
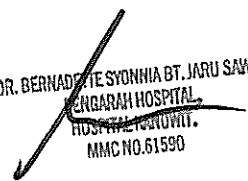


SARAWAK HEALTH DEPARTMENT
DEPARTMENT OF OUT PATIENT, HOSPITAL KANOWIT

DOCUMENT NO:HK/JPL/P&P/2	ISSUE: 1	REVISION: 1
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**DEPARTMENT OF OUT-PATIENT
OPERATIONAL POLICIES**

	PREPARED/ REVISED BY	APPROVED BY	DATE DUE FOR REVISION
OFFICER'S SIGNATURE & CHOP	<p>Signed</p> <p>SABINA ANAK JAMES NURSING SISTER Grade U32</p>  <p>SABINA AK JAMES KETUA JURURAWAT U32 LJM NO : 55823 HOSPITAL KANOWIT</p>	<p>Signed</p> <p>DR. BERNADETTE SYONNIA BT. JARU SAWAT Director Kanowit Hospital Grade UD52</p>  <p>DR. BERNADETTE SYONNIA BT. JARU SAWAT DIREKTOR HOSPITAL KANOWIT. MMC NO.61590</p>	30th JANUARY 2027
DATE ISSUE/REVISED	30th JANUARY 2024	30th JANUARY 2024	

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- A. **Policy:** Departmental Operational Policy
- B. **AIM:** To serve as a guideline for the day to day operation of Out-patient Department, Kanowit Hospital.
- C. **SCOPE:** To be used at Out-patient Department, Kanowit Hospital and it encompasses the management and care of patients from the public. The scope includes:
- i. General out-patient treatment to minor ailment and sickness.
 - ii. To do follow-up cases
 - iii. To conduct a NCD Clinic
 - iv. To do Medical Check-up

1) INTRODUCTION

Out-patient department of Kanowit Hospital is located at the main entrance of the hospital and sharing the same building with the Emergency and Traumatology unit as well as Maternal and Child Health clinic.

The Out-patient Department will operate from 0730 hours until 1700 hours daily from Monday until Friday except for Saturdays, Sundays and Public Holidays offering a multitude of general out-patient treatment to those with minor ailments and follow-up cases, medical check-up for candidates whom take up jobs appointment, firearms, driving licenses and food handlers.

The out-patient department also receives cases referred from nearby health clinics within Kanowit district such as KK Nanga Ngungun, KK Nanga Machan, KK Nanga Menalun and KK Nanga Jagau.

Management and care plans will be holistic in approach, focusing on the client's need and upholding their rights to quality medical care.

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2) ORGANISATIONAL AND MANAGEMENT

A) Directions

i) Vision

The out-patient department shall give a comprehensive and high quality services in order to raise the health status of the population and the local community.

ii) Mission

To provide a quality promotive, preventive, curative and rehabilitative services as a health concept to individuals and community through team work and community participation.

iii) Philosophy

To provide an effective, efficient and considerate service at all time.

- ✚ Receive, assess and treat all general out-patient treatment to those with minor ailments and follow-up cases with proficiency, quality and concern;
- ✚ Uphold the goal of excellence in general medical services by providing courteous, considerate and the best service to its patients at all times.
- ✚ Provide an on-going adequate level of training and education for doctors, nurses, assistant medical officers and other categories of staff.

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iv) Objectives

The objective of out-patient department is to provide general out-patient and follow-up treatment despite giving medical check up for candidates who take up job appointment, firearms, driving licenses and food handlers while maintaining a close and effective rapport with the public.

- i. Early detection, effective and efficient treatment to the general patient.
- ii. Refer patient to the proper and appropriate discipline for further treatment.
- iii. To establish a conducive and safe working environment for the staff, patients and public.

B) Scope of service

i) General Out-patient

To provide care that is comprehensive and appropriate for a community hospital, which covers

- History taking,
- Physical examination & Investigations,
- Diagnosis and treatment
- Health education
- Referral critical cases to Sibu hospital with Specialist.

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ii) Medical check-up

The service will be provided for candidates who take up job appointment, firearms, driving licenses and food handler's base on appointment dates.

C) Organizational and management

- I) The staff organization for the outpatient department is shown in organization chart (refer Appendix A)
 - a) The department shall be headed by the Hospital Director.
 - b) The management of the Clinic shall be the responsibility of the Medical Officer in-charge and Nursing Sister in-charge as supervisor.
- II) Role of the Head of Out-patient Department
 - (1) The head of department is responsible for the day to day operation of the department.
 - (2) Responsible for manpower planning and deployment, such that to ensure the most optimal use of department personnel and department activities are delegated appropriately according to the level of staff education, skills and abilities.
 - (3) Planning and development of the department (physical and services)
 - (4) Human resource planning and development (training, CME etc)
 - (5) Plan and implement the budget for Out-patient Department.

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(6) Conduct periodic internal department meeting with heads of units.

(7) Quality assurance and auditing.

III) Relationship With Other Department /Unit / Agencies

1) The department shall interact or relate with other department/unit in the hospital concerning clinical areas, finance, procurement and supply of consumable items.

2) HUMAN RESOURCE

A. Staffing

i) The work force of the out-patient department shall be organized and managed in a manner that leads to an efficient and desirable work output based on the current available staff strength.

ii) Middle level management list

(1) Head of Out-patient Department (Nursing Sister U32)

(2) Assistant Medical Officer In-charge U32

B. Staff Requirement

1) Head of Department – 1

2) Medical Officer – Minimum six Medical Officers per working day.

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- 3) Assistant Medical Officer – Minimum one (1) Assistant Medical Officer per working day (Diabetes Clinic)
- 4) Nurse (JM) – Minimum of four (4) JM will be deployed to assist Medical Officers on working days. One (1) Staff Nurse deployed to Diabetes Clinic, One (1) Staff Nurse deployed to registration for waiting time and One (1) Staff Nurse deployed to Wound Care Treatment Room.
- 5) At least 2 *Pembantu Tadbir* to run the OPD Counter unit.
- 6) Minimum 2 Health Care Assistant to assist out- patient’s screening on working hours.

C. Staff Discipline

- i) All out-patient personnel shall adhere strictly to official working hours and document attendance using “Face Scan” machine.
- ii) All leave application must be applied through HRMIS system before approved by hospital Director before taking leave.
- iii) All staff shall follow accepted dress code and a standard identification or name tag.

D. Training / CME Activities

- i) All new personnel will undergo an introduction and department orientation program by the hospital Human Resource staff for familiarization to their respective unit.

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- ii) CME activities shall be categorized into general and specific. General type shall be open to all clinical categories (Doctors, Paramedical and Nursing). Specific types shall be focused on programs for different categories.
- iii) All doctors, Assistant Medical Officers and Nurses should attend the minimal required continuing professional development (CPD) points annually as specified by the Ministry of Health. This information will be documented in personal log book for credentialing and assessment of the Annual Appraisal.

(1) The staff shall be encouraged to use educational facilities available in the hospital include using of internet research.

(2) Staff shall be notified of any workshop and seminar. Selection of staff to attend internal / hospital level CME activities is by their immediate supervisor (U32) or Head of Department.

(3) For external workshop, seminar and conference, selection of appropriate personnel shall be done by the Head of Department, who will decide based on the availability of slot / seat and or funds and also the approval by the Hospital Director.

3) FACILITIES AND EQUIPMENT

A) Facilities

The department shall provide facilities for patient's management as follows:

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i) General Waiting Area

There shall be adequate and comfortable waiting seats with Queue Management System available with clean public toilet.

ii) Registration Counter

This counter shall function for Out-patient registration and collection of OPD charges with public friendly concept.

iii) Queue Management System

Queue Management System is used with extension to every examination rooms of Out-Patient Department.

iv) Examination Rooms

Every examination room shall be equipped with at least 1 table & 2 chairs, examination beds with diagnostic equipments like BP set/stethoscope, thermometer, diagnostic set, and torch, tendon hammer/tuning fork, x-ray viewer, and other standard equipments for it functionalities.

B) Maintenance and disposal

- i) All office equipment is recorded into department inventory registration, in accordance with government circular – *Pekeliling Perbendaharaan Bilangan 2 Tahun 1991*.

(1) Kew 312, 312A, Inventory Kew 313, Kew 315 (*Pergerakan Harta Modal*)

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- ii) The care, maintenance or repair of the departmental infrastructure and assets shall follow standard procedural guidelines already in place for any government facility and assets.
- iii) Any physical expansion or additional asset procurement will be dictated by the needs of service and in compliance with established guidelines.
- iv) Each of the entire department workforces shall be responsible to safeguard and ensure that all assets are in excellent working order so as not to cause untoward affect on the delivery of medical care.
- v) All equipment and facilities in the Out-patient department shall be maintained and serviced by the concession company in scheduled basis and when required.
- vi) Maintenance and any changes of inventory have to be updated and the Head of Department shall be regularly informed.
- vii) Damaged assets shall be listed for disposal through the process of BER.

4) POLICIES AND PROCEDURES

A) Operating hours

The department is open from 0730 - 1700 hours daily. A staff nurse is allocated at the registration counter 0730 – 1630 hours daily during office hours.

