



**JABATAN KESIHATAN NEGERI SARAWAK
HOSPITAL KANOWIT**

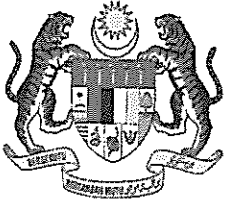
DOCUMENT: DEPARTMENTAL OPERATIONAL POLICIES AND PROCEDURES IN PATIENT - FEMALE WARD	
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DOCUMENT : Departmental Operational Policies & Procedures in Patient – Female Ward.

OBJECTIVE : To ensure the nursing care delivered to patient is effective, efficient and safe.

SCOPE : All Nursing Staff of Female Ward Hospital Kanowit.

	REVISED BY:	APPROVED BY:	DATE DUE FOR REVISION
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HOSPITAL KANOWIT
DEPARTMENT OPERATIONAL POLICIES
FEMALE WARD

1. Location:

It is a single-storey block, located in between the Maternity Ward and the kitchen block on the hospital compound.

2. Goals

Ensuring comprehensive care that considers the patient's social, emotional, cultural and physical needs.

3. Objective:

- 2.1 To provide inpatient care to patients in general medicine and surgery.
- 2.2 To provide the skills and level of quality care to patients.
- 2.3 To promote patient participation in decision making in health care and treatment.

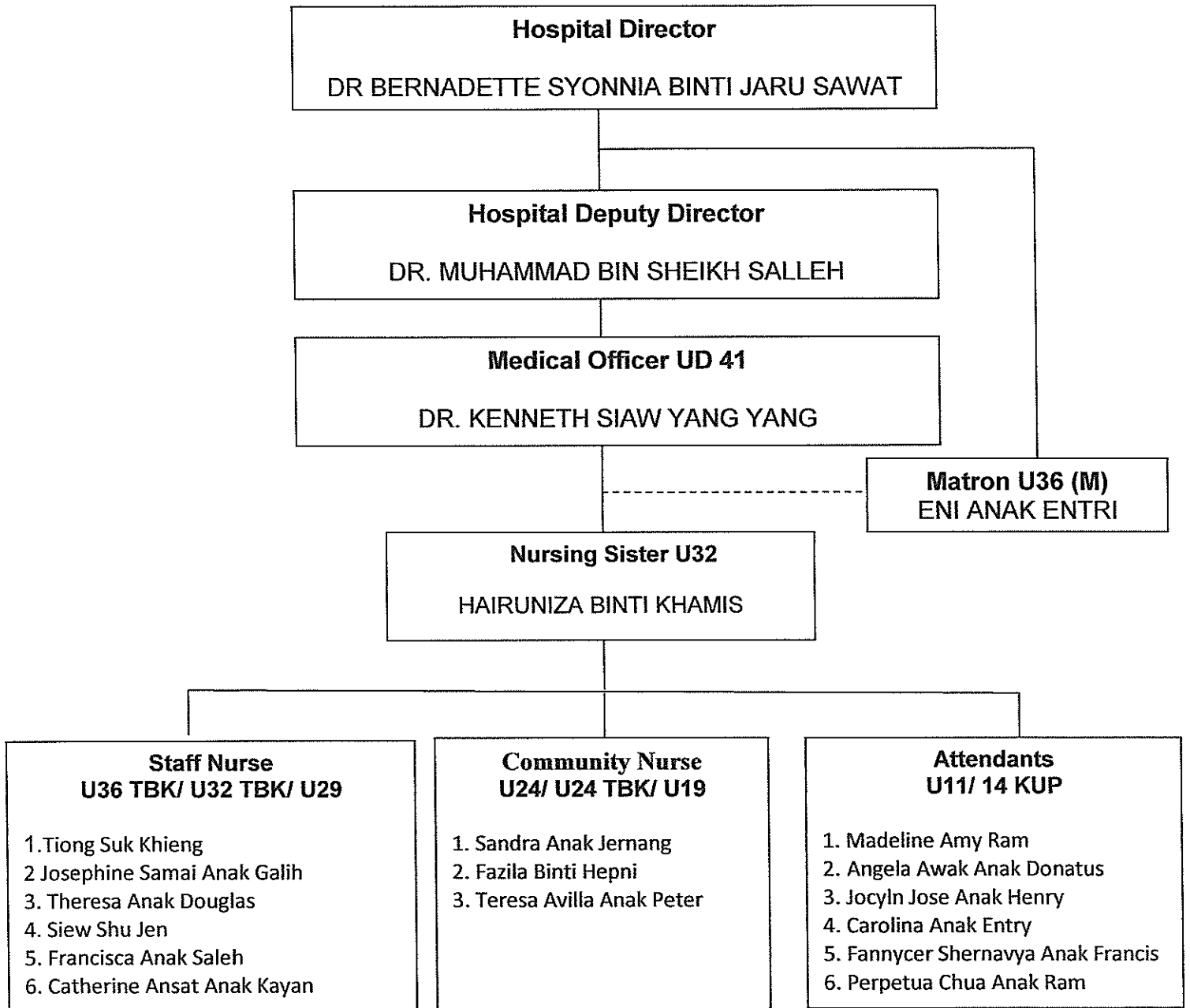
4. Scope of service:

- 4.1 The main function of the adult female ward is to provide facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of acutely ill patients aged 12 years and above.
- 4.2 When circumstances arise, such as shortage of beds, the Hospital Director may use his/ her discretion to allow additional beds to be added.

5. Organization:

5.1 The day to day running of the ward shall be done by the sister in charge.

5.2 The organization chart is as follows:



6. Operational Policies

- 6.1 Patients shall be admitted through Outpatient department or Emergency Department to hospital wards during office hours. After office hours, patients requiring admission will be admitted through the Emergency Department.
- 6.2 Pre-admission: RTK-Ag for Covid19 shall be done on all patients and caretakers.
- 6.3 Patients, who are foreigners, will pay their registration fees at the admission counter prior to admission, and later their employers will be responsible in clearing the payment once the patient is discharged.
- 6.4 A confidential case history note shall be opened for each patient once they are admitted in the ward.
- 6.5 All emergency and non-emergency cases shall be managed and clerked by a medical officer at the emergency department till the patient's condition has been stabilized prior to his/ her admission to the ward.
- 6.6 The ward shall maintain the confidentiality of the in-patient registry in the ward registration book.
- 6.7 The placement of the patient in the ward will be subjected to their clinical status based on his/ her nursing assessment after consultation with the medical doctor. Generally, ill patients shall be placed near to the nursing station to permit closer observation by the nurses. Patients with infectious disease shall be placed in the isolation room and shall be managed according to the standard procedures of infectious disease protocols.
- 6.8 No additional beds shall be added to the ward unless necessary.
- 6.9 Informed consent is a formal agreement between the patient and healthcare provider acknowledging the patient's understanding of the treatments and procedures planned. In view of frequent practice of the procedures for patients warded, the following procedures are to be taken consent during patient orientation in the ward and consent shall be valid throughout the patient's hospital stay. Consent given shall be documented in the patient's case notes with signature and chop of attending healthcare provider and signature and name of the patient/caretaker.

These are the list of procedures that may be done on a warded patient:

- 6.9.1 Blood taking procedure (venepuncture and blood withdrawal).
- 6.9.2 Intravenous cannulation procedures
- 6.9.3 Intravenous medication administration.
- 6.9.10 Intramuscular/subcutaneous medication administration by injection.
- 6.9.11 Finger skin prick for bedside glucose examination.
- 6.9.12 Continuous bladder draining (foley) catheter insertion for selected patients.
- 6.9.13 Naso gastric tube insertion for selected patients.
- 6.9.14 Per Rectal manual examination for selected patients.

- 6.10 Any medical or surgical emergencies in the ward shall be notified immediately to the ward doctor or doctor on-call, who shall see the patient as soon as possible.
- 6.11 A patient shall be seen at least once a day by the ward doctor.
- 6.12 The staff nurse on duty must follow the medical officer whenever ward round is being conducted.
- 6.13 All treatments ordered by the treating doctor shall be carried out promptly and correctly by the nursing staff who shall maintain their own nursing documentation in the integrated case notes.
- 6.14 All patients shall be given an explanation regarding their condition, investigations done and treatment that will be done on them during their hospitalization.
- 6.15 Most medical procedures shall be carried out in the treatment room in the ward, unless the patient cannot be moved, in which case the procedures shall be done by the bedside with adequate privacy. Relatives or friends shall not witness any procedures unless specifically allowed by the treating doctor.
- 6.16 The sister in charge or staff nurse shall abide by a regular schedule for indenting drugs and medication from pharmacy and ensure that there is sufficient stock available at all times.

- 6.17 The ward staff shall inform the operator or ETD staff (after OH) when requesting for an ambulance service. An escort personnel will depend on the condition of the patient. The MO in charge shall discuss and inform respective departments prior to departure.
- 6.18 A midnight census of patients shall be carried out each day and notified to the medical records department in the prescribed form.
- 6.19 Upon discharge, patients shall be given an emphasis and also advise regarding health education and health promotion to increase their knowledge in health.
- 6.20 Discharged patients shall be given a discharge certificate, a medication prescription form, a medical leave certificate, if required and a follow up appointment if needed.
- 6.21 A medical attendant will accompany the patient or relative to the billing counter for payment of hospital charges prior to discharge from the ward.
- 6.22 Medication prescribed on discharge shall be explained and given by the in-patient pharmacist prior to discharge.
- 6.23 After discharge, the case summaries shall be completed by the treating doctor and the case notes will be dispatched to the medical record department within 72 hours of working days. The staff nurse in charge will ensure the security and movement of patient's records in the ward.
- 6.24 Ward sister and staff nurse shall maintain and update inventory of all ward equipment and assets. They shall ensure that planned preventive maintenance (PPM), breakdown maintenance is carried out accordingly and all equipment are maintained in good working condition by the concession company.
- 6.25 Ward sister and staff nurse shall monitor all cleansing and housekeeping services, linen and laundry services, waste management service that are carried out by the appointed concession company by Ministry of Health Malaysia, according to the schedule drawn up and agreed upon by the hospital and concession company.

7. COVID WARD SETTING

- 7.1 The current Female Ward isolation room is used as a containment for Covid-19 patients with a total of 6 beds.
- 7.2 Female patients shall be moved to Maternity Ward if the ward is fully converted to Covid Ward until the situation resolves.
- 7.3 If there is a surge in the number of patients with Covid-19, a new ward extension which will be located on the second floor of the Nurses' Home will be used to accommodate those patients.
- 7.4 The Hospital Director shall be the person in charge and the Matron and Nursing Sisters shall be the Bed Management Unit in coordinating the care of patients and redistribution of human resources, equipment and consumables as well as medication required in this ward.

ROLES OF NURSING COVID-19 SUB-COMMITTEE

8. HUMAN RESOURCE

- 8.1 To ensure an effective internal nursing staff deployment plan is in place.
- 8.2 Deployment of staff shall be arranged by the Matron and Nursing Sisters.
- 8.3 To ensure that appropriate training has been given to nurses in performing specific tasks to patient's care.
- 8.4 To ensure appropriate training on Infection Prevention and control prevention for all relevant staff.
- 8.5 Nurses working at COVID Ward shall be on a 12-hours working shift:

AM SHIFT: 7 AM-7 PM

PM SHIFT: 7 PM-7 AM

9. STAFFING

- 9.1 An estimate of 7-8 Staff Nurses, 4 Community Nurses and 4 Medical Attendants to run each ward. These nurses and PPKs shall be deployed from the internal nursing staff deployment of the hospital.

10. NURSING POLICIES

- 10.1 Relevant aspects for the hospital nursing policies shall be complied.

11. WHOLE HOSPITAL POLICIES

- 11.1 Relevant aspects of the whole hospital policies shall be observed.

PIAGAM PELANGGAN
WAD PEREMPUAN
RAWATAN PESAKIT DALAM

KEMASUKKAN KE WAD

1. Pelanggan akan ditempatkan di katil dalam masa 10 minit.
2. Kes kecemasan akan dikendalikan oleh doktor dengan secepat mungkin sebaik saja diberitahu.
3. Kes yang tidak memerlukan rawatan segera akan dikendalikan oleh doktor pada rondaan wad yang seterusnya.

RAWATAN

1. Setiap pelanggan diberi jaminan bahawa kehormatannya akan dipelihara dan diagnosis penyakitnya akan diterangkan semasa menerima rawatan.
2. Pelanggan akan diberi penerangan dengan jelas mengenai keadaan, pemeriksaan serta perawatan yang akan dilakukan terhadapnya.
3. Setiap pelanggan akan dilayan dengan penuh mesra.
4. Setiap pelanggan akan diperiksa oleh doktor wad sekurang – kurangnya sekali sehari kecuali kes-kes yang tertentu sahaja.

DISCAJ

1. Setiap pelanggan akan diberitahu sehari sebelumnya.
2. Setiap pelanggan akan diberi penerangan mengenai perkara – perkara seperti berikut:
 - a. Tarikh rawatan susulan.
 - b. Sijil discaj dan sijil cuti sakit (jika perlu)
 - c. Caj hospital.
 - d. Ubat – ubatan.
 - e. Pendidikan kesihatan

TANGGUNGJAWAB PELANGGAN SERTA KELUARGA

1. Setiap pelanggan bertanggungjawab memainkan peranan penting dalam mempercepatkan proses pemulihannya.
2. Setiap pelanggan serta keluarga mesti bekerjasama dan mematuhi peraturan hospital semasa kemasukan ke wad.
3. Setiap pelanggan diberi jaminan bahawa keselamatannya akan dipelihara dan diagnosis penyakitnya akan diterangkan semasa menerima rawatan.
4. Setiap pelanggan harus menghormati staf yang bertugas.
5. Setiap pelanggan dikehendaki mematuhi perencian yang terkandung di dalam piagam pelanggan.

Dikemaskini oleh:



(KJ U32 HAIRUNIZA BINTI KHAMIS)

Tarikh: 01.02.2024

Disahkan oleh:

(DR BERNADETTE SYONNIA BINTI JARU SAWAT)

Pengarah Hospital,

Hospital Kanowit.

MMC No.: 61590

FEMALE WARD

VISION

To be the unit of excellence in delivering safe quality care.

MISSION

To incorporate the values of corporate culture in caring of sick, mainly teamwork, caring and professionalism.

GOAL

To ensure patient receive comprehensive care that meets their social, emotional, cultural and physical needs.

OBJECTIVES

1. To provide quality care to inpatients in general Medicine and Surgery.
2. To provide the skills and level of quality care to patients.
3. To promote patient participation in decision making in health care and treatment.