

# ANNUAL REPORT



# 2024



# HOSPITAL BINTULU





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# DIRECTOR'S FOREWORD



**DR. SUZALINNA BINTI SULAIMAN**

Hospital Director

The year 2024 marks another significant milestone in Hospital Bintulu's journey towards service excellence and its commitment to delivering quality healthcare. In line with the motto "Towards Excellence," Hospital Bintulu remains steadfast in upholding clinical governance, patient safety, and continuous improvement across all departments.

Throughout the year, the hospital has made notable progress in key performance areas including service accessibility, clinical outcomes, patient satisfaction, and operational efficiency. Among the major achievements are enhancements in specialist services, expansion of specialty care under the Western Sarawak Cluster and the primary cluster in collaboration with PKB Bintulu and PKB Mukah, outreach programs, and improved preparedness in addressing public health emergencies.

These accomplishments are a testament to the unwavering commitment, professionalism, and teamwork of the entire Hospital Bintulu workforce – from frontline clinical staff to support and administrative teams. It is this collective effort that has propelled the hospital through various challenges with resilience and innovation.

As we reflect on the achievements of 2024, we do so with pride in all that has been accomplished, and with renewed determination to continue advancing safe, effective, and patient-centered care. This report is a tribute to the hard work of all hospital staff and a symbol of our shared commitment to delivering high-quality healthcare services to the community of Bintulu and beyond.

*Dr. Suzalina binti Sulaiman*  
*Hospital Director*



# ABOUT HOSPITAL

We are proud to serve professional and quality healthcare services since 1968. On 21 May 2000, the newly renovated hospital, located at Jalan Nyabau, about twelve kilometres from the city centre, was established. Up to now, we have expanded the facility to 302 beds.

Bintulu Hospital, Sarawak, one of the public hospitals under the Ministry of Health Malaysia offers a wide range of medical treatments, from general treatment to specialists, which include Obstetrics & Gynaecology, Orthopaedics, Ophthalmology, Surgery, Medicine, Paediatrics, Radiology, ENT, Psychiatry, and Emergency & Trauma. Regardless of inpatient, outpatient or day care services, our hard working, experienced and dedicated medical officers and nurses, pride themselves on providing you, our customers, with the best possible multi-disciplinary medical care.

The hospital has been designed and equipped with a fully computerised Hospital Information System (HIS) – a comprehensive integrated information system designed to manage the administration, finance and clinical aspects of the hospital. Bintulu Hospital is one of three public hospitals in Malaysia selected to fully implement this HIS.



# ABOUT HOSPITAL

## ● **Mission**

Ensuring access to effective, efficient and quality health services by practicing the MOH corporate culture.

## ● **Vision**

provide excellent and quality healthcare services

## ● **Objective**

- Ensure the practice of professionalism, teamwork and caring as the hospital's work culture
- Continuous improvement so that patient safety and welfare as well as the quality of health services are guaranteed
- Enhance access to quality, effective and efficient health services
- Be sensitive and proactive in identifying and meeting patient needs and respecting patient rights
- Using ICT technology as a whole in patient management

## ● **Motto**

*"Komitmen menyeluruh kearah Kecemerlangan"*







# 1.0

# MANAGEMENT

# DIRECTORATE

# 1.1

# ADMINISTRATION DEPARTMENT

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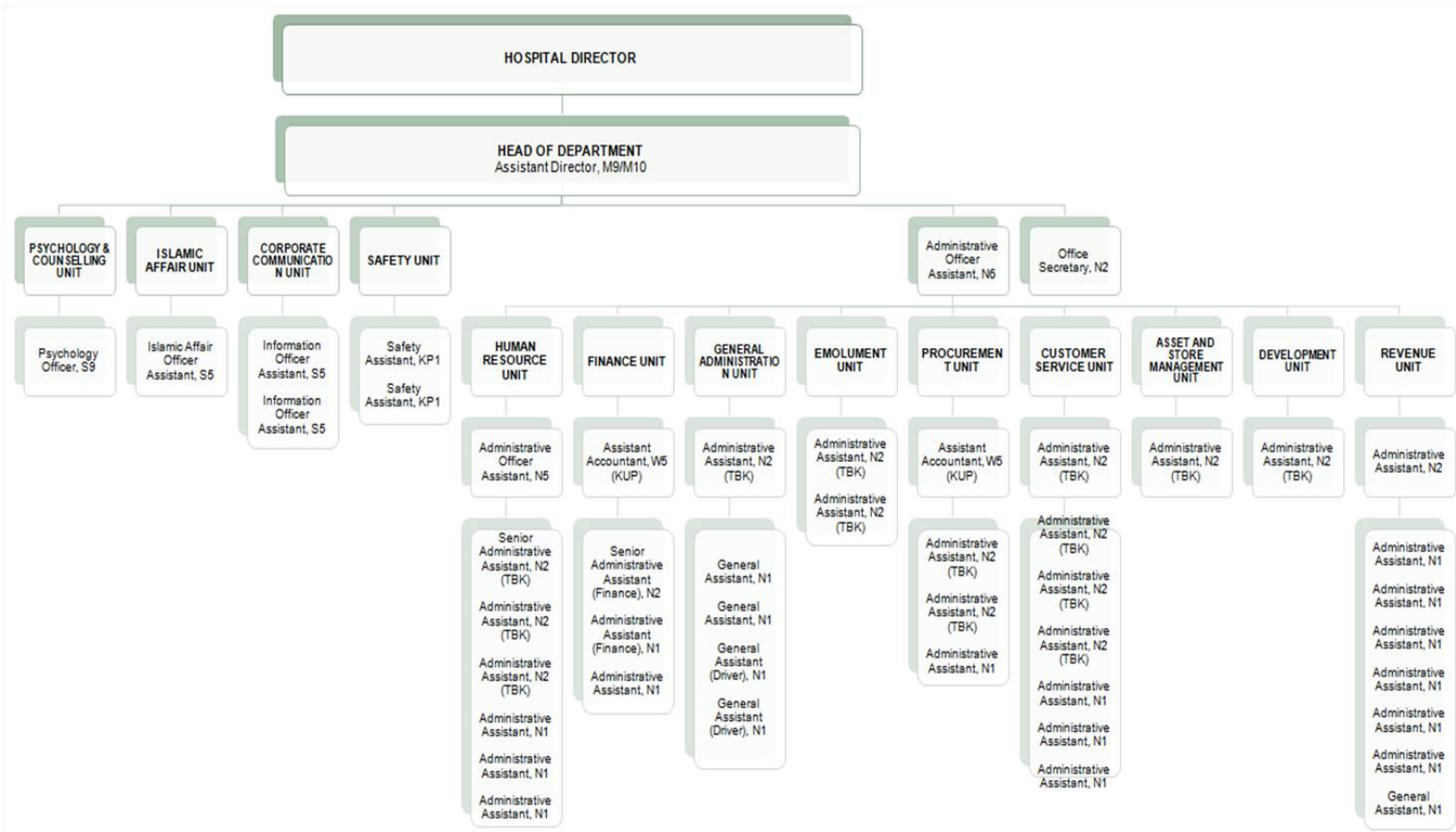


# Introduction

The Administration Department, headed by the Assistant Director (Administration), is a department within the hospital administration directorate aimed at providing non-clinical services for day-to-day governance of the hospital. Our main clients are the hospital staff with services ranging from payment of claims to procuring assets. We also help patients coming in for registration and psychological services. The Administration Department consists of the following units: Finance Unit, Procurement Unit, Asset and Store Management Unit, Development Unit, Human Resource Unit, Emolument Unit, Customer Service Unit, Corporate Communications Unit, Psychology and Counseling Unit, Revenue Unit, Islamic Affairs Unit, and Security Unit.



# Administration Department Organization Chart



# Our Services

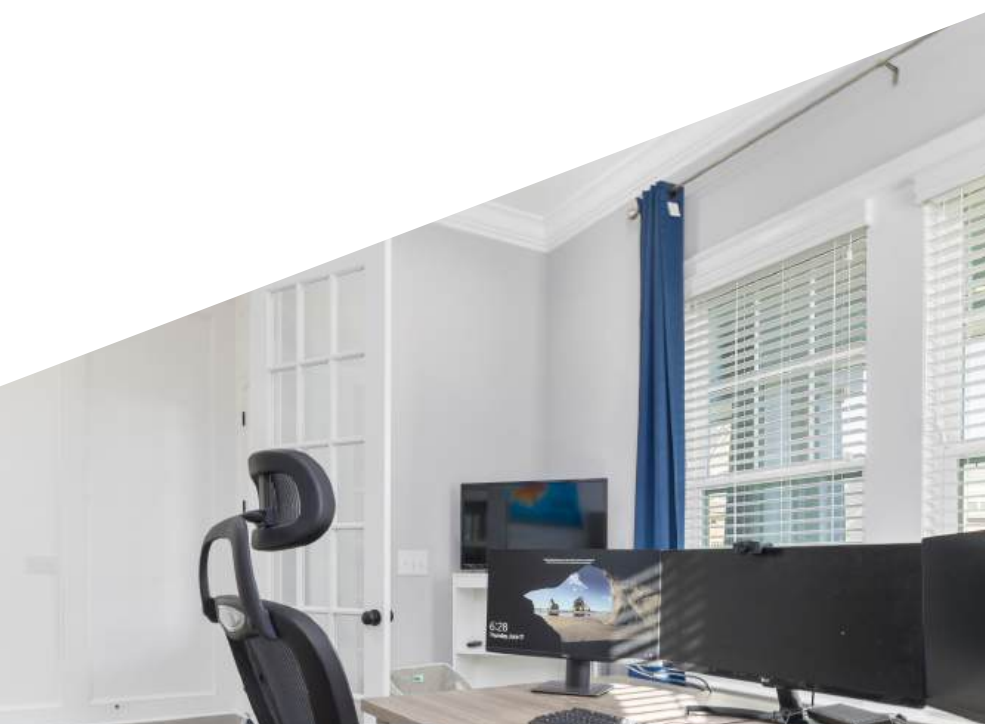
Here are the work scopes of each unit within the Administration Department:

## 4.1 Psychology and Counselling Unit

- a. Handles therapy and counselling sessions for referred clients.
- b. Plans and implements appropriate interventions according to clients needs.
- c. Responsible for delivering and documenting psychological/personality/behaviour reports to requested parties.
- d. Plans and conducts programs related to improvement of mental health.

## 4.2 Islamic Affair Unit

- a. Plans, establishes, and implements Hospital Mesra Ibadah (HMI) concept.
- b. Conducts and coordinates training programs focusing on Islamic values for Muslim staff.
- c. Provides advisory roles for issues relating to deaths, inheritance, prayers, and others.
- d. Provides spiritual guidance for staff and patients.
- e. Provides Islamic material for reference.



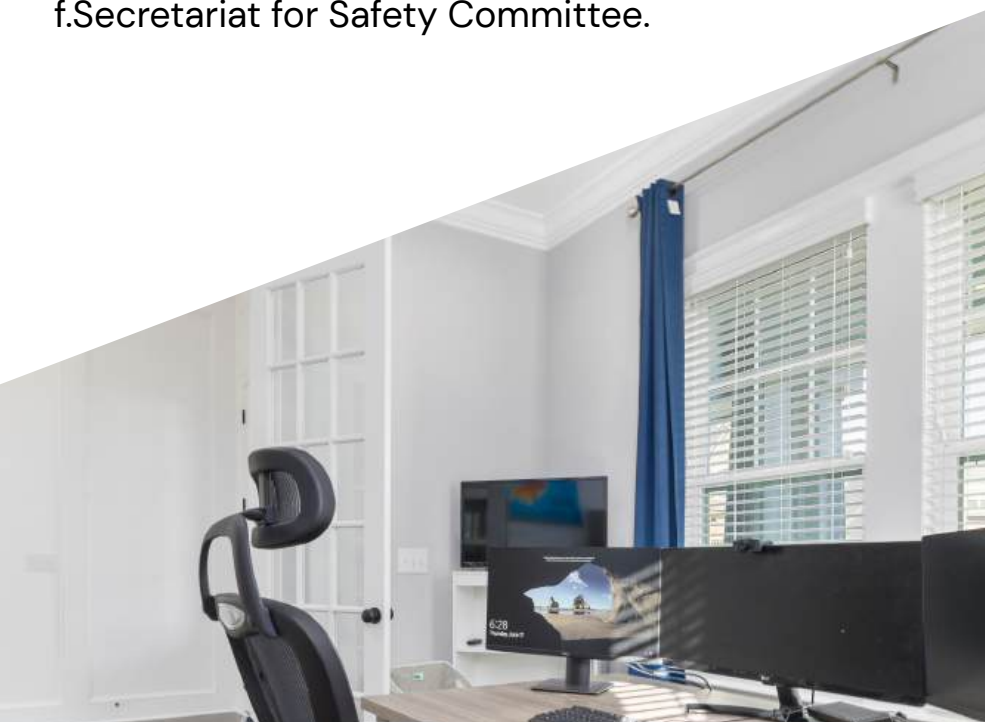
# Our Services

## C. Corporate Communication Unit

- a. Responsible for receiving and handling complaints from various channels including Sistem Pengurusan Aduan Awam (SisPAA), social media, and internal forums.
- b. Helps in managing events/programmes as instructed.
- c. Focal point in disseminating information, promotions, publicity relating to hospitals.
- d. Plans and implements activities to improve corporate image and branding.
- e. Manages and builds good relationships with the media.
- f. Monitors issues related to the hospital and its agencies on all media channels.
- g. Intermediary for Ahli Lembaga Pelawat Hospital.

## 4.3 Security Unit

- a. Provides advisory services related to physical, staff, digital, and document safety according to provisions set by the government.
- b. Plans, monitors, and coordinates the operation of Security Services by supplier.
- c. Examines, arranges, and undertakes safety precautions and awareness at the hospital.
- d. Plans and implements protocols and standing orders based on different security events.
- e. Helps, examines, and conducts investigations on violations of safety protection.
- f. Secretariat for Safety Committee.



# Our Services

## 4.4 Human Resource Unit

- a. Responsible for the planning, intake, services, and development of human resources at the hospital.
- b. Plans and implements all Human Resource Management System (HRMIS) activities.
- c. Issues Human Resource report.
- d. Manages training/seminar rooms and scheduling (Training Unit).
- e. Plans and implements training program (Training Unit).
- f. Compiles and reports of training records (Training Unit).
- g. Plans, discusses, and implements disciplinary actions according to current guidelines (Disciplinary Unit).
- h. Issues disciplinary and ethics reports (Disciplinary Unit).
- i. Plans and implements programmes to improve awareness and compliance to public service rules and regulations. (Disciplinary Unit).

## 4.5 Finance Unit

- a. Receives, plans, budgets, and helps distribute funds according to guidelines, directives, and requests.
  - b. Handles payment of claims for completed procurement, allowance, and others.
  - c. Reports on financial management of the hospital including expenditure, bill payments, coding (MyCost), and utilities.
  - d. Secretariat for Financial and Account Committee (JPKA).
- Issues feedback on audit report

