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1.0 ACTIVITY AND RESPONSIBILITY

1.1 Job responsibilities of Public Relation Officer are as follows.

1.2 HANDING OVER AND TAKING OVER

1.2.1 During the start and end of each shift a through hand over is given to the next duty staff and also a through taking over is done from the previous duty staff. The aspects discussed in the handing over are the list of incomplete works e.g. signatures over the medical reports, Sick leave (C-section, counter staff) Medform responsibilities, Patient related activities like coordinating travel, Madhana etc.

1.2.2 As soon as the charge is taken the list of incomplete work is started parallely on a priority basis. Certain work is delegated to colleagues e.g. interpreters, cashier.

1.2.3 In the likely event of staff availing Sick leave e.g. Laboratory/X-ray staff/Counter staff, the on-call person will be summoned for duty.

1.3 DIRECTING PATIENTS/VISITORS

1.3.1 An orientation regarding the functioning of the hospital OPD is given to the patients/visitors. This will be a brief orientation only to acquaint them with how to use the token system, how to register for the first time, location of water fountain/rest room, how to go to different locations in the hospital, to sit outside OPD rooms till the number is called from the queue system.

1.3.2 Any grievances from the patients are recorded to improve/correct the existing system.

1.3.3 Complaints from the suggestion box are retrieved once in a year and noted in a book and OPD in-charge is informed of the same.

1.4 REGISTERING OF PATIENTS FOR OPD AND RELATED ACTIVITIES

1.4.1 On the arrival of patients to the reception counter, the token number is taken from them on a first come first serve basis. Inquiry is made as to the service they need and they are directed appropriately.

1.4.2 In the likely event of the patient desiring to visit a doctor, a check is made if the patient is a new patient or an old patient.

1.4.3 In case of an old patient, entry of the hospital number is made in the HIS and the details are obtained. A memo is issued by selecting the doctor that the patient wants to visit.

1.4.4 In case of a new patient, the particulars are entered in the HIS and a token number is issued.

1.4.5 Patient is instructed to wait outside the OPD room and enter only when the number is called.

1.4.6 IN CASE OF EMERGENCY cases, the patient is directed to the casualty and the specialist is informed over the intercom about the patient's arrival.

1.5 ATTENDING PHONE CALLS

1.5.1 Phone calls are made to GRH for the purposes of inquiry. Answers to the queries are given either by referring to the source of information or passing the phone to appropriate sections.

SI No	Type of Query	Source of information
1	Availability of doctors	Duty roster which is on the counter
2	Availability of services/investigations	Common knowledge/pass to Laboratory
3	Timing of services	Working hours of hospital services
4	Island Aviation	Answer appropriately
5	Requisition for Ambulance	Inquiry regarding patient's condition and the need for oxygen
6	Technical questions	Pass to concerned department

1.5.2 Phone etiquette followed is – As-Salamu-Allaikum, Laamu, Gan Regional Hospital. Followed by identification of the receiver. Politeness and decorum is maintained at all times while handling a telephonic conversation.

1.6 SUMMONING AMBULANCE SERVICES

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- 1.6.1 When the need arises, coordinating the ambulance services by calling the ambulance driver on the mobile phone and informing him a) location of the patient b) timing of the trip c) need for oxygen d) persons who will be accompanying e.g. doctor and/or nurse
- 1.6.2 Simultaneously coordinating with the duty doctor and Nursing In-charge if doctor/nurse need to travel in ambulance.
- 1.6.3 Informing the cashier that ambulance service is utilized so that bill can be raised.
- 1.7 SUPERVISING WORK
- 1.7.1 Supervise if the Interpreters have kept the OPD rooms ready prior to the shift start. Note if blank requisition forms are in stock in each room.
- 1.8 MEDICAL RECORDS
- 1.8.1 Preparation of Medical records folder, with unique patient labels and registration numbers including a confidential sticker along with GRH logo. IPMC is then arranged in a chronological order and each admission is preceded by a blank sheet stating the number of admission.
- 1.8.2 IPMC folders are arranged in the racks according to order.
- 1.8.3 In case of IPMC folder requisition an entry is made in the card and all details are filled regarding the requisition details.
- 1.9 MEDICO LEGAL FORMS
- 1.9.1 Ensure that all medico-legal forms are filled immediately. If not, then ensure that the doctor who has seen the case fills the form and confirm that accurate translation has been done by the interpreter.
- 1.9.2 Once filled, intimate the Police and hand over the original to the Police against a letter from the Police
- 1.9.3 Keep the MLC forms and letters from the Police securely stored.
- 1.10 MEDICAL REPORTS
- 1.10.1 Ensure that all medical reports are signed and then sealed and handed over to the patients. One copy of the medical report is retained in GRH.
- 1.11 MedForms
- 1.11.1 All Medforms once received are checked for completeness and then the signature of the patient/by-stander is taken. The form is then sent to island aviation. island aviation is called to verify the receipt of the fax. Any queries are answered and technical queries are directed to the concerned specialist. A duplicate copy of the Medform is retained in GRH.
- 1.12 MONTHLY ACTIVITY REPORTS
- 1.12.1 A Monthly report is raised after data and statistics is obtained from various departments including Health centres of Laamu atoll, in soft copy. This report is collated, verified and saved in an excel format MRD F (). This is then submitted to DMS website using a secure log-in.
- 1.13 STAFF AND BED DATA REPORT
- 1.13.1 Data is obtained from various sections and a report is prepared as MRD F () and submitted in soft copy once every six months in DMS website using a secure log-in.
- 1.14 ICD code entry
- 1.14.1 ICD code entry for all IMPC is done. This is done using either HIS software or ICD-10 book as a reference.
- 1.15 MADHANA PATIENTS

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1.15.1 Ensure completeness of all the paper work and then fax the appropriate papers to MADHANA.
Once the fax has been sent, telephonically discuss with them if it has been approved.

1.15.2 Inform the patient party regarding the status of the claim.

1.16 TRANSFERRING OF PATIENTS TO HIGHER CENTRE

1.16.1 In the likely event of patient being transferred to the higher centre then following forms have to be kept ready a) discharge summary b) MedForm c) Medical Report d) Referral letter. Once these have been obtained, then the discussion must be conducted with the patient by-standers regarding a) payments to be made depending n the staff that are escorting the patient b) arrangement and payment of flight ticket for all the passengers (patient, medical escorts)

1.17 OTHER RESPONSIBILITIES

1.17.1 Taking over cashier/interpreter work when there is shortage.

1.17.2 Attending section meetings.

1.17.3 Handling paper work

1.17.4 Maintaining confidentiality of patients.

1.17.5 Handling in-charge responsibilities in his absence.

1.1.1 Reporting any untoward incidents/complaints/grievances to the OPD in-charge.