



POLISI OPERASI AM

HOSPITAL KANOWIT

(Hospital Wide Policy)

Last revision done on : 7 MARCH 2024
Revision done by : Dr Bernadette Syonnia Binti Jaru Sawat,
Hospital Director
Next revision planned : 6 MARCH 2027

Pre-Word

The Kanowit Hospital General Operating Policy (Hospital Wide Policy) is provided as a guide in carrying out tasks in the hospital based on the existing Policies and Regulations of the Ministry of Health Malaysia. This Operational Policy can also give a clear picture of the services provided to the public, the hospital's own organization and all the activities carried out. The policy will change from time to time with improvements through quality activities implemented and changes relevant to the current services offered in this hospital by giving priority to the continuous improvement of quality services to customers.

Hospital Kanowit's Operational Policy can be accessed through the hospital's website (<https://jknsarawak.moh.gov.my/hkanowit/>) and it is divided into:


- Clinical Policy
- Allied Health Policy
- Administration Policy
- Committee Policy

It is hoped that this policy will provide a complete source of knowledge in client management.

“MALAYSIA MADANI”


“BERKHIDMAT UNTUK NEGARA”

**DR BERNADETTE SYONNIA BINTI JARU SAWAT
HOSPITAL DIRECTOR
HOSPITAL KANOWIT
KANOWIT, SARAWAK**

	HOSPITAL WIDE POLICY HOSPITAL KANOWIT	
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1. ORGANIZATIONAL ASPECTS

- 1.1. The hospital shall be headed by the Hospital Director who is responsible for the overall management of the hospital, supported by the heads of the clinical and non-clinical departments.
- 1.2. The hospital director shall be aided by the Medical Advisory Committee which consists of the chairman of all the various clinical directorates, the management committee, and the other committees such as Drug Committee, Medical Records Committee, Infection Control Committee, Transfusion Committee etc.
- 1.3. All the clinical departments shall be headed by medical officers. The non-clinical departments shall be headed by officers trained in their respective disciplines.
- 1.4. All nursing services shall be managed by the Matron. She shall also be indirectly responsible for other services such as CSSU, linen and laundry, cleanliness within the wards, infection control, etc.
- 1.5. The chief medical assistant shall be responsible for coordinating the services provided by the medical assistants. In addition, he shall also be responsible for the health and safety aspect in the hospital. He shall also be responsible for coordinating the fire safety requirements.
- 1.6. The administrative services shall be managed by the assistant executive officer. She shall be responsible for general administration, personnel, finance, revenue collection, and maintenance and development projects.

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- 1.7. The engineering and maintenance services have been privatized and shall be overseen by the Hospital Director. He shall be assisted by the other liaison officers and hospital's assistant engineer to carry out supervisory checks on work carried out by privatized services.

- 1.8. The overall organization of the hospitals is shown in the chart on the following page.