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B) General

1. General out-patient

- a) Patients may be walk in cases with minor ailments, follow-up or referred case from Health Clinics, wards, and private practitioners or transferred in from other hospital.
- b) All registrations for treatment in out-patient department will be considered as out-patient treatment and the registration is carried out at the Registration Counter located next to main entrance.
- c) Patients shall be seen on first come first serve basis with privilege given to those in the R-Lane criteria : *OKU, Penderma Darah, Pesakit Kanser, Pesara Kerajaan*, child under one year old and antenatal cases.
- d) The Staff Nurse shall register all patients seeking treatment into the Out-Patient Registration Book (Per PL-10.21(Pind. 1/2003).
- e) Medical Officers shall see all stable follow up patients by appointments and shall refer the patients to Sibu Specialist hospital if neccesary.
- f) All urgent cases that need urgent attention will be deviated to Department of Emergency & Trauma for immediate and prompt treatment.

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- g) Admission to wards Registration will be recorded in the admission registration book (PER-PO 101(Pind.1/2003)
- h) Medical Officers shall see all referred patient.
- i) Patients need specialist care shall be referred to Sibuloh Specialist Hospital.
- j) Injection and minor procedures shall be carried out in Emergency & Trauma Department.
- k) All examinations on female patients must be chaperoned by a female staff. Record of medical legal cases shall be kept in the Medical Record Unit.
- l) The patients shall collect their medications from out patient pharmacy unit. Prescription slip shall be issued, signed and chopped by Medical Officers.
- m) The support service, One Medicare Sdn. Bhd shall do all cleaning and house keeping of premises including supply of linen.

2. Visiting Specialists to Hospital Kanowit

Kanowit Hospital is a non - Specialist hospital. Therefore, Kanowit Hospital only provides visiting specialist clinic according to the specialists planned schedule.

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Scheduled for Visiting Specialist to Kanowit Hospital are as below:

2.1 Visiting Physician 2024

(Every 2 monthly)

No.	TENTATIVE DATE	MONTH	REMARK
1.	23/01/2024	JANUARY	Visiting Physician From Sibu Hospital
2.	19/03/2024	MARCH	
3.	14/05/2024	MAY	
4.	02/07/2024	JULY	
5.	27/08/2024	AUGUST	
6.	15/10/2024	OCTOBER	
7.	03/12/2024	DECEMBER	

2.2 Visiting Paediatrician 2024

(Every 2 monthly at MCH Clinic)

No.	TENTATIVE DATE	DAY	PAEDIATRICIAN
1.	11 January 2024	Every Thursday Time : 08:00 – 16:00 hrs	Visiting Paediatrician From Sibu Hospital
2.	14 March 2024		
3.	09 May 2024		
4.	11 July 2024		
5.	12 September 2024		
6.	07 November 2024		

2.3 Visiting Nephrology 2024

(Quaterly visit)

No.	TENTATIVE DATE	MONTH	REMARK
1.	18/01/2024	JANUARY	Visiting Nephrologist From Sibu Hospital
2.	25/04/2024	APRIL	
3.	25/07/2024	JULY	
4.	24/10/2024	OCTOBER	

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2.4 Visiting O&G 2024

(Monthly visit)

No.	TENTATIVE DATE	MONTH	REMARK
1.	18/01/2024	JANUARY	Visiting O&G Specialist From Sibü Hospital
2.	22/02/2024	FEBRUARY	
3.	21/03/2024	MARCH	
4.	25/04/2024	APRIL	
5.	16/05/2024	MAY	
6.	20/06/2024	JUNE	
7.	18/07/2024	JULY	
8.	15/08/2024	AUGUST	
9.	19/09/2024	SEPTEMBER	
10.	17/10/2024	OCTOBER	
11.	21/11/2024	NOVEMBER	
12.	19/12/2024	DECEMBER	

2.5 Visiting Psychiatric Specialist 2024

(Monthly visit)

No.	TENTATIVE DATE	MONTH	REMARK
1.	09/01/2024	JANUARY	Visiting Psychiatric From Sibü Hospital
2.	06/02/2024	FEBRUARY	
3.	12/03/2024	MARCH	
4.	16/04/2024	APRIL	
5.	14/05/2024	MAY	
6.	11/06/2024	JUNE	
7.	09/07/2024	JULY	
8.	13/08/2024	AUGUST	
9.	10/09/2024	SEPTEMBER	
10.	08/10/2024	OCTOBER	
11.	05/11/2024	NOVEMBER	
12.	10/12/2024	DECEMBER	

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2.6 Visiting Rehabilitation 2024

(Quaterly visit)

No.	TENTATIVE DATE	MONTH	REMARK
1.	11/01/2024	JANUARY	Visiting Rehabilitation Specialist From Sibu Hospital
2.	18/04/2024	APRIL	
3.	26/07/2024	JULY	
4.	25/10/2024	OCTOBER	

3. Medical Check-up

The service will be provided for candidates who take up job appointment, firearms, driving licenses and food handler's base on appointment dates. The Medical Officer will attend to all cases related to medical check-up.

4. NCD Clinic

i) Follow-up Diabetes / Hypertension Patients

- Assistant Medical Officer will do follow-up for stable cases.
- All cases with abnormality will be referred to Medical Officer for further assessment and expert management.

iii) Quit smoking Clinic

iii) Wellness Clinic :

At least 70% of staffs aged 40 and above has their medical check done per year.

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5. Fees

All fees shall be charged according to Garis Panduan Pelaksanaan Perintah FI (Perubatan)(Kos Perkhidmatan)2014.

6. Disaster Management

Shall be available to provide and coordinate the management of casualties in internal and external disasters Department of Emergency & Trauma.

7. Whole Hospital Policy

Relevant aspects of the whole Hospital Policies shall be observed and review from time to time.

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5) QUALITY IMPROVEMENT

Quality improvement activities in the out-patient department shall be guided by service needs, aspirations and set standards. These activities will include the following areas:

- i) Quality indicators
- ii) Client satisfaction and complaint management
- iii) Personnel satisfaction

A. Quality Indicators

- i) The department shall subscribe to quality assurance programs (QAP) and quality indicators deemed relevant to the service provided.
- ii) Quality Assurance Program shall be implemented to ensure the services provided are safe, efficient, effective and of high quality.
- iii) All out-patient department personnel shall be made familiar with the QAP.
- iv) CPGs booklet will be place in each of the examination room as source of reference.
- v) This includes:
 - 1) Key Performance Indicators (KPIs) using National Indicator Approach.(Pekeliling Kemajuan Pentadbiran Awam (PKPA) 2/2005)

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- (a) Waiting Time to Consult Doctor - \leq 90minutes for at least 90% of patients for General OPD, MO F/up Clinics and Visiting Specialist Clinics

- (b) Percentage of Customers Dissatisfied with the Hospital's Services- $<8\%$ of hospital's in-patients and out-patient are dissatisfied with the hospital's services.

- (c) Percentage of Staff above 40 years of age who had Undergone Routine Medical Check-ups- At least 70% of their eligible staff have had a medical check-up in the year.

B. Health Research and Development

The department shall be an advocate for research and development activities. It will provide a productive environment for its personnel to pursue such activities and also integrate these elements into its day-to-day operations.

C. Client satisfaction

It will also conduct audits of various facets of the client services with integrated feedback management.

1) Client satisfaction/feedback survey

Random internal and external surveys shall be conducted to identify strong and weak points in this services.

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2) Complaint management

- a. Complaints shall be categorized according to implications and seriousness. All complaints will be investigated and a written report shall be forwarded to Head of Department and Hospital Director within 2 weeks.
- b. Action will be taken accordingly. For high impact and serious complaints immediate investigation and action will be taken within 24 hours.

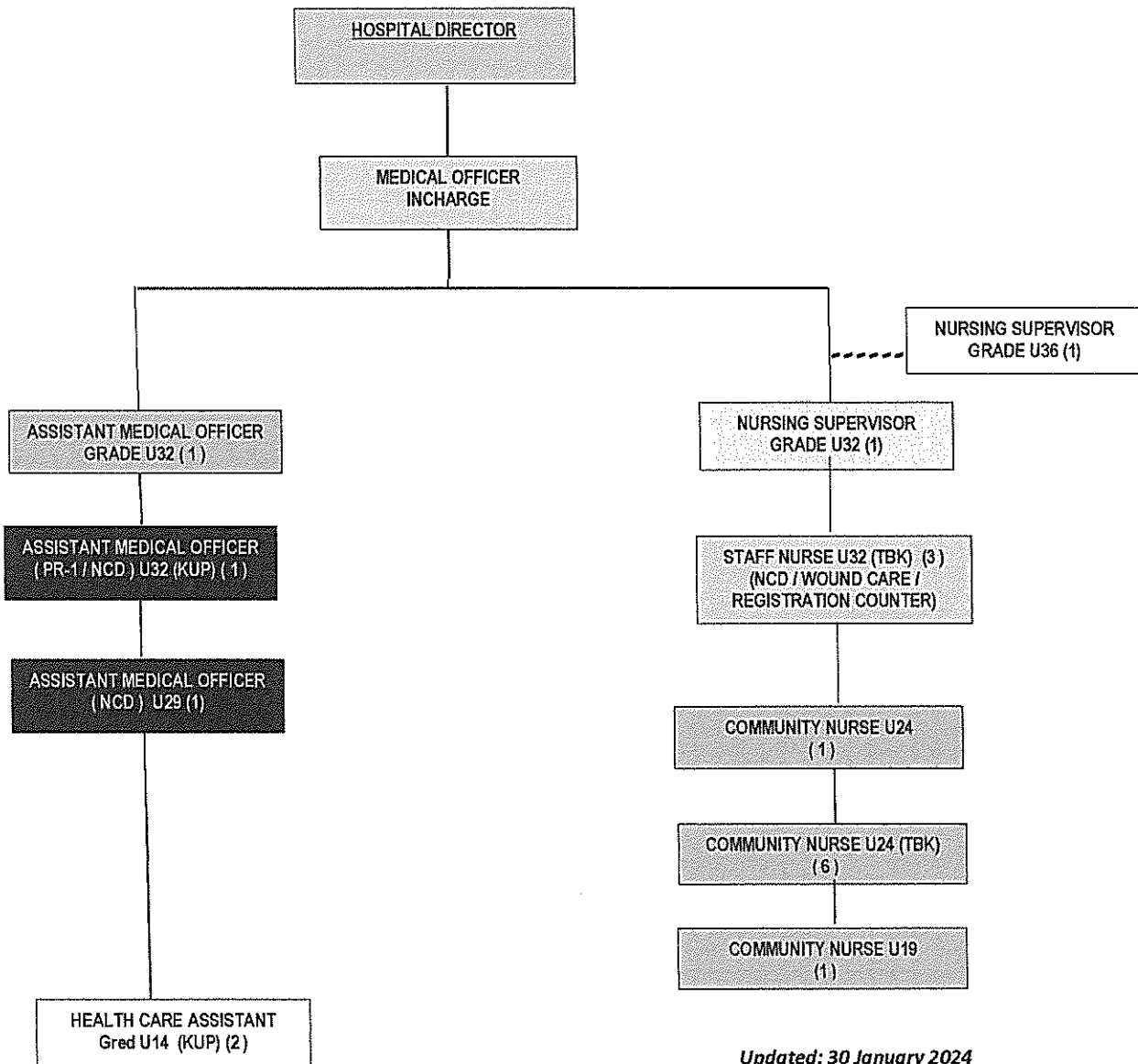
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APPENDIX A

