
 وزارة الصحة Ministry of Health	المملكة العربية السعودية وزارة الصحة الادارة العامة للطب المنزلي	 الطب المنزلي Home Medical Care
	Policy NO.: HMC-PAA-PPG-002E(3)	
Title: Patient Referral And Acceptance	Replaces Number : Two	Issue Date : 11/05/2016
Applied To: All HMC Staff	Page: ١ Of 3	Due: 11/05/2019

1. Purpose:

- 1.1 To determine the eligible patient for Home Medical Care services.
- 1.2 To ensure an effective referral of patients to Home Medical Care Unit.
- 1.3 To identify the acceptance criteria for referring patients to Home Medical Care based on the ability to provide the care, treatment and services to meet patient needs.

2. Definition:

2.1. N/A

3. Policy:

3.1.Home Medical Care is accessible following acceptance of referral from:

- 3.1.1. Governmental Hospitals to Home Medical Care Units.
- 3.1.2. Palliative care from specialized centres .
- 3.1.3. Social admissions.



3.2.The referral form should be completed, signed and stamped by any member of referring team(consultant, Specialist, or resident physician)

3.3.Referral form to be sent to Home Medical unit Centre 72 Hours prior to patient discharge

3.4.Referral form is received by fax/Hand, and it may include but not limited to:

- 3.4.1. Current active problem.
- 3.4.2. Order for type of professional services.
- 3.4.3. Equipments needed at home.
- 3.4.4. Management plan
- 3.4.5. Contact Telephone Numbers

3.5...Patient who are referred to Home Medical Care Unit and can be served will be managed according to waiting list procedure for schedule visits.

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3.6.Acceptance of patients is based on the reasonable expectations that the patient's medical, nursing, and social needs can be appropriately and safely met in the patient's place of residence within the resources available from the Home Medical Care Unit.

3.7.Patients are admitted for services based upon the following criteria:

- 3.7.1.** The organization is able to meet the need of the patient.
- 3.7.2.** The patient or caregivers are able to assist in the care of patient.
- 3.7.3.** The patient's needs are able to be met in the home environment.
- 3.7.4.** Expectation results fully explained to patient/family.

3.8.If a referred patient DO NOT meet the acceptance criteria; Home Medical Care should provide alternative of caring organization and his referring physician to be informed in writing through apology form.

3.9.The patient/family should signed Consent (s) before home visit; if the patient is accepted.

4. Procedure:



4.1.Referral form for Home Medical Care Unit services are readily available at nursing station of different Governmental Hospitals, Home care units and can be ordered on request from chair person.

4.2.Patient identified needing home care of Home Medical Care Unit is referred by unified referring form fully completed by consultant or referring Doctor.

4.3.Referring physician should be aware of the criteria of the referral system and its limitations then to fill and sign the referral form then forwarded to Home Medical Care Unit through Fax/Hand during working hours.

4.4.All patient referral will be sent to Home Medical Care Unit following a Process Mapping For Acceptance in order to track all referrals by social worker.

4.5.The patient must remain hospitalized 72 Hours prior to discharge until the Home Medical Care Unit approves his/her enrolment in the program and the equipments needed for care of the patient has been provided.

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4.6. Selected caregiver will be subjected to educational program according to the patient needs, started prior to discharge and regularly during each patient visit in order to secure patient safety.

4.7. Home Medical Care Social worker shall receive the complete referral form through Fax/Hands, if in case the data are incomplete it will be sent back to referral address to the referring physician or case manager for completion of data, using new referral.

4.8. Comprehensive initial patient assessment will be done through Home assessment Team following process Mapping For Referral and initial assessment and the final plan should be sent on approved time.

4.9. On admission the patient/family should received the patient information package identifying the scope of services, patient and family rights, proposed care, educational material and contact numbers.

4.10. If the patient dose not met the eligibility criteria his/her family will be informed by apologized form and given the alternative services.

4.11. The waiting list will be maintained and managed by Home Medical Care Technical supervisor

5. **Responsibility:**

5.1. Technical supervisor.

5.2. Physician.

5.3. Social worker.

6. **Forms :**



6.1. Referral Form For Home Care

6.2. Acceptance Notification Form.

6.3. Waiting list Notification Form. (HMC-PAA-FORM-3.1)

7. **Reference:**

7.1. Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016.

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- 7.2.Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals,2014
- 7.3.Joint Commission International Accreditation Standards for Home Care, 2012
- 7.4.MOH Home Medical Care Standard, 2015

Prepared by: 1. Dr . Taha Elhaj Idris Kroom Technical Supervisor Home Medical Care Center Home Medical Care Administration Medina Munwara Region	Signature:	Date:
	2. Dr. Rawah Mohamed Osman Abdelgadir Policy and Procedure committee Home Medical Care Center Home Medical Care Administration Medina Munwara Region	
Reviewed By: Dr. Aeshah .I. Al-Saghier Training and Development Advisor Home Medical Care General Administration Ministry Of Health, Riyadh	Signature:	Date:
Approved by: Dr. Ali Magboul Alarabi Alghamdi Director General of Home Medical Care MOH Headquarter, Riyadh	Signature:	Date: