medical record.

4.7 Transfer summary:
4.7.1 If the patient is transferred to another hospital, the summary should include the following:
4.7.1.1 Patient's demographics and medical record number
4.7.1.2 Date and reason for the patient's admission
4.7.1.3 Patient diagnosis
4.7.1.4 Brief summary of hospital course and services provided (therapies, consultations, procedures up to date)
4.7.1.5 Medication list and time of last dose given.

4.7.1.6 Patient condition and physical status at the time of transfer
4.7.1.7 Rationale for transfer
4.7.1.8 Results of the patient's diagnostic investigations (e.g. laboratory and radiology)
4.7.1.9 Resuscitation status and infection control e.g. MRSA
4.7.1.10 Name and signature of the referring MRP and hospital administrator/ designee
4.7.1.11 Name of the receiving institution (and receiving physician if possible)

5. MATERIALS AND EQUIPMENT:

5.1 Discharge Summary Form
5.2 ICU Physician Transfer/Discharge Form
5.3 Multidisciplinary Progress Notes

6. RESPONSIBILITIES:

6.1 Physicians
6.2 Nurses
6.3 Medical Records Personnel

7. APPENDICES:

7.1 Discharge Summary Form

8. REFERENCES:

8.1 MCH, Directorate Of Health Affairs Holy Capital.

9. APPROVALS:

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KINGDOM OF SAUDI ARABIA

وزارة الصحة
Ministry of Health

Hospital: _____ مستشفى:

Region: _____ المنطقة/المحافظة:

Dept./Unit: _____ القسم/الوحدة:

MRN: | | | | | | | | | | رقم الملف الطبي:

Name: _____ الاسم:

Nationality: _____ الجنسية:

Age: _____ ☐ سنة Years ☐ شهر Months ☐ يوم Days العمر:

Date of Birth: ____ / ____ / 14____ H ____ / ____ / 20____ تاريخ الميلاد:

Gender: ☐ Male ☐ Female الجنس:

DISCHARGE SUMMARY FORM نموذج ملخص خروج

Length of Stay.....	فترة الإقامة.....
Date of Admission / / Date of Discharge / /	تـاريخ الدخول / / تـاريخ الخروج / /
Reason for Admission:	سبب التنويم.....
Significant History and Physical Examination:	تاريخ الحالة ونتائج الفحص السريري:.....
Diagnostic Test	الفحوص التشخيصية
1.Procedure.....	إجراءات تشخيصية.....
2. Laboratory Test	فحوصات مخبرية.....
Diagnosis:	التشخيص الرئيسي:.....
Comorbidities:	الأمراض الأخرى:.....
Management Procedure & Treatment Including Operations:	الإجراءات العلاجية بما فيها العمليات:.....

0 000000 001335 SN

Name: الاسم:	MRN: رقم الملف الطبي:

Progress of Patients Health: تطور حالة المريض:

Status on Discharge: حالة المريض عند الخروج:

☐ Cured شفاء ☐ Improved تحسن ☐ Not Improved لم يتحسن ☐ Critical/Poor سيئة/ حرجة

PATIENT DISPOSITION: خروج المريض إلى:

Referred/Transferred ☐ تحويل DAMA ☐ على مسؤولية المريض Home ☐ المنزل

DISCHARGE MEDICATIONS العقاقير الطبية الموصوفة عند الخروج

	NAME	DOSE	ROUTE	FREQUENCY
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Instructions / Education	Sick Leave ☐ Yes ☐ No Number of Days:

DIET: calories *نوعية الحمية عدد السعرات

☐ Weight Management لتخفيف الوزن ☐ Diabetic مريض السكر ☐ Cardiac للقلب ☐ Regular عادي ☐ Other أخرى

ACTIVITY No Restrictions ☐ مقيد No Restrictions ☐ غير مقيد النشاط

LAB ORDERS الفحوصات المخبرية المطلوبة

FOLLOW-UP APPOINTEMNT مواعيد المتابعة

	NAME OF SPECIALITY	DURATION	موعد العيادة	تخصص العيادة
1.				
2.				
3.				

REFERRALS التحويل

	NAME OF INSTITUTION	CONTACT NUMBER	FAX NUMBER	رقم الفاكس	رقم الاتصال عليه	اسم المستشفى
1.						
2.						
3.						

PATIENT WAS EDUCATED BY: ☐ Hard Copy Material ☐ Verbally ☐ Electronic Material

PREPARED BY:

Physician Name & Job No.	Position	Signature	Date & Time

APPROVED BY:

Physician Name & Job No.	Position	Signature	Date & Time