


QUALITY WORK INSTRUCTIONAL MANUAL	  HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. QWI 3.0	EFFECTIVITY DATE: August 30, 2019
			REVISION NO.: 7
		PREPARED BY: Marilar F. De Guzman, MD QAM	APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: WORK INSTRUCTIONAL MANUAL FOR PROCESSING			


## 1.0 PURPOSE

This QWI documents the procedure for Processing unit to establish a consistent method using proper assessment applicable to HMHS systems.

## 2.0 DEFINITIONS AND ACRONYMS

1. Final Review - Patient who has completed and passed the required tests included in the package as per DOH, P&I and ILO and STCW standard.
2. Fit - Patient who has completed the required tests included in the package and results passes the minimum DOH, P and I, ILO and STCW standard.
3. Unfit - Patients who did not pass the minimum DOH, P and I, ILO and STCW standard.
4. Miss outs - Additional and repeat tests that should have been done/requested but was not done.
5. Screening - Initial tests requested by companies prior to proceeding with PEME proper.
6. NOE - North of England
7. NIS/NMA - Norwegian Maritime Authority
8. MCA - Maritime and Coastguard Agency
9. DOH - Department of Health
10. WOE - West of England
11. DOH BHFS - Department of Health Bureau of Health Facilities and Services
12. ILO - International Labour Office
13. SSML - Steamship Mutual Ltd
14. STCW - Standard of Training, Certification and Watchkeeping for Seafarers
15. MLC Maritime Labour Convention
16. P and I Club - Protection and Indemnity Club

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### 3.0 FITTING OR UNFITTING OF PATIENTS

1. Hand down recommendation for patient sent for final review by the Follow up Physician.
2. Click on Mozilla Firefox icon
3. Log in using the given username and password
4. Click PROCESSING/FOLLOW-UP MODULE on the web page.
5. Click FR LIST.
6. Click PEME ID number of patient for final review on provided box.
7. Review the package and tests of the patient.
8. Check if previous pending have been met according to clinic, company, NOE, American P&I, Carnival Cruise Lines, MCA, NIS, Swedish Club, British Marine P&I, Standard Club, DOH, Dutch, Steamship, West of England, Japan and ILO guidelines.
9. FIT patient if all recommendations are finished.
10. UNFIT patient that did not meet the guidelines.
11. Encode final status on the space provided for MD's remarks.
12. Check the patient's name if included in the FIT LIST for the day.
13. Check the medical certificate prior to release to companies.

### 4.0 MONITORING OF FIT/UNFIT/EXPIRED CHARTS

1. Once a final disposition of a patient case is reached, and declaration of FIT/UNFIT is encoded in the patient's database, the processing assistant shall check the patient in the corresponding Daily FIT/UNFIT Census in the FIT LIST.

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2. The Processing Assistant shall also check if the FIT tab is clicked. The FIT list shall serve as notification to the Documentation unit that the patient's chart is now ready for processing.

3. All MD's handling transmittal shall conduct a weekly review of ALL pending patient's in their transmittals to identify overlooked patient's which may already be declared FIT/UNFIT/EXPIRED; once identified these patient's shall be endorsed to the processing MD's for final disposition.


## **5.0 PREPARING CENSUS**

### **5.1 MONTHLY UNFIT CENSUS REPORTING TO DOH BHFS**

1. Create an excel for the current month
2. Click on Mozilla Firefox icon
3. Log-in using the username and password (Where to login?)
4. Click Doctor's Module on the web page
5. Click on tag statistics
6. Input "Unfit for Sea Duty" on the concept field
7. Input date from beginning date to end date, then click on generate button.
8. Check each PEME number of Unfit patients seen on the generated report for the reason of unfitness then collate.
9. Create another excel file to tally all the listed reason of unfitness.
10. Transfer tallied results to the DOH monthly statistical report on PEME (word format).
11. Send to the Medical Operations Manager for checking and approval.
12. Once reviewed and approved, census will be forwarded to DOH BHFS.

## **6.0 DOCUMENTING MISS OUTS**

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#### 6.1 RECEPTION

1. Click on Google Chrome icon (**Verify if it's the internet access**)
2. Log in using the given username and password
3. Go to <https://drive.google.com>
4. Search for Reception Errors
5. Search for the current month
6. Enter the errors encountered during checking of medical certificates per day.

#### 6.2 LABORATORY/TESTING

1. Click on Google Chrome icon
2. Log in using the given username and password
3. Go to <https://drive.google.com>
4. Search for Laboratory/Testing Errors
5. Search for the current month
6. Enter the errors encountered during checking of medical certificates per day.


#### 6.3 FOLLOW UP

1. Click on Google Chrome icon
2. Log in using the given username and password
3. Go to <https://drive.google.com>
4. Search for Follow up Errors
5. Search for the current month
6. Enter the errors encountered during checking of medical certificates per day.

#### 6.4 RECORDS

1. Click on Google Chrome icon
2. Log in using the given username and password

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3. Go to <https://drive.google.com>
4. Search for Encoder Errors
5. Search for the current month
6. Enter the errors encountered during checking of medical certificates per day.

## **7.0 SCREENING PATIENTS**


### 7.1 Screen First timer patients per company's request

1. Teekay
2. Anglo
3. Scanmar LDA
4. German Marine
5. Kestrel
6. Epsilon - Offen Tanker
7. North Sea - Silver Sea
8. Scanmar - Dannebrog
9. Wilhelmsen
10. Abosta

### 7.2 Screen ALL patients per company's request

1. Scanmar SMT
2. POMI
3. BW
4. PTC Seaspan
5. Skanfil - DS Schifffahrt
6. Skanfil - BBG
7. Scanmar - Forestwave
8. Scanmar - Medcrew

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- 9. Scanmar - LDA
- 10. CF Sharp
- 11. Magsaysay ENSL

7.3 Evaluate results then recommend if FAILED or PASSED SCREENING PHASE. If patient passes SCREENING PHASE, endorse it to reception so that patient may proceed with PEME proper. If patient FAILED the SCREENING PHASE, prepare a medical report to be sent to the company. Re-evaluation of FAILED CASES may be done depending on the request of the company.


## **8.0 PROCEDURE FOR SYSTEM DOWNTIME**

- 1. Patient for final review are listed in Google Documents.
- 2. All units should make data accessible by uploading results to Google drive or retrieved from Bravo software for review.
- 3. For Laboratory results, results shall be reviewed from Cobas IT 500 solution.
- 4. For Imaging, visual and dental unit results (Ultrasound and CXR results), logbook from each unit shall be scanned and uploaded on Google Drive.

## **9.0 PROCEDURE FOR REMEDICAL CASES WITH DEFERRED TEST**

- 1. Follow-up Reception will endorse Unfit PEMEs to processing MDs for re-evaluation.
- 2. Processing MDs will review unfit PEMEs, once identified as a case of REMEDICAL with DEFERRED test, Processing MDs will input the name, company and test to be deferred in an EXCEL sheet (Google Sheet) which is shared also to Receiving Reception, Customer Service Officer (CSO) and Imaging Unit.

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3. Once name is encoded in the list, Processing MDs will also inform Customer Service Officer (CSO), Receiving Reception and Imaging Unit thru a group chat in Rocket.
4. List will be updated at the end of the week by removing names that already proceeded with remedical.

## **10.0 PROCEDURE FOR EQUIVOCAL OR AMBIGUOUS EXAMINATION RESULT**

### **1. KIDNEYS, URETERS AND URINARY BLADDER ULTRASOUND**

#### **1.1 Kidney Stone**

- 1.1.1 Once KUB ultrasound showed stone, patient is considered Unfit.
- 1.1.2 If patient comes in with repeat KUB ultrasound done outside, request for CT stonogram.
- 1.1.3 If CT stonogram results showed stone, PEME is still unfit. Patient is cleared once CT stonogram result showed no lithiasis seen.


### **2. HEPATOBILIARY TREE ULTRASOUND**

#### **2.1 Gallbladder stone**

- 2.1.1 For those with Gallbladder stones seen in ultrasound, may declare patient Unfit.
- 2.1.2 If patient comes in with repeat HBT ultrasound done outside with results showing NO GB stone, repeat HBT ultrasound will be requested but will be referred to a Senior Radiologist.
- 2.1.3 If the senior radiologist read the ultrasound as GB stone, patient is still considered unfit.
- 2.1.4 In cases where the company is willing to acknowledge the GB stone, HIDA scan is required.

#### **2.2 Gallbladder polyps**

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2.2.1 Findings of Gallbladder polyps that are more than 1 cm is considered Unfit.

2.2.2 For cases where patient presents ultrasound done outside, repeat HBT ultrasound will be requested and will be referred to a senior radiologist.

2.2.3 If the senior radiologist read the ultrasound as GB polyps greater than 1cm, patient is still considered Unfit.

### 3. BLOOD PRESSURE MONITORING

3.1 For cases of elevated Blood Pressure that was eventually diagnosed with Hypertension and patient contest said findings, patient is asked to do diet and lifestyle modifications and then request for 24 hour Ambulatory BP monitoring.

3.2 Once 24 hour ambulatory BPM is submitted, patient will be re-evaluated by out specialist or cardiologist to confirm if he is Hypertensive or not.

### 4. BLOOD CHEMISTRY RESULTS

4.1 Blood chemistry results done outside are not acceptable.

4.2 For cases where blood chemistry results are contested, repeat test will be done in our clinic and will be sent to out accredited specialist for clearance.

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