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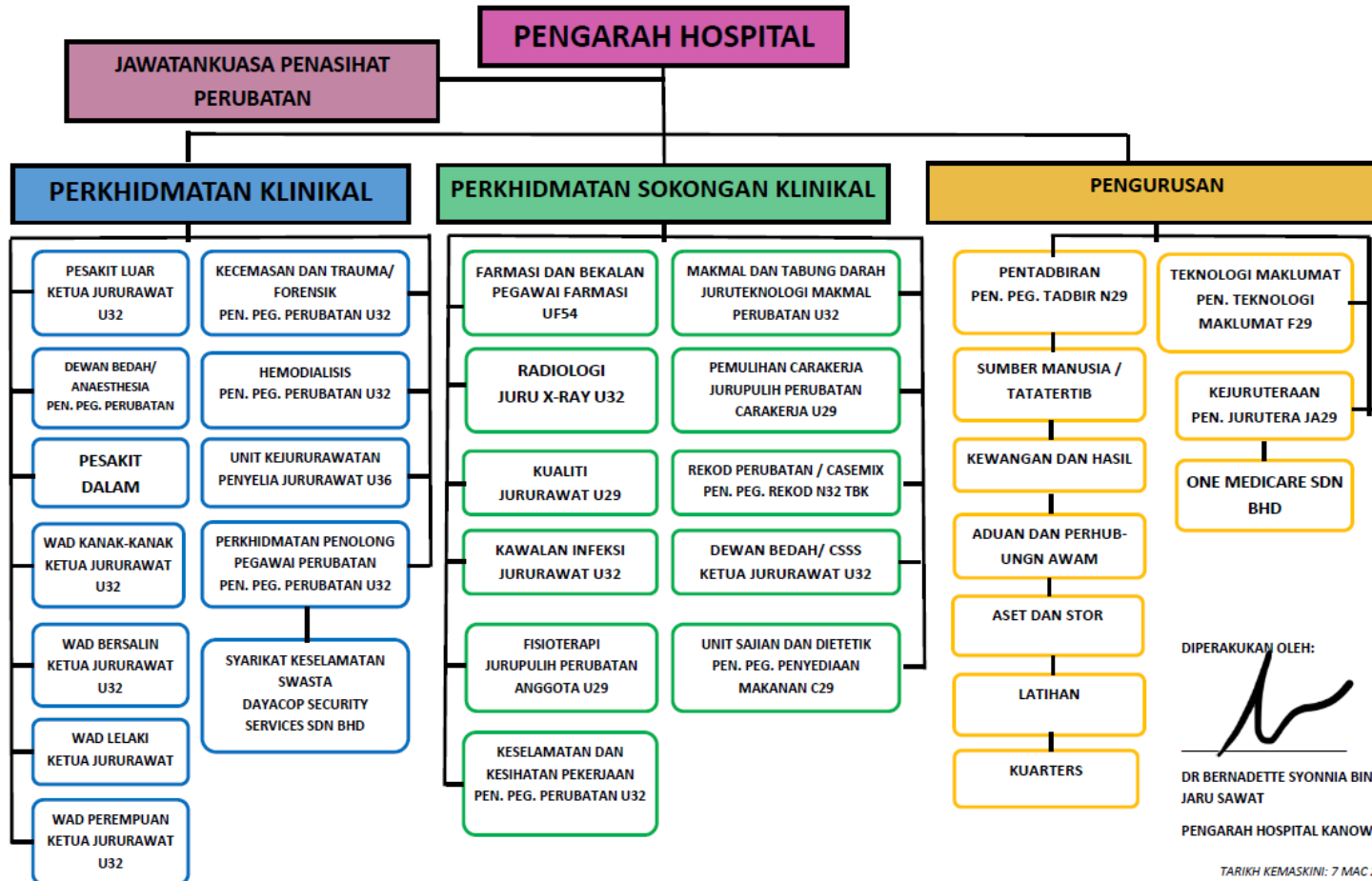
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1.9. ORGANIZATION CHART

CARTA ORGANISASI HOSPITAL KANOWIT




DIPERAKUKAN OLEH:

DR BERNADETTE SYONNINA BINTI
JARU SAWAT


PENGAH HOSPITAL KANOWIT

TARIKH KEMASKINI: 7 MAC 2024

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2. QUALITY ASSURANCE


- 2.1. The hospital shall have overall responsibility to ensure the development, implementation and monitoring of the Quality Assurance Program which provides for a systematic review of the quality and effectiveness of services rendered.
- 2.2. All staff shall be made familiar with the Quality Assurance Programme to the extent that it is the culture of the organization to think and practice quality at all times.
- 2.3. The hospital shall conduct Quality Assurance Committee meetings on a regular basis.
- 2.4. All departments shall carry out management and medical audit activities as a process to review and evaluate the following services:
 - clinical
 - nursing
 - clinical support
 - other support
- 2.5. Other appropriate review methods and procedures shall also be in place to ensure that patient care resources are utilized effectively and efficiently.

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3. PATIENT RELATED POLICIES

3.1. Admission And Discharge

- 3.1.1. Patients shall be admitted through the outpatient department during office hours and the emergency department to all wards during and after office hours.
- 3.1.2. All maternity cases in labour shall be sent directly to the maternity unit and the necessary admission formalities attended to subsequently.
- 3.1.3. All referrals shall be in accordance with existing guidelines.
- 3.1.4. Patients or their relatives shall pay a deposit or produce a guarantee letter on admission and settle their bills on discharge from the hospital. If they cannot settle the bills due to **financial problems**, they need to ask for fee waiver from the respective staff.
- 3.1.5. All female patients examined by male medical staff shall be chaperoned by female staff.


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3.2. Patient Movement

- 3.2.1. Patients shall be transported on mobile beds (cot, bassinet, and crib), wheelchairs or trolleys. Ambulant patients may be escorted on foot.
- 3.2.2. The ward or department attendants shall be responsible for patients' transportation within the department as well as to other departments.
- 3.2.3. Any patient who dies in the hospital shall be transferred on a cadaver trolley to the mortuary by the ward attendant.

3.3. Visitors and Visiting Hours

- 3.3.1. Visiting hours are scheduled between 12.30 pm to 2.00 pm and 4.30 pm to 7.30 pm from Monday to Friday and 12.30 pm to 7.30 pm on Saturday /Sunday / Public Holiday.
- 3.3.2. Relatives of critically ill patients shall be issued with special visiting passes and allowed 2 visitors per visit per patient.
- 3.3.3. Mothers or female relatives shall be allowed to accompany children in paediatric wards.
- 3.3.4. Children below 12 years old are not advisable to **visit** the wards.
- 3.3.5. Outside of visiting hours, visiting privileges shall be at the discretion of the doctor in charge of the patient, or the ward sister of staff nurse in charge of the ward.

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3.4. Transport Services

3.4.1. All hospitals shall provide ambulance and transport services for patients, and transportation for supplies and for staff, where indicated. Usage is as follows:

- the ambulance shall be used for pre-hospital care and the transportation of patients;
- the hearse shall be used for the transportation of dead bodies from the hospital to the home of the deceased;
- the official vehicle is generally used for transportation of supplies, blood bank work and for the transportation of staff.


3.4.2. Charges for the use of hospital transport shall be in accordance with the Fees (Medical) Order 1982.

4. CLINICAL POLICIES

4.1. Infection Control

4.1.1. Infectious patients shall be nursed in single rooms wherever possible. The use of multi-bedded rooms for the same type of infection is acceptable.


4.1.2. Cross-infection precautions shall include frequent hand washing and the use of gowns by anyone having direct contact with an infectious patient.

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- 4.1.3. Wash-hand-basins with elbow action taps shall be provided in all patients' areas.
- 4.1.4. Soiled disposables and linen shall be deposited into respective containers or bags to be weighed & collected by privatised service personnel.
- 4.1.5. All disposables and linen used by infectious patients shall be double bagged immediately in special bags (without soaking). All clinical waste from infectious patients shall be double bagged in yellow plastic bags for disposal by incineration.
- 4.1.6. For known Biohazard cases example HIV, Hepatitis B, Hepatitis C, patient or carriers who die in hospital, the last offices shall be carried out in the mortuary under the supervision of the Public Health Inspector.
- 4.1.7. Existing guidelines such as 'Guidelines on the Control of Hospital Acquired Infection' and the 'Disinfection and Sterilization Policy and Practise' shall be complied with.
- 4.1.8. The infection control officer shall provide advice and guidance on the proper method of collecting specimens, precautions in preventing transmission of infection, training of hospital staff, and inform the Hospital Infection Control Committee of problems related to the control of infection.

4.2. **Sterilization**

- 4.2.1. Sterilization of all instruments and materials that need sterilizing shall take place in the Central Sterile Supply Unit.

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4.3. Waste Management

4.3.1. The infection control officer shall provide advice and guidance on safe practices and procedures for handling clinical waste.

4.3.2. Hospital waste is categorized as clinical waste, chemical waste, pressurized containers and general domestic waste. It shall be collected by private/ pooled workers from the disposal room and transported to the respective central points.

4.3.3. All clinical waste is considered as hazardous and shall be placed in yellow bags or containers. It shall be sealed and collected daily. The methods of disposing the different types of clinical waste are:

- Group A - Soiled surgical waste, dressings, swabs, human tissues, etc, shall be placed in yellow plastic bags. Human tissues such as placenta should be placed in double yellow plastic bags;
- Group B - Sharps, shall be placed in sharps containers and when 3/4 full, sealed and placed into yellow plastic bags for incineration;
- Group C - Clinical waste from laboratories, clinical specimens must be placed in the yellow bags for collection and incineration;
- Group D - Solid pharmaceutical waste shall be placed in sharp bin containers, sealed and placed into yellow plastic bag and disposed of by incineration.
- Group E - Used disposable bedpan liners, stoma bags, incontinence pads, etc., shall be placed in yellow plastic bags.



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- 4.3.4. Chemical waste may be hazardous (toxic, corrosive, flammable, reactive) or non-hazardous:
- Hazardous chemical waste shall be disposed of by the most appropriate means according to the nature of the hazard. Because it often has toxic or flammable properties, hazardous chemical waste shall not be disposed of in the sewerage system;
 - Non-hazardous chemical waste may be disposed of along with general waste.
- 4.3.5. Pressurized containers shall be placed in black plastic bags and disposed of as general domestic waste.
- 4.3.6. General waste may be non-hazardous (paper, food, plastic, etc) or hazardous (glass, chinaware, knives, tubes, lights, etc):
- Non-hazardous general waste shall be placed in black plastic bags and disposed of by the local authority;
 - Hazardous general waste requires special handling. Light bulbs and fluorescent tubes shall be collected unbroken by the local authority.
 - 3R system is implemented accordingly. All reuse items are placed to the **bins** according to its type and will be collected by the privatized company.

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4.4. Policies and Procedures

4.4.1. The management shall ensure that policies and procedures shall be developed by the department head for:

- clinical management of cases
- clinical emergencies
- work procedures
- disaster management

5. SUPPLIES POLICIES

5.1. Movement and Procurement of Supplies

5.1.1. All movement of supplies shall be done by department attendants.


5.1.2. Procurement of supplies shall be the responsibility of the following departments:

- Medical supplies by the pharmaceutical store;
- Office supplies and stationery by administration;
- Food supplies by the kitchen;
- Reagent by laboratory store.

5.1.3. A proper inventory shall be kept at all the departments.


5.2. Sterile Supplies

5.2.1. The CSSU shall exchange and replace sterile medical instruments and sterile linen from the wards and departments on a regular basis.

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5.3. Pharmacy Supplies

- 5.3.1 All medication orders must be prescribed by authorized personnel only and in compliance with guidelines on prescribing in the drug formulary (drug category, discipline/specialty) as defined by MOH.
- 5.3.2 All patients must be registered before medication orders are raised and drug prescribed must be specific for registered patient only.
- 5.3.3 The medication order of a particular drug is considered valid for the duration prescribed from the date of prescribing.
- 5.3.4 Drugs prescribed to patients shall be in accordance to the approved list of Ministry of Health.
- 5.3.5 Modification or cancellation of order can only be done by the prescriber himself or other personnel assigned to cover his duty during his absence. The pharmacists have the authority to modify the medication order upon consultation with the prescriber.
- 5.3.6 All medications dispensed to patients in the ward should be kept in individually labelled drawers or trays in the medication trolleys for patients. The amount of medication dispensed should be according to the dosage regimen and placed in compartments within patient drawers.

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5.3.7 Wards are only permitted to keep a limited quantity of frequently used medications. A medication list which has been agreed upon by the pharmacy and the ward/ unit should be kept in the ward/ unit.

Level of floor stock/ emergency trolley items should be more than the minimum limit but should not exceed maximum limit. Floor stock/ emergency trolley medications list will be reviewed periodically.

5.3.8 Wards can only keep psychotropic medicines in the amount permitted in a medication list. A copy of the medication list as agreed by the pharmacy and the ward/unit must be kept in the ward/ unit. Record books must be updated each time psychotropic medications are used based on valid prescription (order form).

5.3.9 Ward inspection is done periodically to ensure the following:

- a) Ward stocks comply with the amount approved
- b) Expiry dates of all drugs are clearly labelled
- c) Drugs are properly labelled
- d) Drugs are properly stored
- e) Emergency drugs are available and in good order
- f) Medication trolleys are checked regularly
- g) Refrigerated items are stored appropriately.
- h) Psychotropic drugs are used, stored and recorded according to the requirements of existing laws.

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5.3.10 Any medication error that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional must be reported (example: prescribing, product labelling, packaging, dispensing, distribution, administration, monitoring and use)

5.4. Movement and Procurement of Supplies for the following services will be the responsibility of the Private Consortium (as per terms in the contact).

- Collecting domestic and clinical wastes for disposal
- Laundry (deliver clean linen and collect used linen)



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6. FOOD SERVICES POLICIES

- 6.1 Food shall be transported in specific food trolleys and plated in the ward pantry.
- 6.2 All used plates and cutlery shall be washed in the ward pantry.
- 6.3 All patients shall be supplied with four main meals a day. Dietary guidelines produced by the Ministry of Health shall be complied with.
- 6.4 Hospital staff shall take meals in specified rooms only e.g. staff rest room. These rooms shall be kept clean of leftovers at all times as a measure of pest control.
- 6.5 Certain staff shall be provided with food from the kitchen (e.g. doctors on call, etc.)

7. Laundry Services


- 7.1. The laundry service shall be managed by the private consortium.
- 7.2. The laundry shall exchange and replace the linen supplied to the wards and departments on a regular basis.
 - 7.2.1. Soiled linen from the wards and departments shall be placed in special bags and sent to the laundry daily.
 - 7.2.2. Stock level should be accordance to the Hospital amount stated in Hospital Specific Implementation Schedule. Blankets and mosquito nets shall be made available in adequate numbers.

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8. DOMESTIC SERVICE

- 8.1 General cleaning of departments shall be done by the private consortium. Cleaning shall be done according to the TRKPI (Technical Requirement Key Performance Indicator).


- 8.2 The hospital liaison officer shall supervise the overall cleanliness of the hospital. However, individual department heads will be responsible for supervising the cleanliness of their respective departments.

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9. ENGINEERING POLICIES

a. Maintenance

- i. All departments shall use the maintenance requisition form when requesting for repairs.
- ii. The private consortium team shall be responsible for carrying out the maintenance according to procedures recommended by the manufacturers.
- iii. The contractor shall rectify faults due to normal wear and tear or due to defects within 15 minutes for emergency and 2 hours for normal breakdown.
- iv. Any improvement and alteration works required shall be referred first to the hospital director for approval.
- v. All departments shall maintain an updated inventory of the equipment and assets in the department. The departmental head shall ensure that these equipment are serviced regularly and maintained by the concession company.
- vi. All equipment considered not functional or beyond economic repair shall be disposed of in accordance with existing guidelines of the Ministry of Health.

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10. STAFF POLICIES

b. Staff Safety

- i. All departments shall identify safety precautions for their work areas and ensure that their staff observe these safety measures.
- ii. All staff shall observe universal precautions where appropriate.
- iii. All safety measures as stated in the existing guidelines shall be adhered to.


c. Staff Welfare

- i. Priority in allocating hospital quarters shall be given to staff who are on-call.
- ii. Separate vehicle parking areas shall be made available for the staff.
- iii. Space for recreational facilities, both indoor and outdoor, may be made available (subject to availability of space) for staff.
- iv. Staff shall be encouraged to establish a social, sports and welfare society to promote goodwill and establish closer ties among staff.
- v. Staff rest rooms and prayer rooms for Muslim staff shall be provided.
- vi. Lockers shall be provided for staff use in specific areas.

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d. Staff Discipline

- i. The Public Officers Regulations (Conduct and Discipline), 1993 shall be adhered to.
- ii. Staff who are required to wear uniform shall be in uniform while on duty.
- iii. Name tags shall be worn while on duty.
- iv. Staff shall not smoke within the hospital grounds.
- v. All staff shall comply with the Client's Charter at all times.
- vi. Staff shall not be involved in any business including hawking and touting within the hospital premises.
- vii. The relevant codes of ethics shall be observed.
- viii. Staff shall render services in a professional manner and with a caring attitude.
- ix. Any gifts received shall be in accordance with the existing guidelines.
- x. Staff shall observe the concept of teamwork at all times.

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e. In service Training

- i. The management shall develop a programme for human resource development. The training programme shall include:
 - Orientation for all newly appointed staff;
 - Lectures, clinical presentations and in service training;
 - Refresher courses;
- ii. The management shall encourage research activities in particular clinical and operational research.

11. MISCELLANEOUS


11.1. Access And Parking

11.1.1. Generally, separate access shall be provided for the general traffic (visitors and patients) and for goods and staff.

11.1.2. The Emergency Department and the clinics shall not be used as the main thoroughfare for entering the hospital.


11.1.3. Visitor's car park, where possible, shall be sufficiently available.

11.1.4. No parking shall be allowed at the Emergency Department and the main entrance porch.

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11.2. Security

- 11.2.1. Security counter at the visitor control in the hospital shall be maintained.
- 11.2.2. Patients shall be requested to make arrangements to send their valuables home. If not, arrangements can be made for safekeeping by the hospital.
- 11.2.3. Cash collected at all counters e.g. Accident and Emergency Department, Out Patient Department, shall be stored in a money box which shall be kept in a locked drawer at the reception counter. It shall be transferred to the main safe in the Revenue Department before the end of each day.
- 11.2.4. Controlled drugs shall be stored in the Controlled Drugs Cupboard which shall be equipped with a sound alarm and a light alert.
- 11.2.5. A master key system shall be in operation. All keys shall be kept at the Operator Room after office hours. Master key system operation will be in accordance with 'Garis panduan Pengurusan Kunci Keselamatan KKM' by Ministry of Health.
- 11.2.6. Regular site patrols shall be undertaken by security guards.
- 11.2.7. Certain areas shall have special security precautions e.g; Medical Records, Maternity and Medical Store.


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11.3. **Fire Precautions**

- 11.3.1. Hospital Kanowit has its own fire contingency plan, a fire safety officer is appointed and fire drills conducted regularly.
- 11.3.2. Fire doors shall be kept closed at all times, but not necessarily locked. However, if locked, the keys shall be made easily available.
- 11.3.3. In the event of fire, patients shall be evacuated in accordance with the principle of horizontal evacuation, i.e. patients shall be moved horizontally from, the affected fire compartment to a non-affected compartment and if the fire continues to spread, be moved progressively horizontally until, if necessary, taken vertically down.

11.4. **Medical Records**

- 11.4.1. All patient medical records shall be held by the hospital for a period of at least 7 years from the last time it was activated entry except for Paediatric, O&G, Psychiatry and Forensic records.
- 11.4.2. The Medical Records Department shall hold all in patient records and X-rays.
- 11.4.3. Medical records shall be transported within the hospital by authorized dispatch attendants. Transportation outside the hospital is strictly forbidden, except for viewing by a court of law and with approval of Hospital Director for other medico legal purpose.
- 11.4.4. Information about a patient shall only be released with the consent of the patient or the guardian if the patient is under aged or unfit, or the next of kin if the patient has died. However, information should not be released without the prior knowledge and approval of the hospital director.

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11.5. Communication System

11.5.1. Telephones


- A PABX line (direct dialling throughout the country) and a separated direct telephone line shall be made available only for the Hospital Director and few officers.
- Telephones shall be for official use only unless authorized otherwise.

11.5.2. Nurse Call System

- A nurse call system shall be provided within each ward as follows:
 - Each bedhead shall be linked to the control at the staff base which is equipped with a sound alarm and a light alert;
- Apart from the bedhead, all patient toilets shall also be linked to this system.
- In case of non-functioning nurse call system, other system like bell is used and local authority is acknowledged.

11.5.3. Two-way Radio Communication

- A two-way radio communication system shall be in operation between the Emergency Department and the ambulance while responding to an emergency call.


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11.5.4. Public Address System

- The public address (PA) system may be used for making announcements, providing information and entertainment. e.g. pre-recorded light music or suitable radio programs.

11.6. Hospital Board of Visitors

- 11.6.1. The hospital shall have a board of visitors each of whom is appointed for a period of 3 years.
- 11.6.2. The board of visitors (BOV) shall function in accordance with the Ministry of Health's guidelines.
- 11.6.3. Identification passes shall be issued to members of the BOV for use during visits to hospital. The board shall be accompanied by a designated staff during their visits. The board shall not visit restricted areas such as the operating theatre, delivery suite, CSSU, isolation rooms, medical store, etc.
- 11.6.4. Visits and meetings shall be held regularly. Reports of visits and minutes of meetings shall be kept in the office, and copies forwarded to the State Director's Office.
- 11.6.5. The BOV may obtain information from patients regarding hospital facilities, food, clothing, cleanliness and services provided by the staff, but shall not discuss with patients the technicalities of the treatment provided nor examine the patients' case note.
- 11.6.6. The BOV shall act as a link between the hospital and the public and contribute in various ways to the hospital's programs such as hospital image, welfare programs, etc.

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11.7. Release of Information

- 11.7.1. For ethical and legal reasons, all staff of the hospital shall respect the confidentiality of information, acquired either directly or indirectly, relating to any patient, his or her medical condition, diagnosis and treatment.
- 11.7.2. Only State Health Director is authorized to give statements to the press.
- 11.7.3. As the release of information on patients may have serious implications, any member of the staff who does not comply with this policy shall be subject to disciplinary action.

11.8. Photography / Filming / Interviews

- 11.8.1. No photographing, filming, etc., shall be carried out within the premises of the hospital without the prior permission of the Hospital Director.
- 11.8.2. Permission for the privilege of photographing a patient in the hospital may be given if:
- In the opinion of the doctor in charge of the case, the patient's condition will not be jeopardized, and
 - The patient (or in the case of a minor, the parent or guardian) is willing to be photographed.
- 11.8.3. Interviews of patients shall not be allowed if he (or his parent or guardian) objects or in the opinion of the attending doctor, his condition does not permit it.