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| <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# | |
| TRANSFER OF PATIENT | | MMC- POC- 05 (1) | |
| INITIATED DATE | EFFECTIVE DATE | REVISED DATE | |
| 02/08/2025 | 01/09/2025 | 01/02/2028 | |
| REPLACES NUMBER | | NO. OF PAGES | |
| N/A | | 03 | |
| APPLIES TO | | RESPONSIBILITY | |
| All staff | | Nursing and housekeeping | |

1. PURPOSE

1.1 To develop clear guidelines of patient transfer and referral procedures from the healthcare institution to another.

2. DEFINITION

2.1 Transfer:

- 2.1.1 The movement of a patient between hospitals at the direction of the most responsible physician.
- 2.1.2 Transfer does not include such movement of a patient who leaves the facility against medical advice.

2.2 MRP: Most Responsible Physician

3. POLICY

4. PROCEDURE



4.1 Patient Transfer in case of emergency:

- 4.1.1 In case of any emergency that happens during receiving care in the center, healthcare providers are obligated to stabilize the patient with the available resources through activating code blue.
- 4.1.2 After assessing the patient during the code blue the team leader will inform the receptionist to call 9-1-1 if the patient is deteriorating.
- 4.1.3 If the patient emergency was manageable and there is a contracted ambulance, the EMS team shall be notified to transfer the patient.
- 4.1.4 The most responsible physician will provide the transfer team with a detailed report of the patient history.

5. RESOURCES

- 5.1 Crash cart

6. CROSS REFERENCE

- 6.1 CPR Policy

7. REFERENCES

- 7.1 CBAHI National Standards for Ambulatory Care Centers, Effective Jan,2020.
- 7.2 The Joint Commission International (JCI), 7th Edition, Effective Jan 2021.

8. FORMS & ATTACHMENT

- 8.1 Code blue Form
- 8.2 Transfer form



9. APPROVED

| APPROVALS & REVIEWS: | | | |
|--------------------------------|--------------------|------------|-----------|
| Prepared By | Title | Date | Signature |
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