



<input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP)		<input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) <input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL	
TITLE		POLICY NUMBER/V#	
DELEGATION OF AUTHORITY		MMC – ADM – 23 (01)	
INITIATED DATE	EFFECTIVE DATE	REVISED DATE	
02/08/2025	01/09/2025	01/08/2028	
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APPLIES TO		RESPONSIBILITY	
All Departments and Employees		Quality and patient safety	

1.0 PURPOSE

- 1.1 To establish and define the limits of authority designated to specific positions of responsibility within the hospital and to define the process defining how to delegate authority and what responsibilities to be delegated and its limitations and timeframe. It is important that such responsibilities must be carried out for the organization to have clear leadership, to operate efficiently, and to provide quality health care services. The approval of commitments, entrusted responsibilities and obligations outlined in this policy must always be made by the parties that have been designated the responsibility.

2.0 DEFINITION

2.1 DIRECTOR GENERAL:

Is the Director General of Mayyara Medical Complex who represents the Governing Board in the organization and all response before the government?

2.1.1 **Executive Manager:** The complex director of the Mayyara medical complex

2.1.2 **Medical director:** Assistant Executive Manager of Medical Affairs

2.1.3 **Administrative director:** Executive Manager Assistant for Administrative & Operational Affairs

2.2 SIGNATORY AUTHORITY:

Any official or a person in command within Organization, empowered to grant and/or authorized to approve request from an employee or and a customer.

2.3 DELEGATION OF AUTHORITY:

Delegation of authority can be defined as subdivision and sub-allocation of powers to the subordinates in order to achieve effective results. In other words, assigning work to others and giving them the authority to do it.



2.4 TEMPORARY DELEGATION:

Is delegation of authority when the concerned top management staff is enjoying his annual leave or and holidays or is on sick leaves.

2.5 DELEGATION OF AUTHORITY MEMORANDUM:

Is a document issued to delegate signatory authority of executive management member or department head or equivalent position to other individual to carry out his job functions and duties on a temporary basis?

2.6 AUTHORITY:

Is the right to act and the power to make decisions. It is the power related to the position to exercise discretion in making decisions affecting others.

2.7 RESPONSIBILITY:

Obligations of an individual to perform activities or duties which are assigned to him. Responsibility can be delegated but cannot be transferred.

2.8 ACCOUNTABILITY:

The answerability of a sub-ordinate to his superior for his work performance.

2.9 EMPLOYEE:

Permanent and temporary employees under an employment agreement with the Hospital.

2.10 ADMINISTRATIVE POLICIES & PROCEDURES (APP):

Are documents which describe principles of complex-wide and long-term applicability and interest, which assigns the responsible departments or individual (s) involved in its implementation.

2.11 SAFETY PLANS AND OR PROGRAMS:

Written plans/programs that are developed by the related entities and approved by the EDG who is delegated to approve all Hospital safety plans. They include the following areas:

- 2.11.1 **Safety**—The degree to which the organization's buildings, grounds, and equipment do not pose a hazard or risk to patients, staff, or visitors.
- 2.11.2 **Security**—Protection from loss, destruction, tampering, or unauthorized access or use.
- 2.11.3 **Hazardous materials**—Handling, storage, and use of radioactive and other materials are controlled, and hazardous waste is safely disposed.
- 2.11.4 **Fire safety**—Property and occupants are protected from fire and smoke.
- 2.11.5 **Medical equipment**—Equipment is selected, maintained, and used in a manner to reduce risks.
- 2.11.6 **Utility systems**—Electrical, water, and other utility systems are maintained to minimize the risks of operating failures.



2.12 ADMINISTRATIVE RESOLUTIONS:

Are documents which are issued to transmit information based on another approved document (s) about the hospital and related matters, such document is issued by the EDG or his appointed designee to announce assignments/appointments, re-organization, re-structuring ...etc..

3.0 EQUIPMENT/MATERIAL/FORM(S)

3.1 Delegation of authority and Function Form

4.0 POLICY STATEMENT(S)

- 4.1 It is the policy to support the management principle by which a delegation of authority for various transactions and other work related situation is determined by the authority level to ensure optimum control over the given transaction process.
- 4.2 Employee shall not bypass his/her supervisor and/or senior members by means of formal communications or casual conversation.
- 4.3 Employee who will violate the chain of command will be subject to disciplinary action in accordance with the established disciplinary procedure. including possible termination of employment. All requests submitted by individual employees should follow the regular chain of command in accordance with the Departmental organizational charts.
- 4.4 Hospital's Executive Director General is delegated by the Governing Board by the virtue of his position title to approve all Hospital wide programs, the organization's various strategic and management plans, safety plans, quality plans and the policies and procedures needed to operate the organization on a daily basis (APPs).
- 4.5 Compliance with the policy by each operating division and each department is the responsibility of the Head of each Department. Each Division and Department is required to implement approved policies and procedures at their respective divisions/ department to insure compliance with these policies.
- 4.6 The policies of each division, department must be consistent with this policy and be approved by the Executive or Director General and medical director and administrative director.
- 4.7 This policy does not intend to prohibit or hinder normal routine matters such as Human Resources or Finance related activities or relationships among employees.
- 4.8 The approval of commitments and transactions outlined in this policy must always be made by the parties that have been designated the responsibility for final approval.
- 4.9 Dividing a commitment or transaction into two or more parts to evade a limit of authority is prohibited and is a violation of the policy. This policy shall be interpreted broadly so that a series of reasonably related transactions shall be considered as a single transaction for purposes of determining the required approval and authority levels.



5.0 PROCEDURE(S)

5.1 Authorities entrusted to the Executive Director (CEO) position:

Responsible for the organization's overall, day-to-day operations such as:

- 5.1.1 The procurement and inventory of essential supplies
- 5.1.2 Maintenance of the physical facility,
- 5.1.3 Financial management, quality management, and other responsibilities.

5.2 Cooperates with the organization's managers to define the organization's mission and to plan the policies, procedures, and clinical services related to that mission.

5.3 Response to any reports from inspecting and regulatory agencies.

5.4 Assures compliance with applicable laws and regulations

5.5 In the financial approvals he is to Return to the General Director

- 5.5.1 Approves direct purchase of items that are demanded by the hospital departments up to 5.000 SR however the Governing body the Director General for can approve direct purchase up to 400.000 SR.
- 5.5.2 Recommends the approval of overtime payment when needed after obtaining the approval of the Governing body i.e. the Director General
- 5.5.3 Opening and closing of bank accounts that are related to the complex.

5.6 Is authorized to contact external Communications, disclose, or share information regarding the hospital with the public, i.e. with analysts, or reporters.

5.7 Delegation of Authority to Subordinates:

- 5.7.1 It is important to note that commitments and transactions cannot be approved by individuals having a lower level of approval authority than the specified transaction requires, except pursuant to a delegation of temporary authority to a division or department or individual.
- 5.7.2 Temporary authority may be designated whenever an individual with approval authority will be out of the office for prolonged periods. The temporary authorization is to be in writing and specify the effective length of time and must be approved by the supervisor of the individual who is delegating authority.
- 5.7.3 This policy also requires that the following to approve temporary delegation:
- 5.7.4 Delegation for the Executive Director General position:
 - 5.7.4.1 In the presence of the general director the CEO temporary absence is covered by him.
 - 5.7.4.2 If both the CEO and for Administrative director & Financial Affairs are unavailable, The CEO has to assign delegation to the medical director.
- 5.7.5 Administrative director temporary delegations have to be approved by the CEO. If EDG is in temporary leave, the Administrative director for Administrative & Financial Affairs is entrusted to approve such leave.
- 5.7.6 Delegations for department head temporary absence are to be approved by the respective CEO.



- 5.7.7 Delegation of unit head nurse's/ department sections are to be approved by their related department/administration head/director.

5.8 Delegation of Authority (DA) Correspondences:

- 5.8.1 A Delegation of Authority (DA) memo is a document used to delegate signatory authority of Department Heads and above, to other individuals to carry out his job functions and duties on a temporary basis.
- 5.8.2 The Administrative Director Office is responsible for assigning the date, reference number and distribution of the DA memo for Executive Management level.
- 5.8.3 The Delegation of Authority memo should be submitted to the Administrative Director Department five (30) days prior to the commencement of the leave.
- 5.8.4 Signature requirements:
- 5.8.4.1 Executive Director General: for All Executive Directors Assistants and others reporting administratively to the Executive Director General.
- 5.8.4.2 Executive Directors General Assistants: for their respective department directors/chiefs level only.
- 5.8.4.3 Department/Administration levels: for their respective head nurses or section heads.

5.9 Policy /plans/Programs Approval:

- 5.9.1 All APPs, safety plans/programs, complex strategic plan and other operating and management plans are to be approved by the Executive Director.
- 5.9.2 The Governing Body represented by the Director General of medical complex. Chairman of the complex Governing Board has to delegate such approval official through delegation letter that must carry a signature sample of the CEO.
- 5.9.3 **Delegation for policy and plans approval is renewed whenever the below listed applies:**
- 5.9.3.1 If the Director General, Chairman of the Governing Board has been replaced with a new appointed director general.
- 5.9.3.2 Or if the Executive Director has been replaced with a newly appointed CEO.
- 5.9.3.3 If the governing board members voted for that based on justified reasons to withdraw such delegation.
- 5.9.4 **Policy/plans/programs approval process:**
- 5.9.4.1 Concerned departments prepare a draft of the needed APP/plan/program in accordance to the mother policy "Policy on how to write policies" and forward the draft together with a completed justification form as to why it is important to create such policy/plan/program to the Quality management for review.
- 5.9.4.2 Quality management with the all department will finalize reviewing the drafted policy/plan/program. In this review process the medical director and Administrative Director will be involved.



- 5.9.4.3 Reviewed policy/plan/program will be forwarded to the Executive Director for review and approval.
- 5.9.4.4 Numbering, issuance & effective and review dates as well as document control process shall follow the medical complex Approved mother policy on how to write a policy.

