



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Patient's Experience (PFR)		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Safekeeping of Patient Belongings		
<b>Applies To:</b>	All Patient Care Area Staff, Patient Experience Officer, and PRO		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	PFR-MPP-001
<b>Approval Date:</b>	January 19, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 19, 2025	<b>Replacement No.:</b>	PFR-MPP-001(2)
<b>Review Date:</b>	February 19, 2028	<b>No. of Pages:</b>	3

## 1. PURPOSE:

- 1.1 To provide consistent guidelines with regard to accountability and reimbursement for patient valuables.

## 2. DEFINITIONS:

- 2.1 **Patient Belongings** – the use of the term “property” shall be taken to include money, valuables, medicines and personal belongings.

## 3. POLICY:

- 3.1 All patient care areas are responsible and accountable for properly securing and labelling patient belongings.

## 4. PROCEDURE:

- 4.1 All patient belongings are properly noted in the chart upon admission and store in an appropriate manner.
  - 4.1.1 Money and jewellery is given to a family member or legal representative or locked in the safe by the designated staff member. The designated staff member completes the following form: patients valuable and bring items to the nurse station during business hours or to admitting when office is closed. Office hours: 8am – 6pm, Saturday – Wednesday. Admitting hours: 6pm – 8am, and weekends and holidays (clothing, personal items, and other patient valuables are properly labelled and transferred with the patient).
  - 4.1.2 Items such as dentures, hearing aids, eye glasses, and contact lenses, which the patient is not able to wear, are stored in plastic bags, labelled with the patient's name and medical record number, and sent with the patient to the floor when admitted. In order to protect these items, place them in a proper container, e.g. specimen cups or denture cups.
  - 4.1.3 Large amounts of money (SR 100 or more) are removed, placed in a plastic bag identified with the patient's name and medical record number and stored in the cashier's office safe.
  - 4.1.4 Notify security department to remove weapons, contraband, or illegal drugs. Items that constitutes evidence of criminal activity may result in prosecution. Any items turned over to the security department are documented in the patient's chart. Items that the patient may want to retrieve shall also be noted along with a notation for contact to claim the property.
- 4.2 Retrieval of personal belongings:
  - 4.2.1 The patient needs to present to the cashier's office when discharged with picture identification and the properly record sheet that was issued upon admission. If the patient is unable to retrieve belongings due to a medical condition, the patient's nearest relative must have signed statement from the patient's belongings. If the patient is over 18 years of age and not – responsive, legal power of attorney or guardian and picture identification must be presented to claim the patient's belongings.



- 4.2.2 If the patient is in the lawful custody of a law enforcement agency, all valuables and personal belongings may be turned over to an agency representative. The representative must have a signed statement from the patient giving permission, and photo identification verifying their law enforcement status. The patient need not be present if the law enforcement officer has a signed statement.
- 4.2.3 Notify security to coordinate with other law enforcement agencies that may request access to a patient's personal belongings.
- 4.3 Lost Patient Items
  - 4.3.1 Manager or designee in each patient care area is responsible for locating and tracking lost patient belongings in his/her area.
  - 4.3.2 In the event a patient's belongings cannot be located:
    - 4.3.2.1 Contact the nursing manager for review to determine if the hospital will assume liability. If liability is assumed, the office of the assistant hospital director will cover the cost of the lost items.
    - 4.3.2.2 In the event of grievance or continued dissatisfaction with the manager or manager designee's complete an OVR and notify the patient's affairs office.
- 4.4 Disposal of unclaimed items
  - 4.4.1 The cashier's office and emergency room will remove items that have not been picked up 180 days after discharge.
  - 4.4.2 Tangible physical property is disposed of in the following manner.
  - 4.4.3 After the 180 day holding period, contact security, to take possession of the unclaimed property. Send a written description of the property, along with a contact name and number, to security before sending the property. Once the written description has been received, each department is responsible for notifying of the existence of any such property.
- 4.5 Reimbursement
  - 4.5.1 The area manager or designee submits request for lost patient items. Requests are submitted to the coordinator of nursing service operations, or in writing to the central nursing office.
  - 4.5.2 All notifications of lost items should be received within 30 days of the event.
  - 4.5.3 Request for reimbursement must include the following:
    - 4.5.3.1 Patient unit/area
    - 4.5.3.2 Patient's name (4 names for Saudi/ Complete name for Non – Saudi)
    - 4.5.3.3 Patient's identification number
    - 4.5.3.4 Patient complete mailing address
    - 4.5.3.5 Receipt/ invoice for replacement item when available
    - 4.5.3.6 Brief description of the transaction and events involving the lost item.
  - 4.5.4 If necessary, reimbursement will be coordinated between the central nursing office and the risk and insurance management office in coordination with patient affairs.
  - 4.5.5 Expenses for reimbursement for lost patient items are charged the appropriate cost center of centres based on the review summary form the manager or designee of the events that led to the lost item(s).
- 4.6 During emergency cases:
  - 4.6.1 For unconscious/disoriented patients, the staff shall check with the patient whether they have any cash or valuables and if found, it should be inventoried by the assigned employees/staff and must place it into provided bag.
  - 4.6.2 If the next kin is present, staff shall encourage them to take all the valuable items at home for safekeeping.
  - 4.6.3 The valuables should be logged properly with complete details by utilizing "Valuable Receipt Form", witnessed and signed by the next kin or any present family members.
  - 4.6.4 However, if no next kin is present and decides to keep the valuables, the patient shall be encouraged to hand over valuable items for safekeeping and sign the form and return it when they are in fit position to take back responsibility of their own belongings/valuables.