**ORGANIZATION CHART
OUT PATIENT DEPARTMENT HOSPITAL KANOWIT**



Updated: 30 January 2024

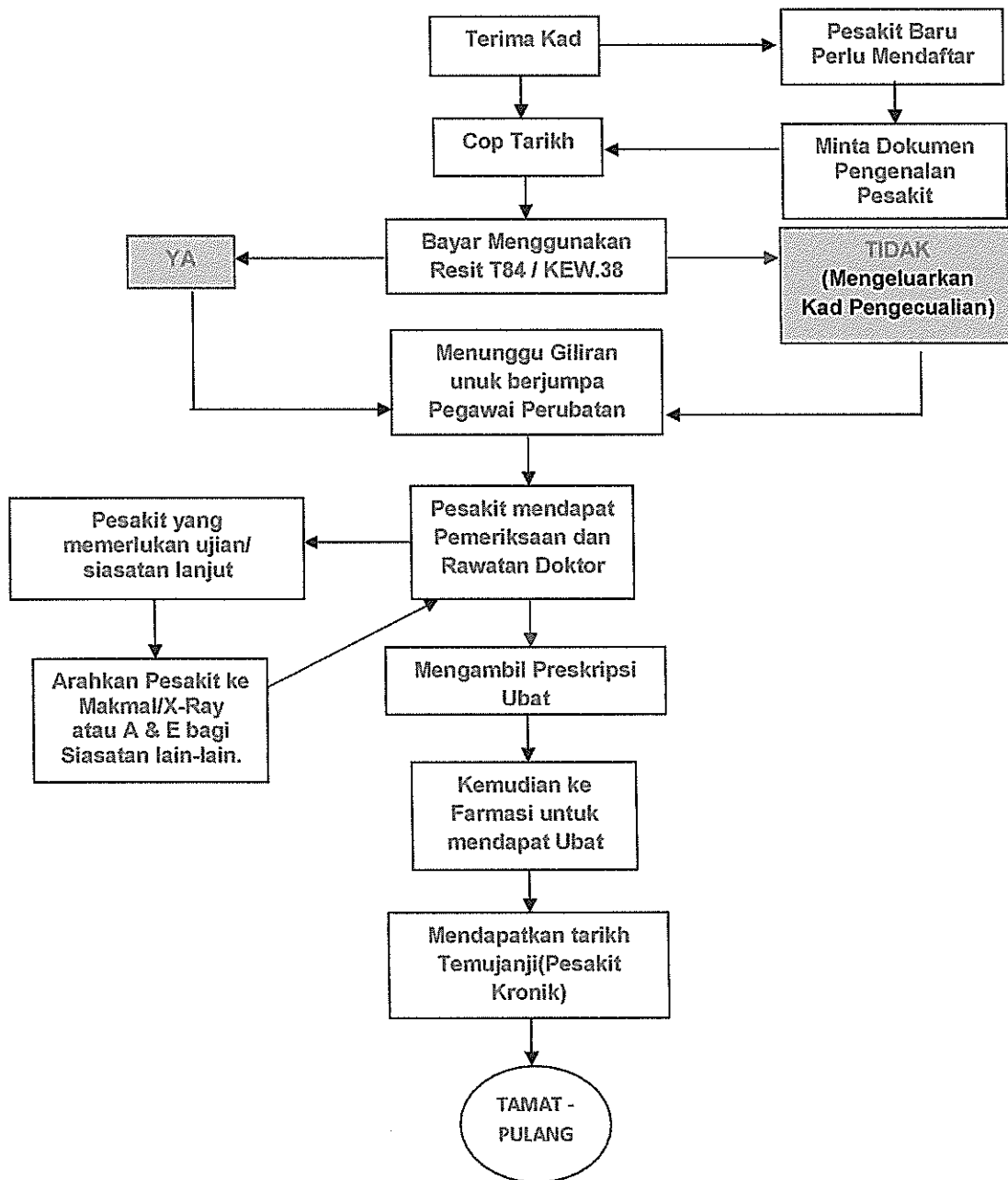
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APPENDIX B

**CARTA ALIR
PERKHIDMATAN LUAR**



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Proses Kerja

Pemeriksaan Kesihatan bagi anggota Perkhidmatan Awam berumur 40 tahun ke atas.

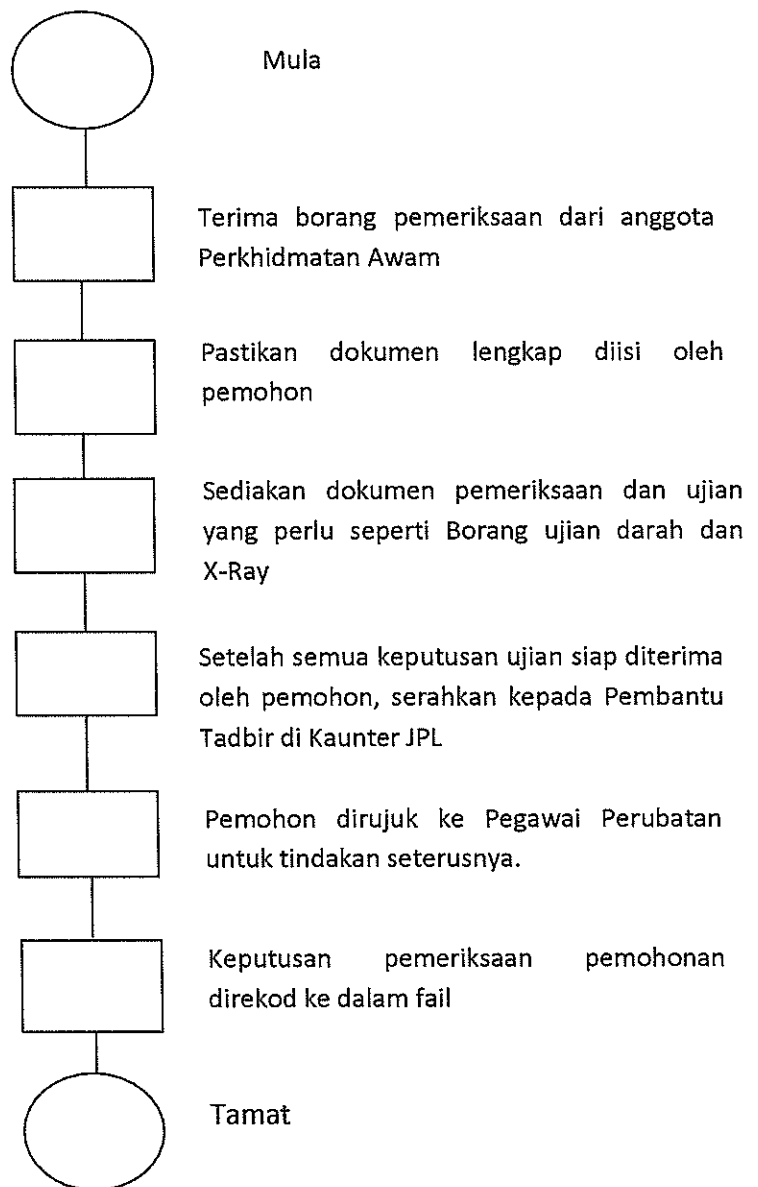
Bil	Proses Kerja	Pegawai yang dirujuk	Seksyen Undang-Undang
1	Terima borang dari anggota perkhidmatan awam.		
2	Periksa dokumen lengkap diisi oleh pemohon.		
3	Sediakan dokumen penyiasatan untuk arahan siasatan ujian darah, X-ray dan sebagainya.		
4	Pemohon menyerahkan keputusan ujian ke kaunter.		
5	Pemohon di beri angka geliran untuk berjumpa dengan Pegawai Perubatan.	Pegawai Perubatan	Surat Pekeliling Perkhidmatan Awam Bilangan 3/2003
6	Pemohon diarah duduk sementara menunggu nombor mereka dipanggil untuk berjumpa Pegawai Perubatan.		
7	Keputusan pemeriksaan pesakit direkod ke dalam fail.		

N.B : Hari berjumpa Pegawai Perubatan untuk Pemeriksaan Kesihatan ialah pada **Rabu** dan **Jumaat**.

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Carta Aliran Kerja
Pemeriksaan Kesihatan bagi anggota Perkhidmatan Awam
berumur 40 tahun ke atas.



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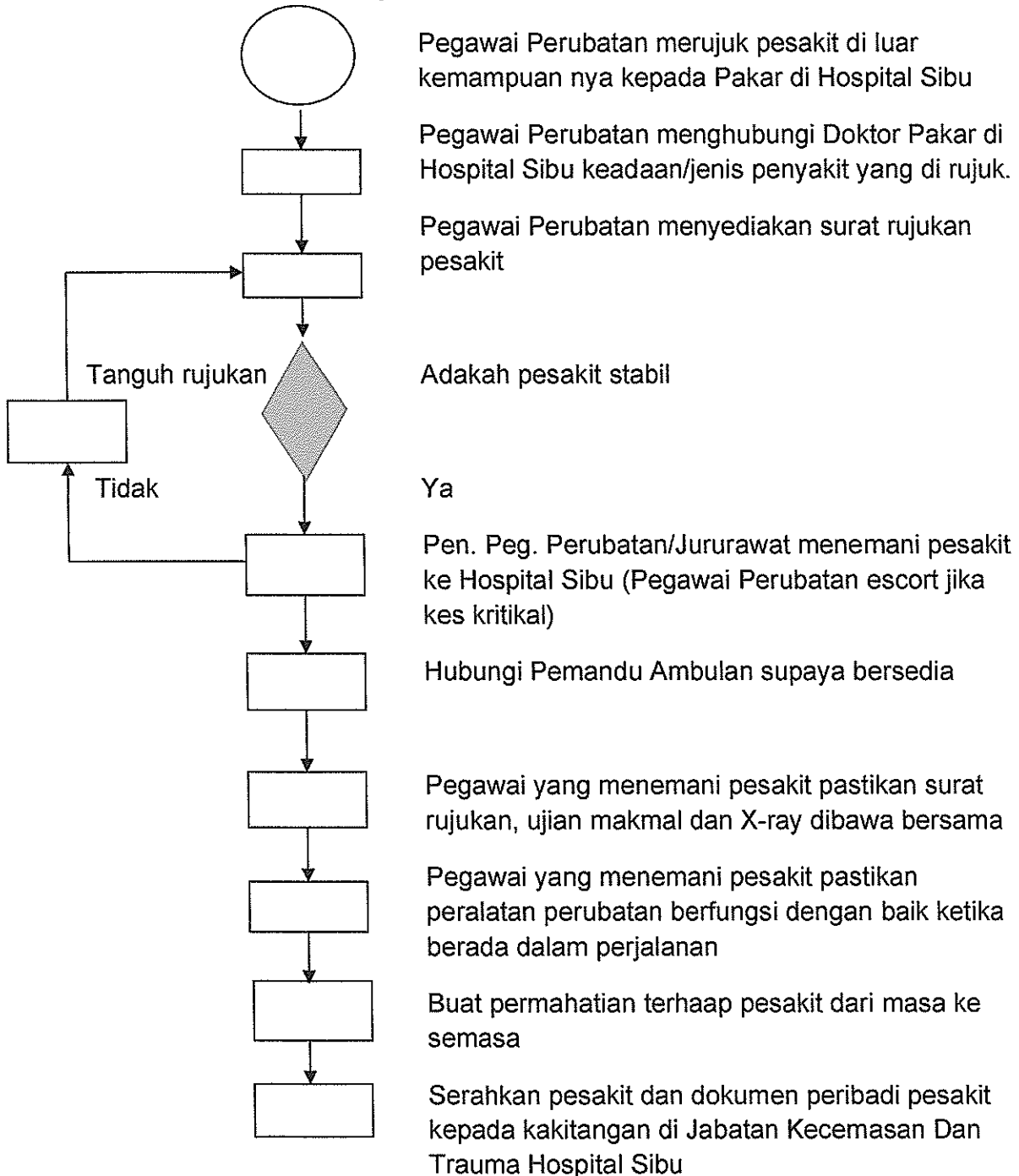
Merujuk kes yang tenat ke Hospital lain yang ada Perkhidmatan Pakar

JAWATAN	PROSES KERJA
Pegawai Perubatan	<ul style="list-style-type: none"> • Pastikan kes yang di rujuk adalah di luar kemampuan. • Menghubungi Doktor Pakar di Hospital Sibu tentang keadaan pesakit yang di rujuk. • Mengisi borang rujukan pesakit • Memastikan semua laporan makmal dan X-Ray di sertakan bersama dengan borang rujukan • Memastikan keadaan pesakit stabil sebelum dapat di hantar dengan Ambulan. • Memastikan pesakit ditemani oleh kakitangan perubatan ketika berada di dalam Ambulan. Bagi kes kritikal Pegawai Perubatan dan Jururawat akan menemani pesakit. • Memastikan semua dokumen pesakit dibawa bersama serta ditulis dengan lengkap untuk dibawa bersama semasa merujuk kes.

SARAWAK HEALTH DEPARTMENT
DEPARTMENT OF OUT PATIENT, HOSPITAL KANOWIT

CARTA ALIRAN KERJA

Merujuk Pesakit Ke Hospital Sibul



SARAWAK HEALTH DEPARTMENT
DEPARTMENT OF OUT PATIENT, HOSPITAL KANOWIT

PATIENT/FAMILY RIGHTS POLICY

Department of Out-patient, Hospital Kanowit

All patients and their families have rights when receiving health care services.

ACCESS TO CARE

Impartial access to care is given regardless of a patient's culture, psychosocial, spiritual, personal values, personal beliefs, payment source and preference respected.

RESPECT AND DIGNITY

The right to considerate and respectful care, free from mental, physical, sexual, and verbal abuse, neglect and exploitation.

CONSENT AND DECISION-MAKING

A patient has the right to information necessary to make treatment decisions and decisions about his or her care. Informed consent is obtained and documented according to hospital policy. He/she also has the right to know about any experimental/research treatment that would affect his/her care. A patient has the right to exclude any family members from participating in his/her care decisions.

COMMUNICATION

The patient has the right to verbal and written communication with visitors and people outside the hospital, as well as the right to have an interpreter as needed. When needed, assistance with communication is provided, taking into account the patient's age and level of comprehension.

IDENTITY

The patient has the right to know the name and title or professional status of individuals providing care.

SAFETY

The patient has the right to expect reasonable safety and comfort. A patient and, when appropriate, their families will be informed about the outcomes of care, including unanticipated outcomes.

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CONFIDENTIALITY AND ACCESS TO RECORDS

The patient has the right to expect that all communication/records about care will remain confidential, as well as the right to access information contained in his/her clinical records within a reasonable time.

INFORMATION

The right to receive from his/her physician, complete and current information concerning diagnosis, treatment and known prognosis, as well as any continuing healthcare needs following discharge from the hospital.

HOSPITAL RULES/REGULATIONS

The patient has the right to know the rules and regulations of the hospital.

REFUSAL OF CARE

The patient has the right to refuse treatment to the extent of the law.

CHARGES

The patient has the right to examine and receive an explanation of the hospital bill.

TRANSFER AND CONTINUITY OF CARE

The patient has the right to be transfer to another healthcare facility unless he/she has received a complete explanation as to the need for transfer alternatives and risks. Transfer must be acceptable to the receiving facility and physician.

PROTECTIVE SERVICES

The patient has the right to access services that protect and/or investigate child and elderly abuse and neglect, and access governmental agencies that licence or accredit the hospital.

RESTRAINTS

The patient has the right to be free from use restraints. Restraints are only used in accordance with a patient's plan of care and may be used only as a last resort and in the least restrictive manner possible, to protect the patient and others from harm.

SARAWAK HEALTH DEPARTMENT
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RESOLUTIONS OF COMPLAINTS

The patient has the right to register complaints with the hospital. A resolution process is in place to properly address the complaints.

PATIENTS / FAMILY RESPONSIBILITIES

PROVIDING INFORMATION

Patients are responsible for providing, to the best of his/her knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications and other matters relating to his/her health. Patients and families are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition.

ASKING QUESTIONS

Patients are responsible for asking questions when they do not understand what they have been told about their care or what they are expected to do.

FOLLOWING INSTRUCTIONS

Patients and families are responsible for following the care, services or treatment plan developed. They should express any concerns they have about their ability to follow and comply with the proposed care plan or course of treatment. Every effort is made to adapt the plan to the patient's specific needs and limitations. When such adaptations to the treatment plan are not recommended, the patient and family responsible for understanding the consequences of the treatment alternatives and not following the proposed course.

REFUSAL OF TREATMENT

Patients and families are responsible for his/her action if treatment is refused.

ACCEPTING CONSEQUENCES

Patients and families are responsible for following the hospital rules and regulations concerning patient care and conduct.

SARAWAK HEALTH DEPARTMENT
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SHOWING RESPECT AND CONSIDERATION

Patients and families are responsible for being consideration of the hospital personnel and property.

VALUABLES

The hospital is not responsible for valuables, which patients bring into the hospital. Bringing valuables to the hospital is discouraged.

TELEPHONE

Patient has the right to use their mobile phone within Out-patient department but are prohibited from taking photos at designated areas such as Emergency and Trauma department, X-Ray department, wards and other restricted areas.


TELEVISION

Out-patient areas has television. Television channels can be changed with the touch of the remote control.

IMPORTANT PHONE NUMBERS

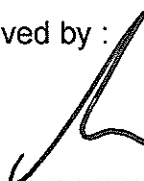
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Approved by :


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