


QUALITY STANDARD SYSTEM MANUAL	  HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. <b>QFU 1.0</b>	EFFECTIVITY DATE: August 29, 2019
		PREPARED BY: Marilar F. De Guzman, MD QAM	VERSION NO.: 1 REVISION NO.: 7
			APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: FOLLOW UP PROCEDURE			

## 1.0 OBJECTIVES

- 1.1 To ensure that the database of all new patients is uploaded within 24 hours.
- 1.2 To ensure that the database of all follow-up patients timed-in for the day are updated within 12 hours.
- 1.3 To ensure that patients decked for consultation are advised within a reasonable time (not more than 1 hour from the time of decking).
- 1.4 To ensure that there are no more than 5 major miss-outs or errors in recommendation per month.
- 1.5 To receive not more than 5 verified & justified client complaints per month.
- 1.6 To ensure the continuing medical education/updating of knowledge and skills of Follow-up unit staff.


## 2.0 SCOPE

This procedure applies to all pending patients requiring further evaluation and management.

## 3.0 DEFINITION

- 3.1 STCW** - International Convention on Standards of Training, Certification and Watchkeeping for Seafarers.
- 3.2 DOH** - Department of Health
- 3.3 PEME** - Pre-employment Medical Examination
- 3.4 SACCL** - STD/AIDS Central Cooperative Laboratory
- 3.5 DAAT** - Drug and Alcohol Testing
- 3.6 HIV** - Human Immuno-Deficiency Virus
- 3.7 RITM** - Research Institute for Tropical Medicine
- 3.8 PTB** - Pulmonary Tuberculosis
- 3.9 ECG** - Electrocardiogram
- 4.0 QAM** - Quality Assurance Manager

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#### **4.0 RESPONSIBILITY AND AUTHORITY**

4.1 The Follow up Physician is responsible for referring difficult cases to the General Manager for Operations or Medical Director prior to handling down of final disposition.

4.2 The Follow up Physician is responsible for treating, referring and working up patients with identified abnormalities in their PEME and handling unfit cases.

#### **5.0 REFERENCES**

5.1 DOH Guidelines

5.2 HMHS Guidelines

5.3 STCW and International Maritime Guidelines for Medical Ratings

5.4 Quality Manual for Follow up Department

5.5 Company Guidelines

5.6 General Data Privacy Act

#### **6.0 POLICIES**

6.1 HIV (+) cases are coordinated with HIV licensed medical technologists and SACCL.

6.2 Hepatitis B, C, DAAT, HIV positive patients are coordinated with the Senior Medical Technologist or OIC prior the release of results to patients.


6.3 Positive Hepatitis C cases are coordinated with the concerned Medical Technologist for further evaluation at SACCL/ RITM

6.4 For patients with significant findings such as PTB, cases are referred to the respective specialist prior to handing down final disposition.

6.5 In cases wherein patients substitute another individual for any repeat tests (e.g. Laboratory examination, x-ray, ultrasound, stress test, audio, ECG, etc.) An incident report is drafted by the staff and Quality Assurance Manager, and forwarded to the referring company.

6.6 Final dispositions of fitness and unfitness shall be the task and responsibility primarily of the Processing Physicians. Senior Follow-up Physicians, however are

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authorized to directly declare fitness for simple and outright fit cases. In all cases, final disposition of fitness or unfitness shall be based on Medical Guidelines and final evaluation coming from the accredited specialist.

6.7 All pertinent findings should be encoded accordingly in the patient's database, on the same day of patient's follow up.

6.8 HMHS reserves the right to honor or reject tests done at other institutions and consultation findings of its accredited specialists or non-accredited specialists.

6.9 All RUSH referrals must be given priority and facilitated within the same day if possible.

6.10 All RUSH referrals to specialists are coordinated by the Follow-up Physician, Follow-up Nurse and PEME Account Specialist in charge.

6.11 In cases where the system is unstable, manual queuing will be done to examine patients through a first come first served basis.

6.12 PENDING PATIENTS with ongoing PEME take priority over UNFIT cases.

6.13 Designated Follow-up Receptionists serve as Triage personnel on the ground floor.


6.14 Patients with repeat or additional test/s are advised to follow up results online.

6.15 To facilitate timely updating of the Patient's Database, the cutoff time for receiving of patients at the Follow-up Unit has been set at 2:00pm. Follow-up patients may be received beyond 2:00pm only if certified/verified as RUSH or URGENT, and must be properly endorsed to the unit on or before 10:00am

6.16 To ensure an orderly process of consultation with the Follow-up Physicians, a daily decking list will be maintained which will indicate the names of the Follow-up Physicians and their availability. For ease of decking, consult sessions shall have fixed time allotment which will be indicated in the decking list.

6.17 Patient's information/data and all PEME results shall be handled carefully and securely in compliance with the General Data Privacy Act. This shall include transmittals, medical reports or any other form of activity which will involve the use of patient's data. The Follow up Unit staff shall therefore exercise due care and diligence when handling such data.