- 4.7 Upon discharge or on request of the patient, all valuables will be returned to the patient or his/her designee also with due signature on the form. Patient's clothing should never be discarded regardless of shape or condition. It should be put in a bag and labelled with the patient name and medical record number.
- 4.8 If the patient already claimed his/her belongings, the hospital will no longer be responsible for any missing belongings.
- 4.9 In all cases, all staff will utilize the patient "Valuable Receipt Form" in receiving and dispensing of patient valuables and/or belongings with date, time, title and due signatures.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Patient's Medical Record  
5.2 Patient Education Materials

## 6. RESPONSIBILITIES:

- 6.1 All Patient Care Area Staff  
6.2 Patient Experience Officer  
6.3 Off – Duty – Manager (PRO)




## 7. APPENDICES:

- 7.1 Valuable receipt form

## 8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia, Ministry of Health, Prince Mutaib Bin Abdulaziz Hospital, 1439.

## 9. APPROVALS:

	Name	Title	Signature	Date
<b>Prepared by:</b>	Ms. Rhodora Natividad	Document Management Control Coordinator		January 05, 2025
<b>Prepared by:</b>	Mr. Ahmed Al Mutairi	Patient Experience Director		January 07, 2025
<b>Reviewed by:</b>	Ms. Ibetasam Aldhafeeri	Quality Facilitator in Social Worker		January 08, 2025
<b>Reviewed by:</b>	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 09, 2025
<b>Reviewed by:</b>	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
<b>Reviewed by:</b>	Mr. Abdulelah Ayed Al Mutairi	QM&PS Director		January 12, 2025
<b>Approved by:</b>	Mr. Fahad Hazam Al - Shammery	Hospital Director		January 19, 2025





HEALTH HOLDING  
HAFER ALBATIN HEALTH CLUSTER  
MATERNITY AND CHILDREN  
HOSPITAL

## VALUABLE RECEIPT FORM

نموذج استلام مقتنيات المرضى

NAME: _____	NATIONALITY: _____
MEDICAL RECORD NUMBER : _____	
ROOM NO: _____	BED NO: _____
DATE & TIME OF ADMISSION: _____	AGE: _____
DATE OF BIRTH: _____	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

### ACCEPTANCE:

الموافق:

THE FOLLOWING VALUABLES AND MONEY HAVE BEEN GIVEN TO THE HOSPITAL BY THE ABOVE NAMED PATIENT/LEGAL GUARDIAN FOR SAFE KEEPING UNTIL DISCHARGE.