5.10 Employment Related Matters:

5.10.1 Local Hiring and Dismissal of Employees:

- 5.10.1.1 Approval for the local hiring and dismissal of employees is done only by the CEO. The following shall be conducted during CEO temporary absence from work:
- 5.10.1.2 If the leave is of short period i.e. not exceeding a week time, dismissal order will be referred to the CEO upon his return.
- 5.10.1.3 Local hire decision has to pass through the Local hire committee after the conduction of the selection process.
- 5.10.1.4 If the leave is exceeding a week period, then the CEO Asst. for Administrative & Financial Affairs will call an urgent Credential & Privilege committee to study the case in question.

5.11 Employee Agreements and Certain Offers of Employment:

- 5.11.1 All employment agreements shall be reviewed by the Recruitment Department. In addition, the approval of the complex CEO. for Administrative & Financial Affairs is required prior to entering into an employment agreement.

5.12 Assignment of top management and department heads:

- 5.12.1 **The General Manager shall appoint the Executive Director of the complex.**
- 5.12.2 **Appointment/assignment of CEO Assistants:** is carried out by the CEO.
- 5.12.3 **Appointment/assignment of department heads/ directors:** recommended by the concerned CEO Assistant and approved by the CEO.
- 5.12.4 **Appointment for head nurses:** recommended by the director of nursing and approved by the CEO.
- 5.12.5 **Appointment of department section heads:** recommended by the department head and approved by the respective CEO Assistant.
- 5.12.6 Such assignments/appointment are circulated to the complex staff through administrative resolutions by the CEO.
- 5.12.7 Re-organizing / re-structuring or re-naming of administrations/departments is approved by the CEO.



5.13 Separation Agreements:

- 5.13.1 All separation agreements shall be approved by the Human Resources. Unless otherwise authorized in writing, only the medical complex CEO. And Administrative director & Financial Affairs may execute a separation agreement binding the complex

5.14 Committee Formation Order:

- 5.14.1 A committee term of reference/committee charter is issued for every established hospital committee.
- 5.14.2 Quality management is responsible for creating the committees' terms of references for the committees that are requested by the quality standards. CEO has to approve them.
- 5.14.3 The term of reference has to describe the purpose for establishing the committee, its duties, membership, quorum, announcement, documentation, filing etc...

5.15 Direct Purchase Authority:

- 5.15.1 All direct purchase orders have to be approved by the Director General.
- 5.15.2 CEO is delegated to approve direct purchase for up to 50.000 SR but has to be approved finally by the Direct General.
- 5.15.3 Executive Director approval from side is obtained only after:
- 5.15.3.1 The preliminary signature of the requestor, requesting department head, respective EDG Assistant
- 5.15.3.2 The preliminary checking by the medical Supply Director that the requested items are not available in the Hospital's warehouse.
- 5.15.3.3 Confirmation that order can be procured by direct purchase from the Finance director, the financial capability of the complex to procure through direct purchase.

6.0 RESPONSIBILITY

6.1 The governing body's responsibilities reflect its ultimate accountability for the quality care and patient safety and include the following:

- 6.1.1 Working together with the senior management and complex leaders to create and regularly review the complex mission, vision and values.
- 6.1.2 Appointing a qualified medical complex director.
- 6.1.3 Evaluating on a regular basis the performance of the medical complex director.
- 6.1.4 Ensuring that the medical complex has an effective organizational structure displayed in an organizational chart that shows the titles (or name) and the reporting relationships.
- 6.1.5 Approving the scope of services provided by the medical complex
- 6.1.6 Approving the strategic and operational plans.
- 6.1.7 Approving the medical complex -wide policies and procedures.



- 6.1.8 Monitoring, evaluating, and continuously improving the outcome of the quality and patient safety plans and programs.
- 6.1.9 Approving the medical staff bylaws.
- 6.1.10 Approving the annual budget of the medical complex.
- 6.1.11 Ensuring the provision of adequate resources (eg, manpower, financial resources, and medical supplies).
- 6.1.12 Defining and approving delegations of authority.
- 6.2 It is the responsibility of the Head of the Departments and or section/unit supervisors to manage matters brought to their attention by employees in a timely and responsive manner.
- 6.3 If matters are not resolved within the limits of their authority, they have the responsibility to forward the issue to the next appropriate level of management, as applicable in accordance to the chain of command.
- 6.4 In cases of employees disputes of conflict of interest, department heads are to refer to the with the guidelines set forth in the policy related to those issues.

7.0 REFERENCES

- 7.1 National Guard Health Affairs Administrative Policy and Procedure-411-001, Chain of Command, September 2002.
- 7.2 <http://www.docstoc.com/docs/30580582/Delegation-of-Authority-Policy>

8.0 REVISION CLAUSE

- 8.1 Modification of the policy format and lay-out
- 8.2 Modification of numbering system or index
- 8.3 Addition of Revision Clause as a main content

9.0 Approved

APPROVALS & REVIEWS:			
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