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## 7.0 PROCEDURE

### 7.1 Receiving Follow – up Patients

7.1.1 All follow up patients will be facilitated at the ground floor for the regular operation day unless otherwise advised. Follow up patients shall secure an ID from the Security Officers stationed at the clinic entrance/s and sign in on the logbook provided. All follow up patients, upon issuance of ID shall be instructed to sign in either of the 2 Triage Logbooks. Patients are then instructed to wait in their queue in the waiting area. Patients are queued to follow up receptionist counters 3.1 to 3.7. Patients are then called through the screen in front with a corresponding counter, or called by name through the PA system and informed to which counter number they will be served.

### 7.2 Triaging Patients

7.2.1 All Follow-up patients' medical records and results are reviewed, updated and evaluated accordingly. When needed, electronic tagging within the medical information management system shall be used, which the queuing software will use to identify and prioritize patients. Patients to be prioritized include (but may not be limited to) the following:

7.2.1.1 Patients who are in a fasting state (for blood test or ultrasound procedure)


7.2.1.2 Patients reporting for **vaccination only**

7.2.1.3 Patients with simple, single item transactions

7.2.2 All other follow-up patients not belonging to the above categories or not tagged as priority shall be treated as a normal follow-up transaction and will be queued and facilitated accordingly:

7.2.3 The Follow-up Receptionist shall open the patient's medical record and refer to the Follow-up Nurse in charge for updating if needed. If the Follow-up Nurse is unable to update the patient's records, the case is elevated to the Physician in charge for updating. Once the patient's

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medical status is updated, the Follow-up Receptionist will proceed to fill up a Follow-up form and advise the patients regarding his/her PEME status, including any pending requirements and additional tests needed.

7.2.4 The Follow-up Receptionist shall receive all pertinent certificates, clearances, results and documents presented by the patient. The documents shall be scanned immediately, with the soft copy labeled appropriately, and uploaded to the corresponding folder in the patient's electronic database. The original documents shall be returned to the patient.

7.2.5 The Follow-up Receptionist shall ensure that all necessary forms will be issued to the Follow-up patient, and where applicable, secure the patients signatures. A copy of these forms will be retained if required, and uploaded to the corresponding folder in the patient's electronic database.


4. Patients with additional tests and procedures which require payment are instructed to submit their follow up form to the Cashier counters 7.3 or 7.4 for queuing and verification of charges and payment. Patients are then instructed to proceed to the testing unit concerned following the queue. Once the patients have undergone the required tests, they shall return to the Follow-up Reception counter to surrender their Follow-up Form.

7.2.6 Patients requiring consultations are queued to the physician in charge. The Follow up Receptionist shall deck and queue the patient in the assignment list for consult and prepare the necessary forms which will also be marked with the corresponding room designation. The patient shall be instructed to proceed to the 3<sup>rd</sup> floor and give his form/s to the Follow-up Assistant assigned in the room. The patient will then be instructed to stay in the waiting area provided and wait for his/her queue number to be called.

(\*A software spreadsheet is retained for use as a decking list to monitor patients queued for consult)


7.2.7 Patients who have been seen in the Follow-up Unit and endorsed to the Processing Unit for Final Review are advised to check their status

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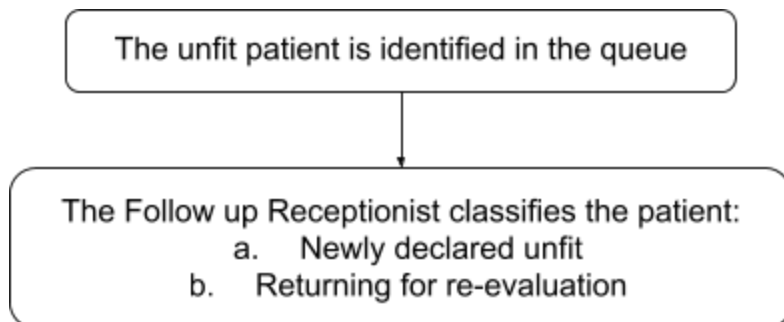
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online or are endorsed to the PEME Account Specialist in charge if applicable.

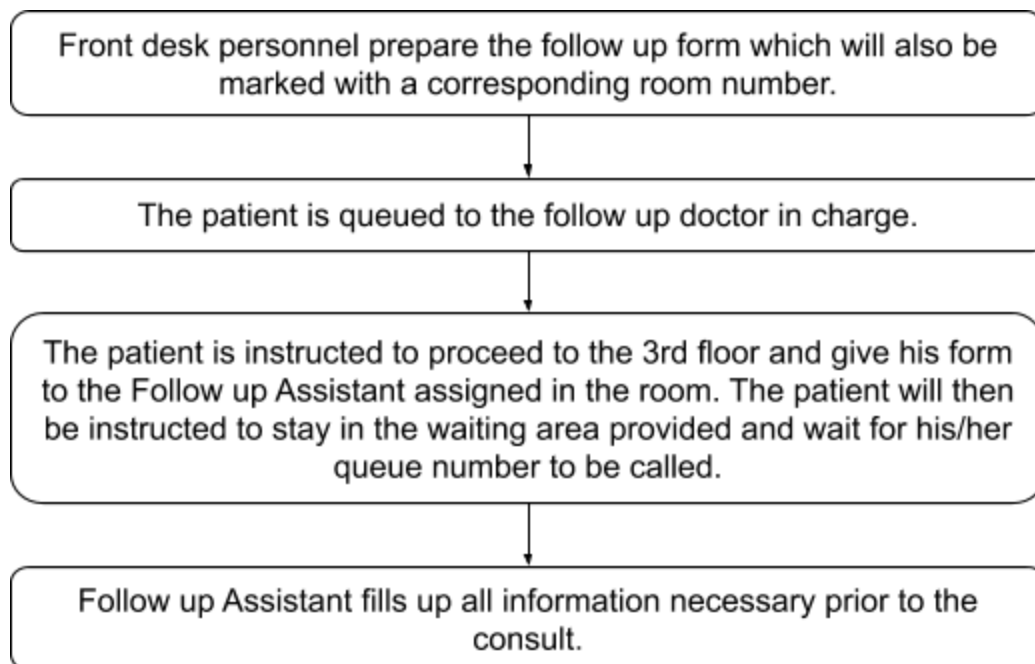
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### 7.3 Unfit Patients



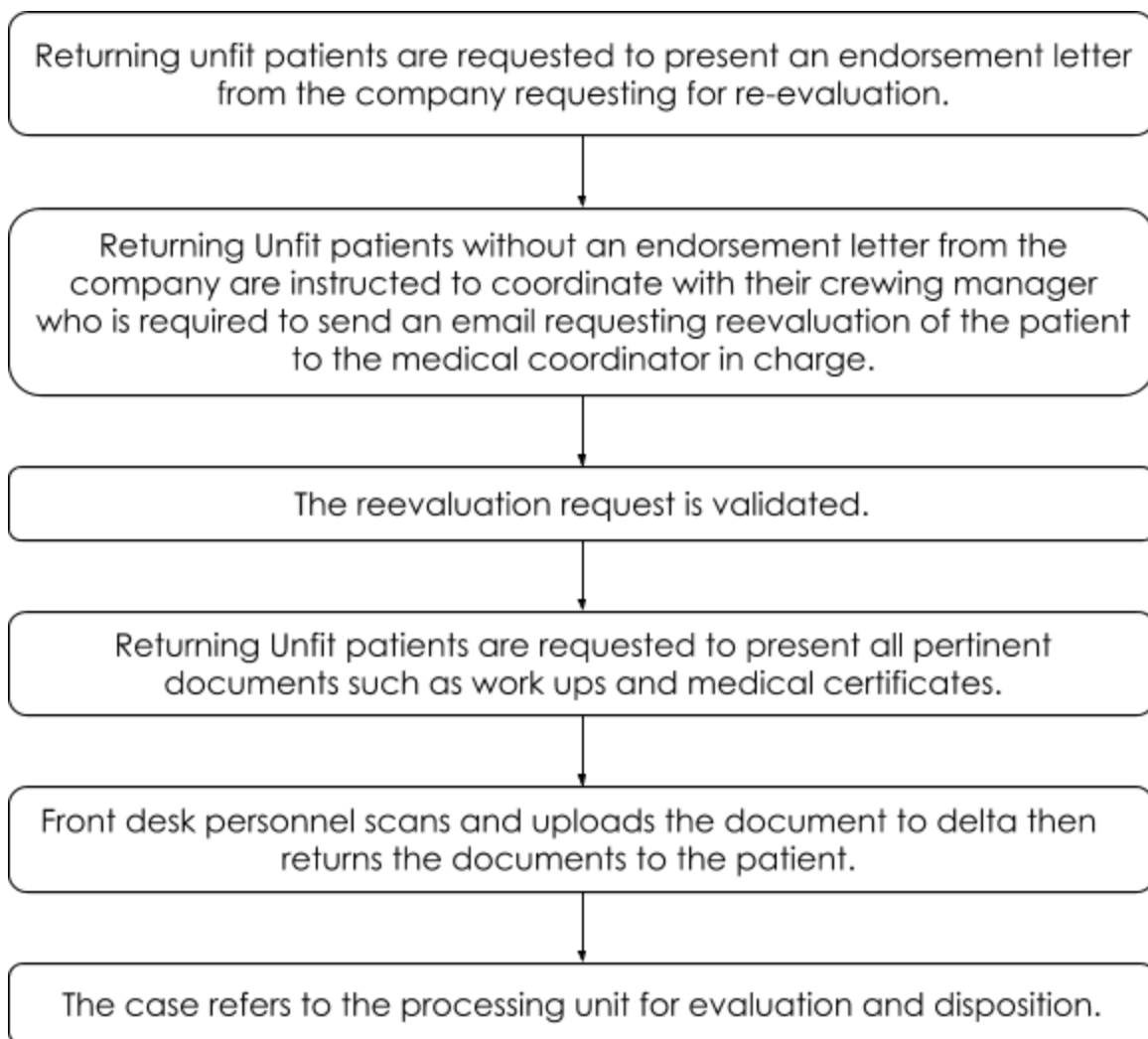
### 7.4 Newly Declared Unfit



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### 7.5 Unfit patients returning for reevaluation



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## **7.6 Receiving Endorsed Patients for Immediate Status Update**

1. All new PEME patients needing immediate updates of status are tagged as "Need Status" by the PEME Reception upon receiving. And their PEME ticket shall be marked with "NS" accordingly. Once the patient has completed his/her PEME flow, he/she will be instructed to turn over his/her ticket to the CSO/CSA assigned at the lobby. The Customer Service Officer (CSO) /Customer Service Assistant (CSA) shall verifies the completeness of all the tests required for the PEME patient. Once all results are encoded, after which the Follow up Physician in-charge shall be informed that the "NS" patient's PEME may now be updated. Once the patient's PEME has been updated. The CSO/CSA shall tag the PEME ticket as "PEME UPDATED" and shall endorse the ticket to the Follow up Reception for assistance. The Follow up Receptionist shall then call the patient and advice regarding his/her pending requirements and any additional test needed.
2. Patients with additional tests and procedures which require payment are instructed to proceed to the cashier for verification of charges and payments. Patients are then instructed to proceed to the testing unit concerned. Once the patients have undergone the required tests, they shall return to the Follow-up Reception counter to surrender their Follow-up Form.
3. Patients requiring consultations are decked to the physician in charge. The Follow up Receptionist shall deck the patient in the assignment list for consult and prepare the necessary forms which will also be marked with the corresponding room designation. The patient shall be instructed to proceed to the 3rd floor and give his form/s to the Follow-up Assistant assigned in the room. The patient will then be instructed to stay in the waiting area provided and wait for his/her name to be called. (\*A software spreadsheet is retained for use as a decking list to monitor patients queued for consult)

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4. Patients who have been seen in the Follow-up Unit and endorsed to the Processing Unit for Final Review are advised to check their status online or are endorsed to the PEME Account Specialist in charge if applicable.

## **7.7 Receiving patients with priority test**

7.1 The patient registers in the Security logbook of the security personnel before entering the clinic premise, then direct to proceed to the Lobby Reception.

7.2 The patient logs at the Follow up triage receptionist in the lobby for screening.

7.3 The triage receptionist shall determine if the patient is in fasting, with simple cases and with multiple pending. The triage reception directs the patient to the proper counter.

7.4 Click the Mozilla Firefox icon/Google Chrome

7.5 Login to [www.halcyonmarineICMS: \(http://192198.10.210\)](http://www.halcyonmarineICMS:192198.10.210)

7.6 Type the username and password.

7.7 Open the follow up module.

7.8 Search the name of the patient, type the PEME no. and then click TIME IN.


7.9 All fasting procedures are considered priority test.

7.10 If a test is marked as a priority in the transmittal, it shall take precedence over all other test including fasting procedures.

7.11 In the event that the follow up doctor or follow up nurse in charge intends to proceed with the other test simultaneously with the prioritized test, this shall be clearly indicated in the transmittal or follow up reception instructions.

7.12 When in doubt or instruction in the transmittal or follow up instruction is not clear; Follow Reception shall refer the case to the Follow up doctor or Follow up nurse in charge.

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## **8.0 PROCEDURE TO SECURE AND MONITOR RUSH CASE PATIENTS WAITING FOR RESULTS:**

### **8.1 Patient waiting for result of the repeated test:**

8.1.1 Patient is received in the follow up reception.

8.1.2 Reception searches the INET for the data of the patient.

8.1.3 Reception evaluates and advises the patient regarding the tests to be repeated.

8.1.4 Reception instructs the patient to proceed to the cashier for payment and then to the respective testing units, following the queue.

8.1.5 The patient is instructed to return the follow up form to the reception area once the required test/s is/are done.

8.1.6 The patient is advised that results will come out after 2-3 hours, after which updating of the patient's PEME status will be done. If there is no explicit Client Company instruction for the patient to wait on site, the patient will be given the choice of either to wait for the results within the clinic's waiting area, or to check for the results online instead.

8.1.7 Once the results are available, PEME is referred to the follow up physician in charge for updating.

8.1.8 The Follow-up Receptionist will monitor the PEME progress. The results and updates, once available, shall be communicated to the patient if within the clinic, or endorsed to the PEME Account Specialist in-charge for relay to the patient or Client Company.

## **9.0 PROCEDURE FOR SCANNING AND UPLOADING OF FILES TO BRAVO**


9.1 Step one (1) place the document in the scanner.

9.2 Step two (2) search and double click the software "Canon MP Navigator" to run.

9.3 Step three (3) on the Canon MP Navigator, option 1: click the scan icon for JPEG or option 2: click the PDF icon for PDF format.

9.4 Scanned files are automatically saved in the "Documents>Scanned Documents" folder.

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9.5 Step four (4) rename the scanned document accordingly; e.g. (name of patient) and the, document type, e.g. Dela Cruz, Juan referral.

9.6 To upload in the Bravo file, search and click Google Drive attachment twice to run the file.

9.7 Click on Google Drive Files twice, option 1, click on OLD PEME, folder contains PEME number from October 19, 2014 and backwards. Option 2: All new created PEMEs from October 20, 2014 onwards should be made by the senior receptionist assigned.

9.8 To create another PEME on OLD PEME folder. Check first the date of the PEME number to make sure that no double entry will happen. Any person of the operations can create a

PEME in the "OLD PEME" folder. Rename the empty folder by typing the desired PEME number. When (in creating a PEME number always put capital "P" before the number).

Same procedures follow for creating a folder for new PEMEs.

9.9 Search your file by typing the PEME number, e.g. P54899 on the search menu and hit enter.

9.10 Once the desired PEME number appears, drag the renamed file to the PEME folder chosen.

9.11 Continue the procedure until all scanned documents were saved on the Bravo file for reference.

## **10.0 PROCEDURE FOR SYSTEM DOWNTIME**


10.1 The patient's reception assignment will be followed so as to distinguish patients that need immediate assistance.

10.1 All data of follow up patients will be extracted from the Follow up Nurses' Daily transmittal reports.

10.2 Data will be made accessible to all units concerned. It can either be downloaded to Google Drive, or can be retrieved from BRAVO server.

10.3 Folders will be maintained for each patient, to be used for filing of documents and records of daily transactions made during PEME.

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10.4 All results will be printed out by the respective units at predetermined intervals, except for Laboratory, where access to COBAS will be used to view results needed, unless otherwise an official result is required.

10.5 This procedure will be in effect until full use and functionality of the system is restored.

## **11.0 PROCEDURE ON DEALING WITH MISS OUT AND ERRORS IN FACILITATING FOLLOW UP PATIENTS**

11.1 Concerned units (e.g. Processing Doctors) which detected the error/miss-out shall issue a notice to the Follow-up Reception Supervisor regarding the error/miss outs committed by any Follow-up Reception personnel.

11.2 The Follow-up Reception Supervisor shall call the immediate attention of the personnel involved and shall give instructions to accomplish and incident report, a copy of which shall be provided to the General Manager for Operations' secretary for filing.

11.3 The Follow-up Reception Supervisor shall file an incident report for monitoring.

11.4 The General Manager for Operations shall study the case and issue a corrective action depending on the degree of error/miss out.


11.5 The Follow-up Reception Supervisor shall call for regular meetings to address the errors/miss outs, provide possible solutions, and monitor progress.

## **12.0 PROCEDURE IN RECEIVING PATIENTS REQUIRING SHOWING OF MEDICATIONS**

12.1 All patients identified with medication to be brought on board are required to show their medication at HMHS, unless advised/endorsed otherwise by the patient's manning agency.

12.2 All patients requiring company approval for bringing of medications on board should secure said approval prior to presenting the medications to the follow-up reception. In the event that company approval has not yet been secured and the patient still wishes to present the medication, he/she will be

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asked to execute a waiver stating his/her insistence on showing the medications to HMHS.

12.3 Likewise, a patient who wishes to show his/her medications prior to processing doctor's advice shall execute a waiver stating his/her insistence on showing the medications to HMHS.

12.4 All stated waivers for showing of medications are scanned and uploaded to the patient's database (Google Drive) for reference and documentation.

12.5 All medications shall be verified and validated for completeness and accuracy. Validation of medications should be based on the following references:

12.5.1 History on PEME

11.5.2 Treadmill on PEME

11.5.3 Specialist clearance

11.5.4 Updated prescriptions

12.6 Should any discrepancy in the listing of medications arise, the follow-up reception nurse may refer to the Follow-up Nurse and/or the Follow-up Physician in charge of the case for clarification.


12.7 Medications shall be counted corresponding to the verified length of contract of the patient & prevailing guidelines of the patient's manning agency.

12.8 Medications shall be encoded as follows: Generic name (Brand Name) dosage/preparation, # of times taken, # of contract, total # shown).

12.9 Additional documentation which may be required in connection with the showing of medications (affidavit of undertaking, concession declaration, etc.) shall be secured by the Follow-up Receptionist, duly signed by the patient, and in accordance with applicable company guidelines. These additional documents shall likewise be scanned and uploaded to the patient's database for reference and documentation.

12.10 All patients already with company approval for medications and whose PEME's have already been reviewed and approved by the Processing Physician may be endorsed to the Processing Assistant for declaration of FITNESS once the required quantity of medications has been presented to the Follow-up Receptionist.

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## **12.0 CONTINGENCY WHEN UNDERMANNED/PEAK SEASON PROCEDURE**

### **12.1 When undermanned:**

12.1.1 Two Follow up Reception personnel are secured to post on the triage area at all times to facilitate patients that need immediate assistance.

12.1.2 Remaining Follow up Receptionists on hand are to be posted on designated counters to facilitate follow up patients not falling under the triage category.

12.1.3 In case of the influx of patients in both areas, the PEME Account Specialists will be the first line personnel to be called to augment the Follow-up Receptionists. If the number of patients is still uncontrolled on the first line of help, the Head of the Follow up Nurses will be notified to assist the Follow up Receptionists.

### **12.2 For Peak Season:**


12.2.1 Duty schedules of Follow-up Receptionists will be adjusted to an earlier time, to compensate for the influx of patients and to assist them the soonest possible time.

12.2.2 With the influx of 30 patients waiting in triage area, the PEME Account Specialists will be notified for assistance as the first line contingency aid.

12.2.3 In case of the influx of patients in both areas, the PEME Account Specialists will be the first line personnel to be called to augment the Follow-up Receptionists. If the number of patients is still unmanageable even with the recruitment of the PEME Account Specialists, the Follow up Reception Supervisor will weigh the circumstances and assign available personnel to areas based on urgency.

12.2.4 For all rush cases and on strict monitoring of PEMEs, the assigned PEME Accounts Specialists will monitor the progress of the PEME patient endorsed.

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### 13.0 GENERAL FLOW FOR PATIENT CONSULTS (Follow-up and unfit)

13.1 Once received by the follow-up reception or PEME account specialist, the patient will be issued a Follow-up Form which shall indicate the patient's name, PEME number & company, along with his pending PEME requirements or reason for follow-up consult. The follow-up receptionist or PEME account specialist shall give preliminary advice to the patient regarding his pending, where applicable. The patient will then be asked to affix his/her signature on the Follow-up Form to signify his/her understanding and acceptance of its contents.

13.2 Once the Follow-up Form is signed, the patient will be decked for consulting in the corresponding follow-up physician's decking list, entered in the appropriate time slot.


13.3 The Follow-up Form shall then be turned over to the Follow-up Assistant in charge, who shall then proceed to prepare the necessary referral forms & results. When referrals to outside specialists shall be done, the Follow-up Nurse shall confirm the specialists' schedules and indicate them on the referral form for the patient guidance.

13.4 Once the referral forms have been prepared, these shall be turned over to the Follow-up Physician in charge for review and signing. The Follow-up Physician shall then proceed with consultation with the patient, and hand over the corresponding/applicable forms. The patient shall be asked to sign the Follow-up Form if he/she has not yet done so. The Follow-up Physician shall then make all necessary notations on the patient's database regarding details of the consult done, and update the database so the transmittal shall reflect the patient's current status.

13.5 Alternatively, the Follow-up Physician in charge may opt to proceed with consultation with the patient while the Follow-up Assistant is in the process of preparing the necessary referral forms & results. The patient shall be asked to sign the Follow-up Form if he/she has not yet done so. The Follow-up Physician shall then make all necessary notations on the patient's database regarding details of the consult done, and update the database so the transmittal shall reflect the patient's current status. Once the referral forms have been prepared and shown

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to the Follow-up Physician in charge for review & signing, these shall be turned over to the patient by the Follow-up Assistant.


13.6 Follow-up forms used during consult shall be retained by the follow-up unit. At the end of the day, all Follow-up forms used shall be collected, scanned, and uploaded to the server/system.

## **14.0 WORK TASKS OF FOLLOW UP RECEPTION**

### **14.1 Reception Follow up Supervisor**

- 14.1.1 Supervises/ oversees the reception Follow up unit.
- 14.1.2 Provides/set procedures and guidelines for the units.
- 14.1.3 Creates, revises and updates Quality manuals and instructional tool for the reception unit.
- 14.1.4 Interviews/screens applicants for reception.
- 14.1.5 Prepares training manuals for new staff.
- 14.1.6 Trains new staff for operations and orient on procedures.
- 14.1.7 Makes/submits monthly, quarterly and annual reports to General Manager for Operations.
- 14.1.8 Submits monthly and annual census of clients catered.
- 14.1.9 Make/submits manpower reports such as: annual appraisals and evaluations of personnel for both regular, directly hired & agencies.
- 14.1.10 Directly reports to MOM for unit concerns.
- 14.1.11 Coordinates to the Managers, Processing MDs, Supervisors, Physicians, Staff Nurses, Records and the medical team as a whole, Accounting, And Ship to Shore.
- 14.1.12 Act as a Triage Nurse mainly on the follow up area.
- 14.1.13 Held meetings for staff under reception.
- 14.1.14 Receives rush cases and Officers.
- 14.1.15 Receives of patients for completion.
- 14.1.16 Schedules and appoints patient's schedule of visits.
- 14.1.17 Advises the patient on repeat/additional tests to be done.
- 14.1.18 Issues affidavit for undertaking and diet guide.
- 14.1.19 Gives RX prescribed by a physician for treatment.

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- 14.1.20 Check, count, and encodes of medication on the PEME data.
- 14.1.21 Endorse and refer cases to MD.
- 14.1.22 Coordinates to processing MDs.
- 14.1.23 Coordinates to units for the release of results.
- 14.1.24 Scan and upload of medical certificates pertinent to patient PEME data.
- 14.1.25 Coordinates/endorses to PEME Accounts Specialist's PEME patients.
- 14.1.26 Coordinates to documentation unit for medical certificates/forms concerns.
- 14.1.27 Maintaining, monitoring and requesting of supplies.
- 14.1.28 Act and serves as receiving new patients for PEME when needed.

#### 14.2 Receptionist- Senior Receptionist

- 14.2.1 Acts as OIC in absence of the supervisor.
- 14.2.2 Receives rush cases and Officers.
- 14.2.3 Receives of patients for completion.
- 14.2.4 Scheduling and appointing patient's schedule of visits.
- 14.2.5 Advised patient to repeat/additional tests to be done.
- 14.2.6 Issuing of affidavit for undertaking and diet guide.
- 14.2.7 Giving of RX prescribed by a physician for treatment.
- 14.2.8 Checking, counting, and encoding of medication on the PEME data
- 14.2.9 Endorsing and referring of cases to MD
- 14.2.10 Coordinates to processing MDs
- 14.2.11 Coordinates to units for the release of results
- 14.2.12 Scanning and uploading of medical certificates pertinent to patient PEME data.
- 14.2.13 Coordinates/endorses to the PEME Accounts Specialist's PEME patients.
- 14.2.14 Coordinates to Documentation unit for medical certificates/forms concerns.
- 14.2.15 Maintaining, monitoring and requesting of supplies.

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- 14.2.16 Can be assigned as a triage nurse on rotation.
- 14.2.17 Helps in training of new staff.
- 14.2.18 Makes requisition of supplies.


#### 14.3 Receptionist 3

- 14.3.1 Facilitates follow up patients.
- 14.3.2 Prioritization of patient's pending
- 14.3.3 Scheduling and appointing patient's schedule of visits
- 14.3.4 Advised patient to repeat/additional tests to be done.
- 14.3.5 Issuing of affidavit for undertaking and diet guide
- 14.3.6 Giving of RX prescribed by a physician for treatment.
- 14.3.7 Checking, counting, and encoding of medication on the PEME data
- 14.3.8 Endorsing and referring of cases to MD
- 14.3.9 Coordinates to processing MDs.
- 14.3.10 Coordinates to units for the release of results.
- 14.3.11 Scanning and uploading of medical certificates pertinent to patient PEME data.
- 14.3.12 Coordinates/endorses to the PEME Accounts Specialist's PEME patients.
- 14.3.13 Can be assigned as a triage nurse on rotation.
- 14.3.14 Coordinates to Documentation unit for medical certificates/forms concerns.

#### 14.4 Receptionist 4

- 14.4.1 Facilitates follow up patients.
- 14.4.2 Prioritization of patient's pending.
- 14.4.3 Scheduling and appointing patient's schedule of visits.
- 14.4.4 Advised patients to repeat/additional tests to be done.
- 14.4.5 Issuing of affidavit for undertaking and diet guide.
- 14.4.6 Giving of RX prescribed by a physician for treatment.
- 14.4.7 Checking, counting, and encoding of medication on the PEME data.

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- 14.4.8 Endorsing and referring cases to MD.
- 14.4.9 Coordinates to processing MDs.
- 14.4.10 Coordinates to units for the release of results.
- 14.4.11 Scanning and uploading of medical certificates pertinent to patient PEME data.
- 14.4.12 Coordinates/endorses to the PEME Account Specialist's PEME patients.
- 14.4.13 Coordinates to documentation unit for medical certificates/forms concerns.
- 14.4.14 Can be assigned as a triage nurse on rotation.
- 14.4.15 Submits all affidavits completed within the day to the Documentation unit.

#### 14.5 Receptionist 5

- 14.5.1 Facilitates follow up patients.
- 14.5.2 Prioritization of patient's pending.
- 14.5.3 Scheduling and appointing patient's schedule of visits.
- 14.5.4 Advised patient to repeat/additional tests to be done.
- 14.5.5 Issuing of affidavit for undertaking and diet guide.
- 14.5.6 Giving of RX prescribed by a physician for treatment.
- 14.5.7 Checking, counting, and encoding of medication on the PEME data.
- 14.5.8 Endorsing and referring cases to MD.
- 14.5.9 Coordinates to processing MDs.
- 14.5.10 Coordinates to units for the release of results.
- 14.5.11 Scanning and uploading of medical certificates pertinent to patient PEME data.
- 14.5.12 Coordinates/endorses to the PEME Accounts Specialist's PEME patients.
- 14.5.13 Coordinates to Documentation unit for medical certificates/forms concerns.
- 14.5.14 Can be assigned as a triage nurse on rotation.

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14.5.15 Submits all Affidavits completed within the day to the Documentation unit.


#### 14.6 Receptionist 6

- 14.6.1 Facilitates follow up patients.
- 14.6.2 Prioritization of patient's pending.
- 14.6.3 Scheduling and appointing patient's schedule of visits.
- 14.6.4 Advised patient to repeat/additional tests to be done.
- 14.6.5 Issuing of affidavit for undertaking and diet guide.
- 14.6.6 Giving of RX prescribed by a physician for treatment.
- 14.6.7 Checking, counting, and encoding of medication on the PEME data.
- 14.6.8 Endorsing and referring cases to MD.
- 14.6.9 Coordinates to processing MDs.
- 14.6.10 Coordinates to units for the release of results.
- 14.6.11 Scanning and uploading of medical certificates pertinent to patient PEME data.
- 14.6.12 Coordinates/endorses to the PEME Accounts Specialist's PEME patients.
- 14.6.13 Coordinates to Documentation unit for medical certificates/forms concerns.
- 14.6.14 Can be assigned as a triage nurse on rotation.
- 14.6.15 Submits all Affidavits completed within the day to the Documentation unit.

#### 14.7 Receptionist 7

- 14.7.1 Facilitates follow up patients.
- 14.7.2 Prioritization of patient's pending.
- 14.7.3 Scheduling and appointing patient's schedule of visits.
- 14.7.4 Advised patient to repeat/additional tests to be done.
- 14.7.5 Issuing of affidavit for undertaking and diet guide.
- 14.7.6 Giving of RX prescribed by a physician for treatment.

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14.7.7 Checking, counting, and encoding of medication on the PEME data.

14.7.8 Endorsing and referring cases to MD.

14.7.9 Coordinates to processing MDs.

14.7.10 Coordinates to units for the release of results.

14.7.11 Scanning and uploading of medical certificates pertinent to patient PEME data.

14.7.12 Coordinates/endorses to the PEME Accounts Specialist's PEME patients.

14.7.13 Coordinates to Documentation unit for medical certificates/forms concerns.

14.7.14 Can be assigned as a triage nurse on rotation

14.7.15 Submits all Affidavits completed within the day to the Documentation unit.


## **15.0 PROCEDURE FOR TRAINING OF NEWLY HIRED STAFF**

15.1 All newly hired staff upon endorsement of the Human Resource personnel to the follow up unit are subject for orientation by the unit supervisor at General Manager for Operation's office to discuss operations' rules and policies and particularly unit process and guidelines. A copy of the rules and policies are given to the newly hired staff.

15.2 On the second and third day of the newly hired staff, she is instructed to observe on the follow up reception process for at least a minimum of two days to physically observe and listen to the follow up process on how a follow up patient is facilitated. The newly hired is endorsed to a senior follow up receptionist for proper guidance. The newly hired staff was then asked about her observation by the follow up reception supervisor at the end of the day.

15.3 After days of observation of a newly hired staff, she will have a one-one lecture and discussion with the follow up reception supervisor for fundamentals for PEME process, company guideline, PEME guidelines and protocols and

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procedures on the follow up reception process in different cases and scenarios. The lectures should at least last for two to three days.

15.4 After a series of lectures, the follow up reception supervisor re-assess the readiness of the new staff for actual handling of patients. The newly hired staff occupies the seat at the front line for hands-on.

15.5 The newly hired staff can be endorsed to a senior follow up receptionist in absence of the follow up reception supervisor for training and proper guidance of the follow up process. The follow up reception supervisor secures the capability of the senior follow up receptionist to train a newly hired staff.

15.6 The newly hired staff secures to have an accomplishment report at the end of the day and email it to the General Manager for Operations as part of the monitoring of the training progress. The supervisor monitors the daily sending of accomplishment.


15.7 The newly hired staff will be subject for a series of evaluations. The evaluation will happen after 1 month and after 2 months from the last month. The evaluation depends on and varies upon the performance and attendance of the staff.

15.8 The follow up reception supervisor shall discuss the content of the evaluation progress of the staff and improvements to be made of both parties.

## **16.0 LIST OF FORMS**

- 15.1 Follow Up Patient's Form
- 15.2 Referral Slip
- 15.3 Prescription Pad
- 15.4 Cardio Referral Form
- 15.5 Affidavit of Undertaking
- 15.6 Medical Certificate Checklist Form

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- 15.7 Diet with Medications
- 15.8 Follow up Waiver Form
- 15.9 Patient's Declaration for BMI
- 15.10 Patient's Declaration for Pre-Hypertension
- 15.11 Patient's Declaration for Pre-Diabetes
- 15.12 Patient's Declaration for Pre-Diabetes and Pre-Hypertension
- 15.13 Patient's Declaration for No Medication
- 15.14 PEME Completion Form
- 15.15 Requirement for the Oral Glucose Tolerance Test (OGTT)
- 15.16 Follow up Patient Appointment Form
- 15.17 CBG Monitoring Sheet
- 15.18 Blood Pressure Monitoring Sheet
- 15.19 Examples of Food Guide for Healthy Weight Loss
- 15.20 Affidavit of Undertaking for POMI (OSG)
- 15.21 Follow-up schedule
- 15.22 Request for previous x-ray films
- 15.23 Affidavit of undertaking (Sea Crest)
- 15.24 Affidavit of undertaking (Stella Maris & Leonis)
- 15.25 Concession Declaration (NOE) – External Form
- 15.26 American P& I Form – External Form
- 15.27 BW Shipping Affidavit – External Form
- 15.28 Affidavit of Undertaking (Anglo) – External Form
- 15.29 Aegean Crewing Inc. Acknowledgment form – External Form

## **16.0 GLOSSARY OF TERMS**

16.1 To facilitate clear, unambiguous communication between units with regards to special company endorsements sent via email or messenger apps, the PEME Account Specialist to whom the company communicated the request must not only copy-paste the endorsement, but must also state plainly what was requested using specific words/terms agreed upon by all units. This will minimize the need for a unit to clarify instructions with the PEME Specialist, thereby resulting in faster processing times.

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16.2 To this end, the PEME Account Specialists shall maintain a "Glossary of Terms" which shall be regularly updated as needed and shall be referred to by all units concerned when dealing with company endorsements coursed through the PEME Account Specialists.

**TERMS:**

Certificate / result for delivery: the HMHS messenger shall deliver the item to the company.

Certificate / result for pick-up: the company/client shall send its own messenger to pick up the item.

Certificate / result for hand carry: the patient will personally claim the item.

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