المقتنيات و المبالغ النقدية المدونة أدناه تم تسليمها للمستشفى من قبل المريض المذكور اسمه أعلاه ليتم حفظها حتى وقت الخروج من المستشفى

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PURSE حقيبة يد        | <input type="checkbox"/> MOBILE جوال                   | <input type="checkbox"/> EARRINGS/ RINGS أقراط / خواتم |
| <input type="checkbox"/> EYE GLASSES نظارات    | <input type="checkbox"/> MONEY: AMOUNT _____ مبلغ نقدي | <input type="checkbox"/> BRACELET/BANGLES أساور        |
| <input type="checkbox"/> ID/IQAMA هويه / إقامه | <input type="checkbox"/> NECKLACE عقد                  | <input type="checkbox"/> WATCH ساعة                    |
| <input type="checkbox"/> KEYS مفاتيح           | <input type="checkbox"/> WALLET محفظه                  | <input type="checkbox"/> CONTACT LENS عدسات لاصقة      |
| <input type="checkbox"/> DENTURES طقم أسنان    | <input type="checkbox"/> CARD/VISA بطاقة / فيزا        | <input type="checkbox"/> OTHERS أخرى _____             |

PATIENT'S/LLEGAL GUARDIANS SIGNATURE: \_\_\_\_\_  
NURSE'S SIGNATURE & ID NO.: \_\_\_\_\_  
WITNESS'S SIGNATURE & ID NO.: \_\_\_\_\_  
PRO'S SIGNATURE & ID NO.: \_\_\_\_\_

توقيع المريض: \_\_\_\_\_  
توقيع الممرضة: \_\_\_\_\_  
توقيع الشاهد: \_\_\_\_\_  
توقيع شؤون المرضى: \_\_\_\_\_

### REFUSAL:

الرفض:

I ACCEPT FULL RESPONSIBILITY FOR VALUABLES NOT SURRENDERED AND UNDERSTAND THAT MCH HOSPITAL WILL NOT BE HELD RESPONSIBLE FOR ANY VALUABLES KEPT IN THE WARD BY ME OR MY DEPENDENTS/CAREGIVER

بهذا أأخلى إدارة المستشفى من أي مسؤوليه تجاه مقتنيات الثمينه التي احتفظت بها و لم أسلمها لهم عند دخولي للمستشفى .

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> PURSE حقيبة يد        | <input type="checkbox"/> MOBILE جوال                   | <input type="checkbox"/> EARRINGS/ RINGS أقراط / خواتم |
| <input type="checkbox"/> EYE GLASSES نظارات    | <input type="checkbox"/> MONEY: AMOUNT _____ مبلغ نقدي | <input type="checkbox"/> BRACELET/BANGLES أساور        |
| <input type="checkbox"/> ID/IQAMA هويه / إقامه | <input type="checkbox"/> NECKLACE عقد                  | <input type="checkbox"/> WATCH ساعة                    |
| <input type="checkbox"/> KEYS مفاتيح           | <input type="checkbox"/> WALLET محفظه                  | <input type="checkbox"/> CONTACT LENS عدسات لاصقة      |
| <input type="checkbox"/> DENTURES طقم أسنان    | <input type="checkbox"/> CARD/VISA بطاقة / فيزا        | <input type="checkbox"/> OTHERS أخرى _____             |

PATIENT'S/LLEGAL GUARDIANS SIGNATURE: \_\_\_\_\_  
NURSE'S SIGNATURE & ID NO.: \_\_\_\_\_  
WITNESS'S SIGNATURE & ID NO.: \_\_\_\_\_  
PRO'S SIGNATURE & ID NO.: \_\_\_\_\_

توقيع المريض: \_\_\_\_\_  
توقيع الممرضة: \_\_\_\_\_  
توقيع الشاهد: \_\_\_\_\_  
توقيع شؤون المرضى: \_\_\_\_\_

### ON DISCHARGE:

عند الخروج:

THE ITEMS LISTED ABOVE HAVE BEEN RETURNED TO ME IN FULL.

جميع الأشياء المذكوره أنفأ قد أعيدت لي كامله

PATIENT'S/LLEGAL GUARDIANS SIGNATURE: \_\_\_\_\_  
NURSE'S SIGNATURE & ID NO.: \_\_\_\_\_  
WITNESS'S SIGNATURE & ID NO.: \_\_\_\_\_  
PRO'S SIGNATURE & ID NO.: \_\_\_\_\_

توقيع المريض: \_\_\_\_\_  
توقيع الممرضة: \_\_\_\_\_  
توقيع الشاهد: \_\_\_\_\_  
توقيع شؤون المرضى: \_\_\_\_\_

DATE: \_\_\_\_\_ التاريخ:  
TIME: \_\_\_\_\_ الوقت: