



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Leadership		
Document:	Administrative Policy and Procedure		
Title:	Management of Communication		
Applies To:	All MCH Employees		
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1. PURPOSE:

- 1.1 To transfer a message from the sender to a receiver accurately and clearly within the time frame.
- 1.2 To organize a well thought message to be clear and well understood by the receiver.

2. DEFINITIONS:

- 2.1 **Communication** – is the process of transferring messages from a sender to a receiver. Message may contain information, ideas, emotions, skills or direction. The methods of transferring messages can be verbal or non-verbal in the form of: sign language, writing, pictorial, graphic, symbols and/ or figures.

3. POLICY:

- 3.1 Departmental staff meetings are held on a regular basis and minutes of the meeting are recorded.
- 3.2 The standard languages to be used in any communication of Maternity and Children Hospital, Hafer Al Batin are Arabic and/or English.

4. PROCEDURE:

- 4.1 Follow the proper channel of communication (Organizational Chart).
 - 4.1.1 Use appropriate communication means and prescribed format.
 - 4.1.2 Communication means include: written letter/memorandum; fax; e – mail (in – house and internet); telephone.
- 4.2 Vertical Communication:
 - 4.2.1 Downward Communication: the downward flow of communication provides a channel fore directives, instructions and information to organizational members.
 - 4.2.1.1 Implementation of goals, strategies and objectives. Communicating new strategies and goals provides information about specific targets and expected behaviours.
 - 4.2.1.2 Job Inductions and Rationale. These are directives on how to do a specific task and how job relates to other activities.
 - 4.2.1.3 Procedures and Practices. Policies, Rules, Regulations, Benefits and Structural Arrangements in order to get some degree of uniformity in organizational practices.
 - 4.2.1.4 Performance Feedback: Departmental progress reports and individual performance appraisals
 - 4.2.2 Upward Communication: this refers to communications that travel from staff. This is necessary to determine if the staff members have understood the information sent downward and to meet the needs of the staff. Types of Information Communicated Upward:
 - 4.2.2.1 Problems and Exceptions: These messages describe serious problems and exceptions to routine performance in order to notify the leaders regarding the difficulties.
 - 4.2.2.2 Proposals for Improvement: These messages are ideas for improving task-related procedures to increase the quality of efficiency of Hospital members.

- 4.2.2.3 Performance Report: These messages includes but is not limited to Periodic Reports.
- 4.2.2.4 Financial and Accounting Information: These messages pertains to costs, accounts receivable, interest on investments, tax levies and other matters of interest.
- 4.2.2.5 Open schedule is available for all staff every TUESDAY afternoon to meet the Hospital Director.(if needed)
- 4.3 Horizontal Communication: The communication that occurs between people at the same level in an organisation.
 - 4.3.1 Intra-Departmental Problem Solving- These messages takes place between members of the same department.
 - 4.3.2 Inter-departmental Coordination- Interdepartmental messages facilitates the accomplishments of joint project or tasks.
 - 4.3.3 In brief, horizontal Communication flows exists to enhance coordination. This permits a lateral or diagonal flow of messages, enabling units to work with other units without having to follow rigidly up and down channels.
- 4.4 Foul words are not allowed in any of the communication; and using the same languages addressed to the family is not allowed either.
- 4.5 When the message and/or feedback are important, a direct personal contact must be made to the recipient.
- 4.6 Vital communication must be documented in a memo or letter duly signed.
- 4.7 No anonymous written communication will be entertained by the management.
- 4.8 Since time is of the essence, the fastest mode of transmission shall be used to route in sending the message: during emergency situations.
- 4.9 E – Mail addresses will be used.
- 4.10 Never indulge the tendency for sarcasm in verbal or written communications.
- 4.11 Maternity and Children Hospital, Hafer Al Batin personal calls made or received by our employees during working hours are prohibited, except in true emergency situations.
- 4.12 Refrain from using hospital telephone for personal calls. In case of urgency, limit call timing to 3 minutes.
- 4.13 When incoming personal telephone calls are received by the switchboard operator, the following guidelines will apply:
 - 4.13.1 The operator will determine from the caller the department in which the employee works and if the call is an emergency.
 - 4.13.2 If the caller indicates an emergency situation, the operator will connect the call to the supervisor or department head of the employee, or to the Human Resources (Personnel) Department for the location of the employee.
- 4.14 Excessive use of telephone during working hours by the employees will lead to disciplinary actions.
- 4.15 Electronic mail messaging can be used, and must be sent to concerned addressee only.
- 4.16 Communicating through e – mail (intranet or internet): (Internal – Communication Department).
 - 4.16.1 Prepare the draft before sitting on the computer to minimize your time access electronically.
 - 4.16.2 Limit sentences to five (5) lines maximum.
 - 4.16.3 Use small letters only. In e-mail communication, using capital letters is an indication of screaming aloud.
 - 4.16.4 As much as possible, sign electronically, if this is provided, else indicate your name as the sender.
- 4.17 **Communicating by Fax:**
 - 4.17.1 Hospital fax no. is 1214.
 - 4.17.2 Send it to fax room (hospital admin area).
 - 4.17.3 Obtain a copy of the fax message duly stamped as "sent" with corresponding date sent; and signed by the Fax Room staff.
 - 4.17.4 Only official messages shall be allowed to be sent via Hospital Fax System.
- 4.18 **Communication by Paging System:**
 - 4.18.1 The emergency paging numbers is 1212
 - 4.18.2 Announcing the required calls through Overhead Paging immediately after receiving the request.
 - 4.18.3 Code Yellow Paging shall only be effective through the order of the Hospital Director of his designee.
 - 4.18.4 Code Red Paging shall provide particulars of exact location of fire or other Internal Disaster.

- 4.18.5 CPR Paging shall provide information concerning age group (adult, pediatric), department, specific area, room number and bed number.
- 4.18.6 Introduce your name to the telephone operator and clearly state the message to the operator.
- 4.19 **Communicating by Telephone:**
 - 4.19.1 To ensure that client in Maternity and Children Hospital, Hafer Al Batin is courteous and have efficient telephone services:
 - 4.19.1.1 Telephones will be answered within two (2) rings – four (4) rings if staffs are busy attending other line.
 - 4.19.1.2 The employee answering the call provides appropriate identification adding, may I help you?
 - 4.19.1.2.1 Main Switchboard and Information
 - 4.19.1.2.1.1 Outside call – operator says, "Maternity and Children Hospital operator, may I help you?"
 - 4.19.1.2.1.2 Inside call – "operator, may I help you?"
 - 4.19.1.2.1.3 Nursing
 - 4.19.1.2.1.3.1 Identify the ward/ unit name, your first name and job position. Say: "Pediatric ward, this is Ms. Illarde, Head Nurse, may I help you?"
 - 4.19.1.2.1.4 Department
 - 4.19.1.2.1.4.1 Identify the department, your first and/ or last name, and job position. Say: "Admission Office, this is Ms. Mendoza, may I help you?"
 - 4.19.1.2.1.5 Private
 - 4.19.1.2.1.5.1 Identify the department and/ or name: "Ms. Khuzaim's office, this is Ms. Seralo, may I help you?"
 - 4.19.1.3 Keep your tone of voice alert, pleasant, distinct, and expressive (answer with a smile in your voice). Address the caller's name appropriately, if known to you.
 - 4.19.1.4 Do not eat, drink, or chew gum while on the phone. It is obviously unethical for the listener on the other line.
 - 4.19.1.5 Transfer calls promptly
 - 4.19.1.5.1 Make every effort to assist the caller before transferring or closing the line. If the person is not available ask if you can be of help or take the message.
 - 4.19.1.5.2 Inform the caller that you are locating the person, and give the transferring number, if known so that he/ she can call the number.
 - 4.19.1.5.3 If you are transferring the call, inform the caller the reason for transfer won't work out.
 - 4.19.1.5.4 Calls when requested to be screened, use appropriate phrases such as: "May I know who is calling?" or "May I tell Ms. Khuzaim who is calling?"
 - 4.19.1.5.5 Use caller's name when known to you. The receiver must also give his/ her name i.e. "Hello, Dr. Paul, this is Ms. Prina, may I help you?"
 - 4.19.1.5.6 If a caller has to wait, use hold button.
 - 4.19.1.5.6.1 Ask the caller if he/ she can hold. Then wait for a response doing so. Say: "If you can please hold, I will see if Ms. Khuzaim is available."
 - 4.19.1.5.6.2 Give progress reports to callers on "hold" every 20 to 30 seconds or offer option to phone back.
 - 4.19.1.5.6.3 Thank the caller for holding.
 - 4.19.1.5.6.4 Deliver the message promptly
 - 4.19.1.5.6.5 Follow up for message response within 24 hours, if possible.

4.20 **Communication by Meeting & Minutes:**

4.20.1 This administrative policy and procedure of Maternity and Children Hospital, Hafer Al Batin refers to the policy – communication by meeting and minutes.

4.20.1.1 **Responsibilities of Group Members:**

4.20.1.1.1 **Before the meeting:** Review minutes of previous meeting to see if documentation contains omissions/ errors and ensure that assigned follow- up points are completed. The chairperson circulates a meeting notice asking for any additional matter to the agenda. Each additional matter to the agenda clearly states the purpose as well as the amount of time each will require.

4.20.1.1.2 **During the Meeting:** Present and defend your point (s) during the discussions. Participate, listen to discussions, respect others' ideas, and give turn for others to speak and be heard.

4.20.1.1.3 **After the meeting:** refrain from complaining about group decisions by making unnecessary remarks out of the conference room.

4.20.1.2 **For concerned attendees before commencing meeting:**

4.20.1.2.1 Before going to the meeting arrange for the reliever to avoid being called out of the meeting by phone calls or visitors.

4.20.1.2.2 Be prepared with the points and materials you wish to present or to defend. This will save time; maintain continuity of discussions; and avoid interruptions in between the meeting.

4.20.1.2.3 If you must be absent from a meeting, inform and prepare your proxy (alternate) and notify the committee chairperson to avoid surprises.

4.20.1.2.4 Meeting is commenced and presided by chairperson or his/ her designee.

4.20.1.2.5 Review of old agenda is read through to: update the committee of each status; evaluate outcome of actions taken; identify pending issues and the hindrance for delaying it; and decide effective solutions to close pending issues.

4.20.1.2.6 Thereafter, new ideas/ facts or points are discussed by turn by each representative sponsoring the agenda. When your turn comes to speak, state your opinions honestly and clearly in a moderate tone for all to understand.

4.20.1.2.7 Stay focused on the matter being addressed to present and defend your points. Ask for clarification when you don't understand what someone is saying.

4.20.1.2.8 Assume responsibility for making contributions by asking questions and listening to what others have to say. Avoid "grouping" and be honest in your judgements and opinions.

4.20.1.2.9 Avoid unwanted communication which may disrupt the group (by unnecessary whispering, making sarcastic comments, and interrupting the speaker). Observe meeting decorum.

4.20.1.2.10 There is always difference in opinions, however, decisions to be certain must be concluded by a consensus of majority. That is, based on a principle that: "A majority decision made by group of brilliant people is better than one head."

4.20.1.2.11 Take note on items which you think are important for you to act or relay to subordinates after the meeting.

4.20.1.3 **After meeting is adjourned:**

4.20.1.3.1 Carry out assignments and commitments under your follow ups.

4.20.1.3.2 Observe confidentiality about the meeting; limiting discussions within the conference room.

- 4.20.1.3.3 Inform the secretary or chairperson of the action taken so as to include it as late entry in the minutes of meeting or include it for update in the next meeting.
 - 4.20.1.4 **Recording and Handling meeting minutes:**
 - 4.20.1.4.1 Recording meeting minutes is decided by the chairperson either by a designee (who should be a responsible person). This should be specified in the Terms of Reference or decided by the committee.
 - 4.20.1.5 **Taking minutes by a designated member or secretary:**
 - 4.20.1.5.1 The recording secretary should have paper and pen ready with him/her when attending the meeting.
 - 4.20.1.5.2 Record attendance and clearly mention each points as on agenda, turning points of discussions, any documentation presented, decisions made, responsible follow up person, and target date of expected completion.
 - 4.20.1.5.3 If the point under discussion is not clear ask for clarification rather than keeping quiet pretending all discussions are clearly understood and captured.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

- 6.1 Human Resource Director
- 6.2 QM&PS Director
- 6.3 Director of Nursing
- 6.4 Medical Director
- 6.5 Hospital Director

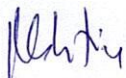
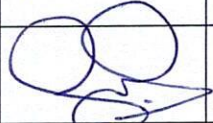


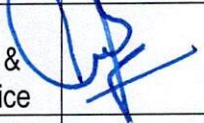

7. APPENDICES:

7.1 Organizational Chart

8. REFERENCES:

- 8.1 Joint Commission International.
- 8.2 Victorian Hospital Melbourne, 2011.
- 8.3 Florida hospital College of Health Sciences, 2010.
- 8.4 Montana State Hospital, 2011.
- 8.5 King Abdulaziz Hospital, 2015.
- 8.6 Prince Mutaib Hospital ,2017

9. APPROVALS:

	Name	Title	Signature	Date
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