# Our Services

## 4.6 General Administration Unit

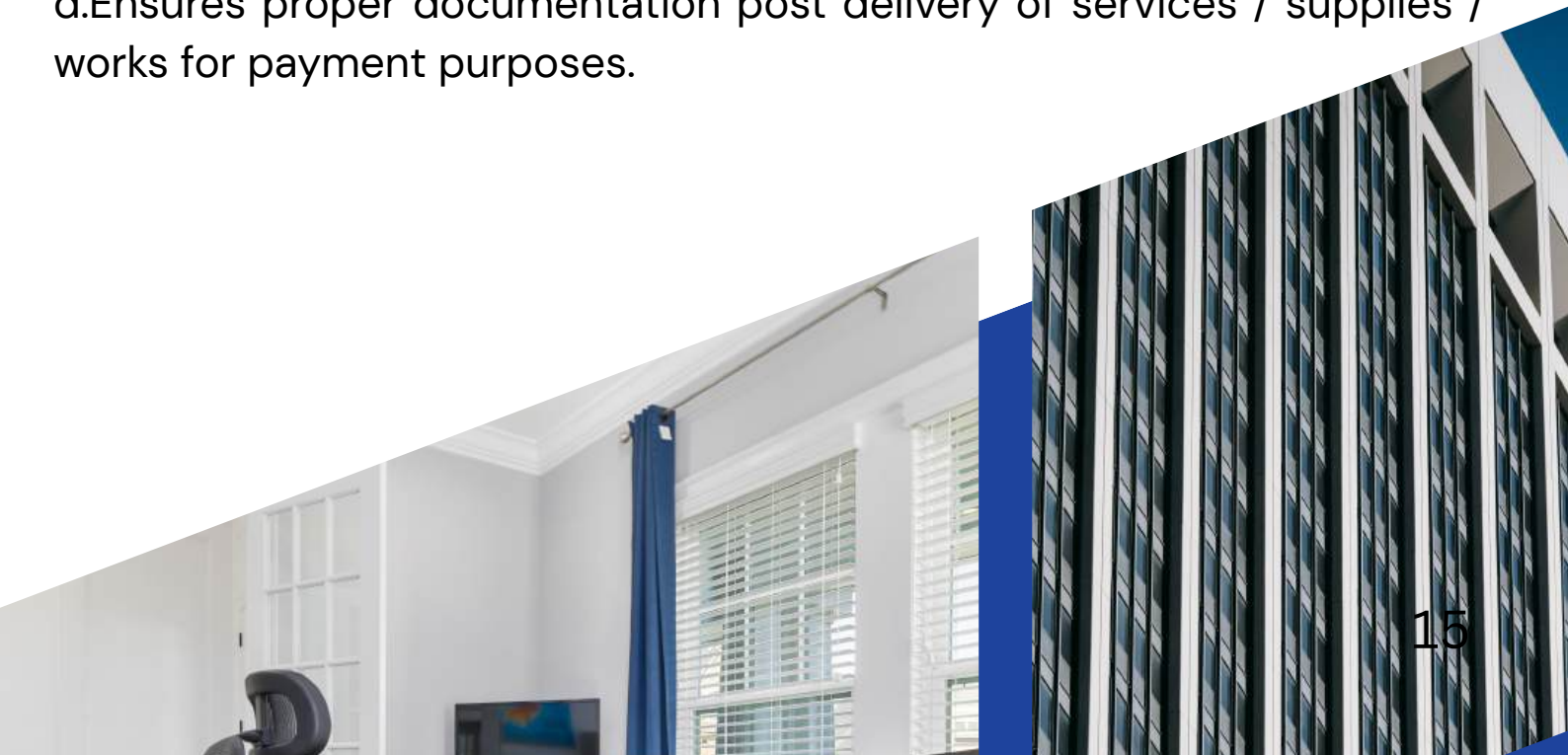
- a. Manages hospital vehicle fleet, drivers, and transportation services.
- b. Responsible for the management of quarters and other forms of lodgings.
- c. Responsible for equipment and facilities used throughout the hospital such as photocopier and water purifier machines.
- d. Manages registry and filing system in accordance to rules archival and safety rules.

## 4.7 Emolument Unit

- a. Verifies, submits, and authorises changes of staff's emolument through the HCRM system.

## 4.8 Procurement Unit

- a. Plans and implements procurement of service / supplies / works.
- b. Issues Purchase Order (PO) through ePerolehan and IGFMAS.
- c. Issues procurement report.
- d. Ensures proper documentation post delivery of services / supplies / works for payment purposes.



# Our Services

## 4.9 Customer Service Unit

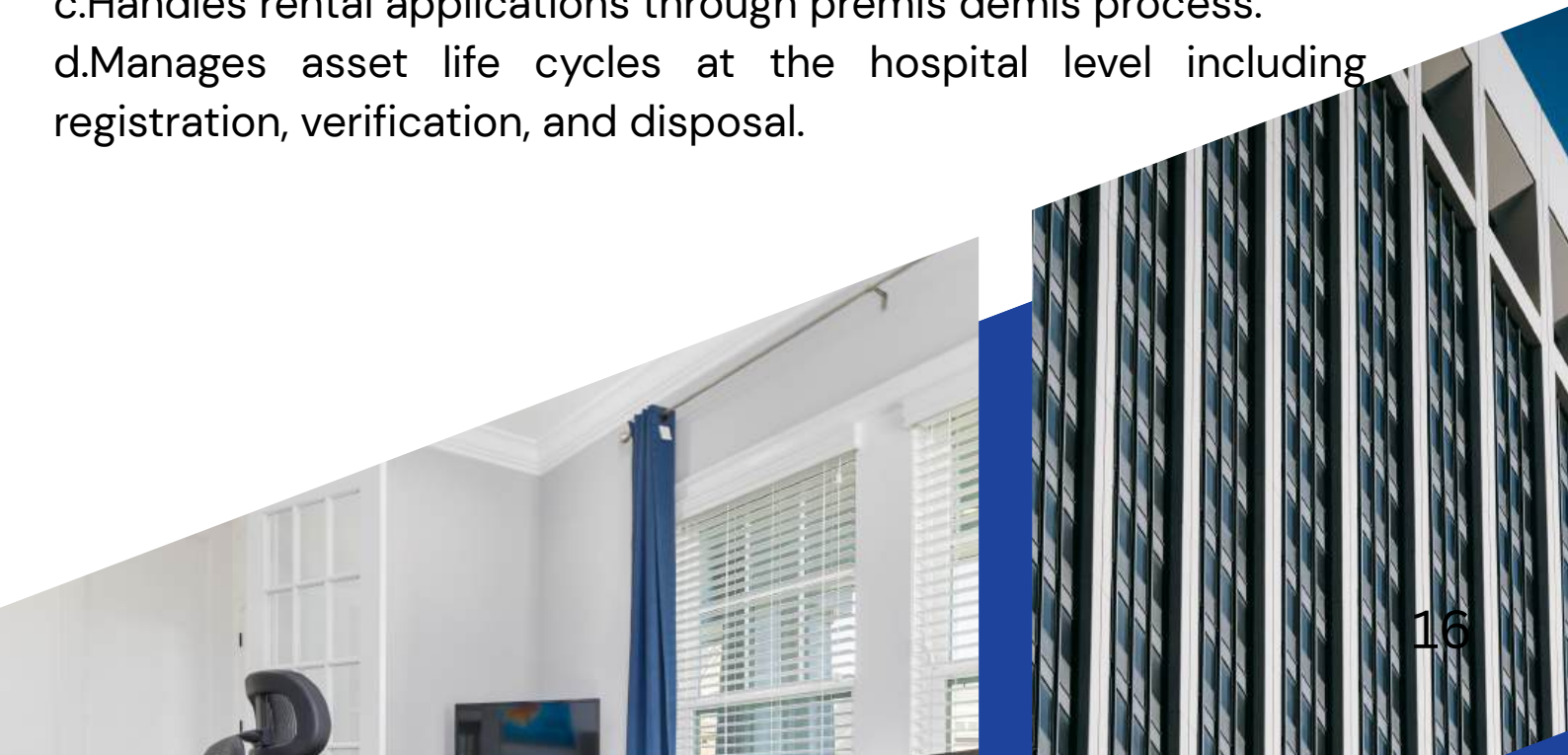
- a. Manages the day-to-day operations at the Operator Room by handling and connecting incoming/outgoing calls.
- b. Responsible for declaring emergency codes and alerts.

## 4.10 Asset and Store Management Unit

- a. Responsible for data entry of assets and stocks into Sistem Pemantauan Pengurusan Aset (SPPA), ASIS, and IGFMAS.
- b. Manages asset and stock life cycles at the hospital level including registration, verification, and disposal.
- c. Plans and implements asset and stocks verification.
- d. Secretariat for the Asset Management Committee (JKPAK).

## 4.11 Development Unit

- a. Provides, stores, and updates data concerning Unmovable Assets (ATA) like building and components.
- b. Responsible for application of new projects.
- c. Handles rental applications through premis demis process.
- d. Manages asset life cycles at the hospital level including registration, verification, and disposal.



# Our Services

## 4.12 Revenue Unit

a.Registers patient admission.

b.Collects patient deposit and medical fee.

c.Collects deposits and fees from rental agreement and medical devices.

d.Issues report on total revenue, exemption of bills, and outstanding bills.

e.Processes payment for medical report.

Performs write-off of overdue bills



# Achievements & Awards



- Audited by Jabatan Audit Negara on Arahan Pembayaran IGFMAS for the period of September – November 2023 – Result: Good.
- Audited by Jabatan Audit Negara on Emolument Payment for the period of January – October 2023 – Result: Good.



Organised and participated in the following programs:

- Seminar Code Grey Hospital Bintulu on the 18<sup>th</sup> of October 2024, a collaborative program with Psychiatry and Mental Health Department, Occupational Therapy Unit, and Occupational Safety and Health Unit with the aim of exposing staff on how to handle physical harassment at work.



- Orientation Programme for new staff (every quarter)



- Kursus Pengurusan Siasatan Aduan on the 29<sup>th</sup> of November 2024.



- Kursus Keseronokan Bekerja dan Memperkasa Insan Super held on the 31<sup>st</sup> of October – 2<sup>nd</sup> of November 2024 at Kem Lupuk Bekenu as part of programme to improve job motivation and team building.



- Kursus Budaya Korporat held on the 1<sup>st</sup> till 3<sup>rd</sup> of May 2024 at Taman Negara Niah to promote good work and team culture.



# SAMBUTAN HARI KESIHATAN MENTAL DAN BULAN KAUNSELING KEBANGSAAN PERINGKAT BAHAGIAN BINTULU 2024



# KURSUS MEMPERKASA KEPIMPINAN HOSPITAL BINTULU. 2024



KEMAHIRAN KEMPIMPINAN DAN KOMUNIKASI.  
-PEMERKASAAN PEKERJA.  
-PEMIMPIN KARAKTER.

**BERSAMA**

**DR. EDRIS BIN ADEN**  
PENGARAH PUSAT PEMBANGUNAN PELAJAR /  
PENSYARAH PROGRAM KAUNSELING,  
FALKUTI SAINS KOGNITIF DAN PEMBANGUNAN MANUS  
UNIVERSITI MALAYSIA SARAWAK (UNIMAS).

ISNIN

- Kursus Pengendalian Ibadah Pesakit on the 27<sup>th</sup> of March 2024 as part of the requirement for Hospital Mesra Ibadah certification.



- Team from Administration Department, Engineering Unit, Quality Unit, and MLNG Bintulu won first place for MLNG Connect Treasure Hunt on the 7<sup>th</sup> December 2024 competing against other agencies at Bintulu level.



Hospital Bintulu received numerous donations from concerned citizens and organisations. The Administration Department acted as the intermediary for acceptance and approval.

- Bintulu Port donations to Paediatrics Ward



- Donations from Datuk Fatimah Iskandar to Maternity Ward



- Donations from Lions Club Bintulu to Orthopaedic Department



# 1.2

# HOSPITAL CARE

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# 1.2.1

# QUALITY UNIT

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# Our Services

This unit serves as the secretariat/coordinator for several quality activities at the hospital level.

## ➔ Quality Program

- i) Implementation of Quality Documents
- ii) Quality Document Control
- iii) Implementation of Internal Quality Audits
- iv) Participation in External Quality Audits
- v) Implementation of Training

## ➔ Quality Assurance and Quality Improvement (QA/QI)

- i) Annual QA/QI Workshops and Courses
- ii) Hospital Specific Approach
- iii) Department Specific Approach
- iv) Quality, Innovation and Creativity Awards
- v) Hospital Performance Indicator for Accountability (HPIA) and Key Performance Indicator (KPI)



## ➔ Customer Satisfaction Survey

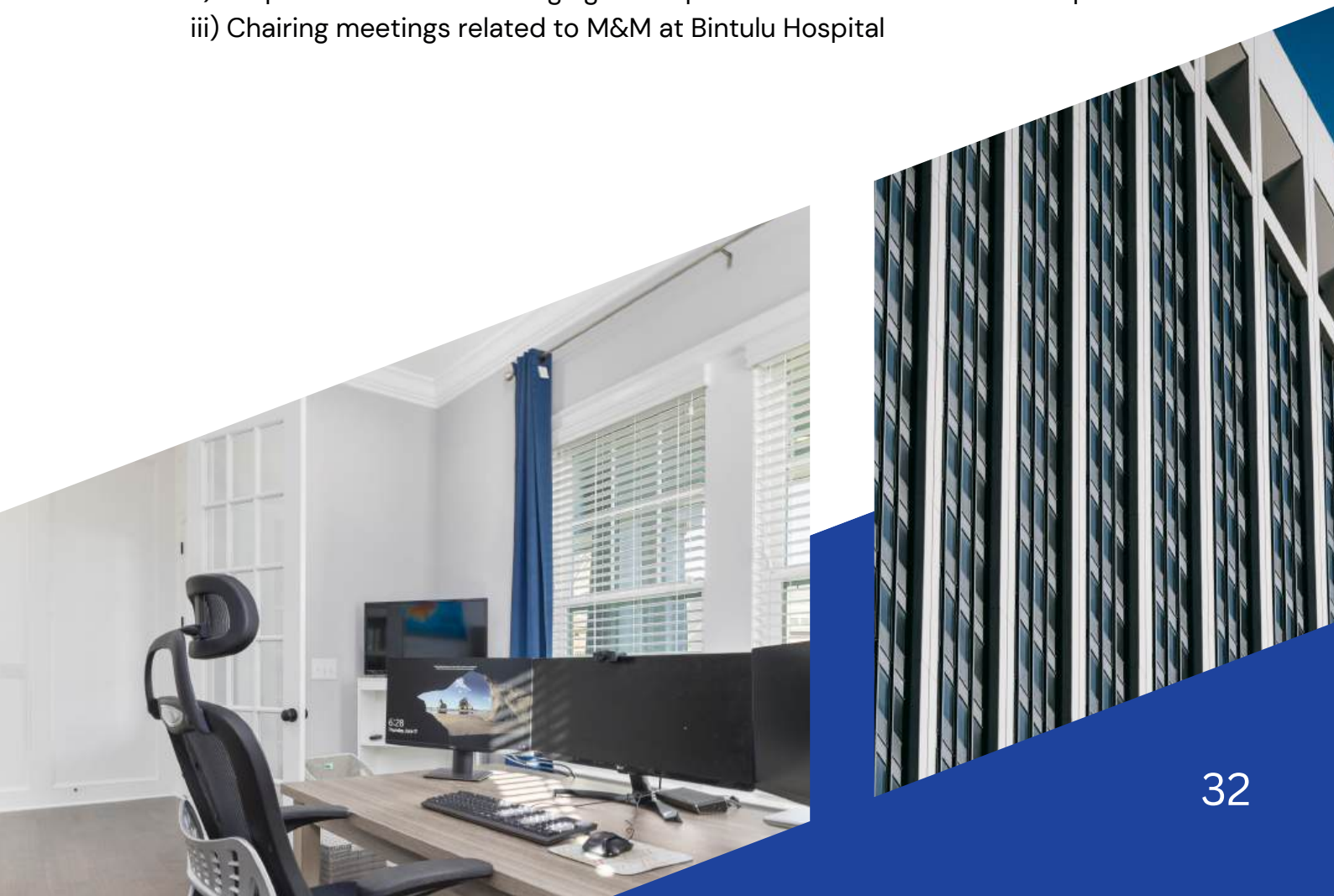
- i) Collecting, analyzing, and coordinating data related to customer/patient satisfaction surveys
- ii) Presentation of Customer Satisfaction Survey data every six months

## ➔ Pain-Free Hospital Program at Bintulu Hospital

- i) Coordinating Pain-Free courses and workshops
- ii) Implementation and auditing of the Pain-Free program

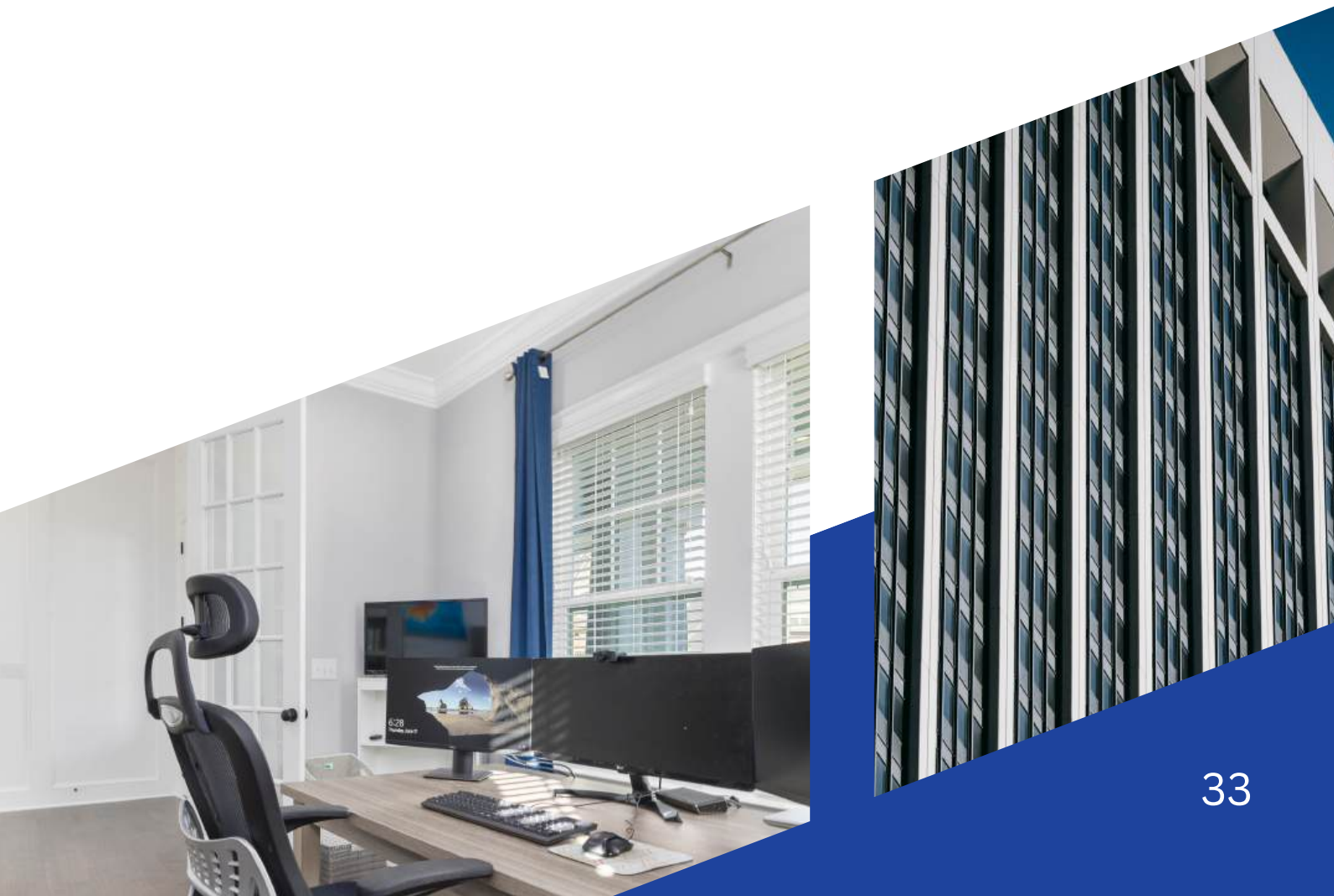
## ➔ Mortality & Morbidity (M&M) Meetings

- i) Coordinating the implementation of Mortality & Morbidity meetings at Bintulu Hospital
- ii) Responsible for distributing agreed-upon decisions to all relevant departments
- iii) Chairing meetings related to M&M at Bintulu Hospital



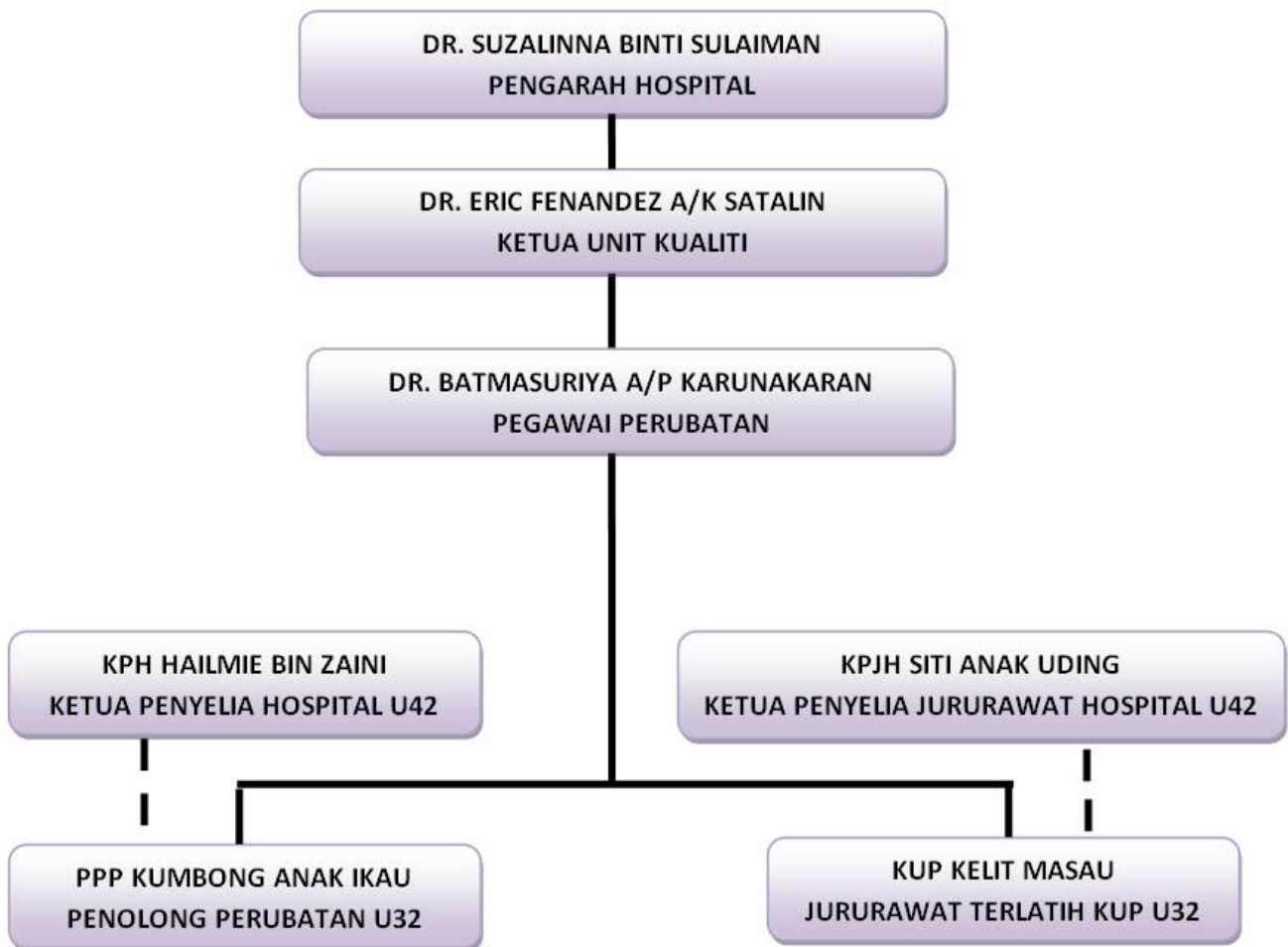
## ➔ Credentialing and Privileging (C&P) Certification

- i) Credentialing is "the process of assessing and verifying the license or certification, education, training, and other qualifications of a licensed or certified healthcare practitioner."
- ii) Privileging is "the process of granting specific scopes and content of patient care services to a healthcare professional."
- iii) Responsible for ensuring that every healthcare personnel serving at Bintulu Hospital possesses and renews their Credentialing and Privileging certificate to ensure safe patient care
- iv) Ensuring certificate renewal is done three months before the expiry of the current Credentialing and Privileging certificate
- v) Collecting and preparing hospital-level Privileging certificates for staff applying for them
- vi) Presentation and meetings with the Bintulu Hospital Credentialing and Privileging Committee three times a year





# Organization Chart



# Achievements & Awards





The Director of Bintulu Hospital with the Guest Judges of the Bintulu Hospital Innovation Day 2024 Competition, namely Ms. Khairunisa Binti Sarkawi, Education Services Officer Grade DG11, and Dr. Flora Kudi, Medical Officer UD14. This event was organized for the first time by the Quality Unit.





Innovation Collaboration Visit to Kolej Vokasional Bintulu



The Quality Unit together with the Winners and Participants of the Sarawak State Health Department Innovation Day 2024.



The Quality Unit with Dr. Suzalinna Binti Sulaiman, Director of Bintulu Hospital, and Members of the Hospital Visitors Board during the Opening Ceremony of Patient Safety Week 2024 at the Main Lobby of Bintulu Hospital.

## “2024年患者安全週”開幕 實踐高效醫療服務與安全

（民都魯21日訊）民都魯醫院昨日舉辦“2024年患者安全週”開幕禮，由院長蘇扎丽娜主持，獲得該醫院的醫護人員及醫院巡察委員會成員出席見證。

舉辦該項活動主要是響應世界衛生組織自2019年發起的“世界患者安全日”倡議，呼喚全球醫療機構通過更精準的診斷保障患者安全，確保患者在整个医疗过程中的安全。

患者安全週活動協理人兼臨床副主任艾力致詞時強調，病患安全不僅是某個環節的責任，而是需要醫護人員、管理層和患者自身多方合作，才能真正實現醫療質量的全面提升。

他指出，診斷的準確性是醫療服務的核心，直接關係到患者的生命和康復效果。

“今年患者安全週的主題是‘提升診斷以確保患者安全’，這顯示診斷在現代醫療體系中的重要性。只有通過不斷提高醫護人員的專業素養和技術水平，保持醫療決策的科學性與及時性，才能在實踐中真正實現醫療服務的高效與安全。”

此外，電氣安全比賽和視頻配音比賽，通過比賽的進行也為醫護人員提供展示專業技能的機會。參賽科室包括燒傷科、重症監護病房、兒科ICU、婦產科、手術室和藥劑部等。

活動出席者除了醫院內部成員外，主辦單位還邀請醫院巡察委員會成員，包括主席江洋光、副主席甲必丹吳顯飛、秘書諾莉哈阿里及財政蕭祖全等。

2024年患者安全週開幕禮出席者合影。左起為患者安全週活動協理人兼臨床副主任艾力、江洋光、蘇扎丽娜、民都魯醫院巡察委員會副主席吳顯飛及財政蕭祖全。

### 院長：診斷流程複雜層次多 患者安全醫療體系核心挑戰

（民都魯21日訊）民都魯醫院院長蘇扎丽娜指出，根據2024年全球患者安全報告數據顯示，每年全球有超過300萬人因不安全的醫療操作產生，這突顯診斷錯誤在醫療服務中的關鍵及影響。

她說，儘管全球醫療技術和護理水平日益進步，患者安全依然是全球醫療體系的核心挑戰之一。無論是誤診、延誤診斷，還是溝通不暢，這些因素都對治療效果產生重大影響，全球醫療體系亟需對此給予高度重視。

蘇扎丽娜昨日出席該院舉行的“患者安全週”開幕儀式致詞時呼喚各界攜手合作，提升診斷的精確度，以應對全球患者安全挑戰。

她提及，民都魯醫院的診斷流程複雜且多層次，每個環節都可能成為潛在的風險點。通過深入分析，醫院確定凡唯亟需改進的關鍵問題。

“首先是患者對自身疾病、診斷方法及治療方案缺乏足夠的了解，導致參與度不足，進而增加了誤診的風險；其次是醫務人員，尤其是新入職的員工，經驗相對不足，未能及時掌握最新的診斷標準和操作規範，加上高强度的工作壓力，容易導致注意力分散，增加出錯的可能性。”

### 設多委員會提升質量

蘇扎丽娜說，由於醫院的放射診斷和傳染病實驗室等關鍵領域設備不足，直接影響診斷效率和準確性。為應對這些挑戰，該院已成立多個專門委員會，如藥物安全委員會、輸血安全委員會、放射安全委員會及自承預防委員會，全面提升醫院的診斷與護理質量。

“醫院還設立患者及家庭權利委員會，讓患者獲得更多的知情權與參與權，積極參與診斷過程。這種全方位的協作機制不僅提高診斷的準確性，也為患者帶來更好的醫療體驗。”

她稱，醫院在即時檢測（POCT）方面也取得顯著進展。臨床醫生通過更精準的檢測結果，能夠更迅速做出診斷，減少等待實驗室結果所導致的誤診和延誤治療的風險。不過，要實現全面的診斷改進，仍需要賴砂拉越衛生局和聯邦衛生部的支持，提供更具先進的設備和基礎設施，最大程度保障患者的安全。

民都魯醫院巡察委員會主席江洋光（右二）頒發患者安全視頻比賽冠軍獎予兒科產科病房代表。

民都魯醫院巡察委員會主席江洋光（左）頒發展覽比賽冠軍獎予患者及家庭權利委員會代表。

Newspaper Clipping related to the Opening Celebration of Patient Safety Week 2024 at Bintulu Hospital.



Certificate of Recognition for Bintulu Hospital achieving 4 Stars in the Hospital Star Awards for Outstanding Quality and Performance 2023.



# 1.2.2

# OCCUPATIONAL SAFETY AND HEALTH

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## 1. Introduction

Occupational safety and health is crucial for protecting workers, and workplace safety is a key element within any organization. The Malaysian government has addressed this through the Occupational Safety and Health Act, with amendments in 2022.

The Occupational Safety and Health Unit at Bintulu Hospital is specifically tasked with ensuring the safety, health, and welfare of employees, as well as safeguarding others from workplace hazards. The unit aims to lead in creating a safe and healthy work culture to improve the quality of working life, and it fulfills its responsibilities according to occupational safety and health policies aligned with the Malaysian Ministry of Health and the Sarawak State Health Department.

## 2. Vision and Mission

### 2.1 Vision

"To be a Leader in Occupational Safety and Health in the Healthcare Sector."

### 2.2 Mission

- To ensure the safety and health of employees and hospital users are at an optimum level.
- To develop an effective risk monitoring and prevention system within the organization.
- To create a safety and health culture through the active participation of all parties in the hospital.

# Our Services

- ➔ 1. Hazard Identification, Risk Assessment And Risk Control (HIRARC)
- 2. Secretariat for the Occupational Safety & Health Committee (JKKP)
- 3. NCD Program–SWOSH (Sarawak Occupational Safety & Health Module, MyWorkspace)/ KOSPEN WOW
- 4. HPIA–Safety Audit / Health Screening Audit for MOH Staff
- 5. Workplace Inspection
- 6. Tuberculosis Surveillance
- 7. Sharp Injury Surveillance
- 8. Vaccination Program
- 9. Post–Exposure Prophylaxis
- 10. Notification of Accident, Dangerous Occurrence, Poisoning & Occupational Diseases (NADOPOD). Conducting investigations and improvement measures, and reporting to the hospital director.
- 11. Preventing and addressing workplace violence for MOH staff.
- 12. Promotion and training / campaigns related to occupational safety & health.

# Our Services

13. Sejahtera Clinic/Occupational Health Clinic



14. Occupational skin disease

15. Occupational respiratory disease

16. Needle stick injury management

17. Sharp injury management

18. Splash injury management

19. Occupational musculoskeletal disease/Ergonomic

20. Workplace violence management

21. Sexual harassment management

22. Stress management and mental wellbeing (Psychological first aid)

23. Job modification clinic

24. TB screening

25. Hepatitis B screening

26. KOSPEN health screening/SWOSH

27. Pre-work and pre-retirement health screening

28. Vaccinations (Typhoid, Hepatitis B, Influenza)

29. Workplace safety and health education-Submitting returns according to the set time

30. Healthy Community Nation Builder (KOSPEN)

31. Kospen Health Screening (KPI TPKN (Medicine))

32. Safety Audit (HPIA)

33. Workplace Inspection

34. Notification of healthworker confirmed positive for COVID-19

35. Denominator for SIS Risk Category

36. Sharps Surveillance

# Our Services

- ➔ 37. Clinical Sharps Audit Form
- 38. NADOPOD
- 39. Accidents involving ambulances
- 40. Violence towards health personnel
- 41. Hep B monitoring for Group 2
- 42. TB Surveillance & positive cases
- 43. JKK Meeting
- 44. Supply and administration of Quadrivalent Seasonal Influenza vaccine
- 45. Registry of Competent Person (OYK) in MOH facilities

## Cluster Services

- HPV screening
- TB screening program
- Noise risk assessment
- NADOPOD reports for hospital and external industries



# Organization Chart



# Achievements & Awards





World OSH Day 2024 – in collaboration with Jabatan Kesihatan Negeri Sarawak at Auditorium BDA Bintulu



Safety Audit 2024



Code Grey Course 2024



## Collaborative Activities



**BASIC ESCORT TRAINING**  
(Collab with Unit Pengurusan)

**INFECTION CONTROL TALKS**  
(Collab with Unit Kawalan Infeksi)

**PATIENT SAFETY WEEK**  
(Collab with Jawatankuasa Keselamatan Pesakit)

# 1.2.3

# INFECTION PREVENTION AND CONTROL UNIT



# Introduction

Infection Prevention and Control (IPC) practices are important in maintaining a safe environment for patients by reducing the risk of the potential spread of disease from person to person. Addressing Infection Prevention and Control requires a facility-wide programme and should be a priority in every healthcare institution. The Infection Prevention and Control (IPC) Unit Hospital Bintulu was established in 2004. Initially it started with only one Infection Control Nurse (ICN) who was responsible for monitoring Infection Prevention and Control activities at the hospital. Therefore, today the Head of IPC Unit/ Team is a Clinician appointed by the Hospital Director. The IPC Team consists of appointed Medical Physician, Medical Officer, Nurse Supervisors, Chief Nurses, and two ICN. Thus, Infection Prevention and Control governance plays an integral role in patient healthcare.

# Vision

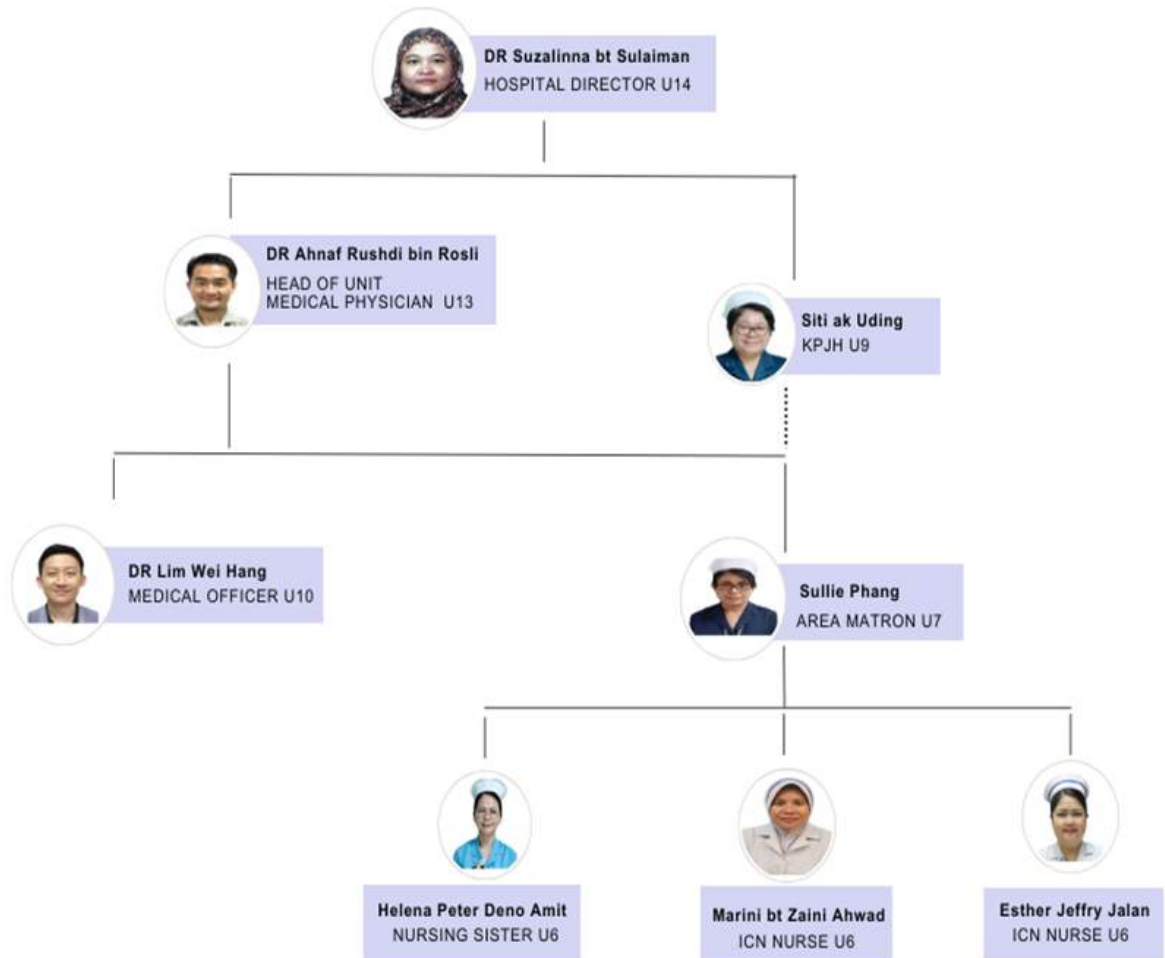
The Infection Prevention and Control Unit of Hospital Bintulu will become the referral center for the hospital cluster to prevent and control Healthcare Associated Infection in line with current medical advancements.

# Mission

Continuously strive to improve and ensure that the Infection Prevention and Control program is implemented in accordance with the latest Infection Prevention and Control policies and guidelines, so that the quality of patient care is prioritized towards a healthier community.

# Organization Chart

INFECTION PREVENTION AND CONTROL UNIT  
Organisation Chart 2025-2027



# Service

## CLINICAL DUTIES

- Work closely with other members of HIACC and IPC Team.
- Supervise and advise on IPC policies.
- Provide clinical advice and support to HCW on IPC issues.
- Ascertain the clinical significance of laboratory results of MDROs possibility of an outbreak.
- Provide clinical advice and support to HCW and other related external agencies.
- Provide guidance and support to the IC link nurse and personnel.

## SURVEILLANCE

- Coordinate surveillance activities for the hospital.
- Collect relevant information on behalf of IPC Team including:
  - Healthcare Associated Multi Drug Resistance Organism (HA-MDRO) and Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) Surveillance.
  - Prevalence Index MDRO Bacteraemia for selected MDRO organisms such as MRSA, MDR Acinetobacter Baumannii and CRE per 10,000 admissions.
  - Point Prevalence Surveillance on Healthcare Associated Infection (PPS HCAI).
  - Point Prevalence Survey on Healthcare Associated Blood Stream Infection (PPS HA-BSI).
  - Surgical Site Infection Surveillance.
  - Hand Hygiene Compliance Rate.
  - Ward Environmental Audit.
  - Infection Prevention and Control Audit KKM.
  - Hand Hygiene Self-Assessment Framework.

## COORDINATION/ ORGANIZATION OF IPC ACTIVITIES

- identify potential infectious hazards and suggest appropriate remedial action to relevant personnel.
- Recognize, investigate and implement immediate control measures during outbreak.
- Collaborate with the IPC Team and clinicians on the routine monitoring of critical care units.
- Environmental Sampling at specified location such as Microbiology Air Sampling at Operation Theatre (OT), Minor OT and Cytotoxic Drug Reconstitution (Pharmacy Department).

## ADMINISTRATIVE

- Sekretariat of Hospital Infection and Antibiotic Control Committee (HIACC).
- Participate in the development and implementation of the IPC policies.
- Monitor compliance with IPC policies, including activities directly related to the audits.
- Prepare reports within a specified period.

# Service

## EDUCATION

- Participate in teaching programme for all HCWs such as courses and workshops:
  - i. IPC Course for Link Nurse and Personnel
  - ii. IPC Update course specific to clinical healthcare workers
  - iii. IPC Update course specific to non-clinical healthcare workers
  - iv. Antimicrobial Resistance (AMR) outbreak response in healthcare setting workshop
  - v. Point Prevalence Survey workshop
- Keep abreast with recent advances by reading relevant literature and attending appropriate courses, meetings and exhibitions.
- Advise staff with regards to the microbiologic hazards in occupational health safety and related issues in IPC such as Infection Control Risk Assessment (ICRA)
- Promote awareness on needle and sharp injuries among the healthcare workers.
- Participate and coordinate IPC related educational campaigns.
  - i. Hand Hygiene Campaign at hospital level
  - ii. World Hand Hygiene day at state level
- Provide training and advice to all hospital care workers & hospital support service on issues related to the prevention and control of Hospital Acquired Infections (HAI).

## RESEARCH AND QUALITY IMPROVEMENT ACTIVITIES

- Participate in research projects that are related to hospital infection.
- Perform clinical audit/ quality improvement projects on IPC activities and to evaluate its effectiveness.
  - i. Clinical Audit on Hand Hygiene Compliance Rate at Hospital Bintulu had started in year 2024.
  - ii. Reduction of Healthcare Associated Central Line Associated Blood Stream Infection in Medical Wards, Hospital Bintulu year 2024.

## SUPPORTING SERVICES

- National Nursing Audit collaboration with Nursing Unit.
- Workplace inspection collaboration with Unit Keselamatan Persekitaran.

# Achievement & Award

## ACHIEVEMENTS

- IPC Unit Hospital Bintulu hosted State Hand Hygiene and Seminar in conjunction with World Hand Hygiene Day and won the 1<sup>st</sup> place in Hand Hygiene Video Competition.
- Courses
- Workshop

Organised and participated in the following programs:

- Seminar Code Grey Hospital Bintulu on the 18<sup>th</sup> of October 2024, a collaborative program with Psychiatry and Mental Health Department, Occupational Therapy Unit, and Occupational Safety and Health Unit with the aim of exposing staff on how to handle physical harassment at work.



# 1.2.4

# NURSING UNIT

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# Introduction

Nursing services is the biggest component in the hospital which operates 24 hours a day to provide best quality nursing care to all clients. Nursing activities are being led and supervised by senior nursing managers such as matrons and nursing sisters and headed by chief matron of the hospital. The Nursing Unit consist 383 total staff ranging from various grades to cater for 339 bedded hospital which categorized by 4<sup>th</sup> major hospital in Sarawak.

Nursing unit guided by the operational policy and various SOP (Standard of Procedures) which provides an accurate and clear guide in the implementation of quality nursing activities.

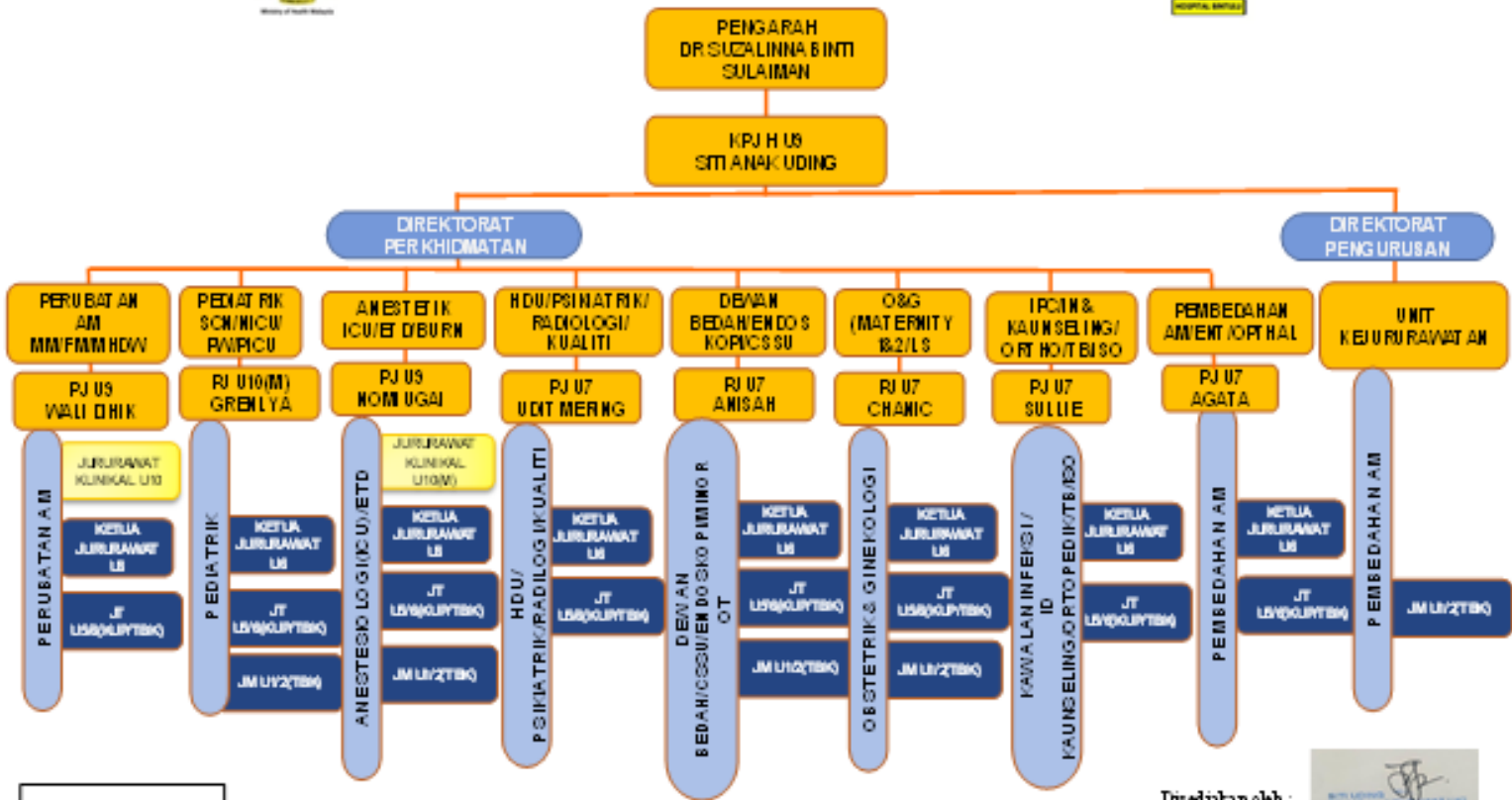




# Organization Chart




## CARTA ORGANISASI UNIT KEJURURAWATAN HOSPITAL BINTULU



DIEKMA SEHATI  
04.03.2024

Disediakan oleh:  
SITI ANAK UDING

# Our Services

- a. Managing the human resource for nursing and Auxiliary staff about their orientation, training, professional, registration and deployment;
- b. Promoting professional development and continuing education for all nurses and auxiliary staffs;
-  c. Providing and delivery good qualities nursing cares with standard of nursing practices and professional conduct;
- d. Providing basic nursing practical training, facilities to nursing students when required;
- e. Representing the nurses view and opinions in various issues pertaining to their services and welfare in the various communities of the hospital;
- f. Monitoring and ensuring the delivery of high quality and laundry services by the concession order;
- g. Monitoring and ensuring the delivery of high quality and cleansing provides by the concession order;



# Our Services

- a. Ensuring time and educate supply of sterilization products and consumable for delivery of patient care activity;
- b. Ensuring compliance to disinfection and sterilization policies and procedure of Central Sterile Supply Services;
- c. Ensuring the provision and delivery of high standard of nursing to the communities both for inpatient and outpatient;
- d. Coordinating and assisting the Hospital Infection Control Unit to ensure compliance to the policies and the procedure in the prevention and control of the hospital acquired infection;
- e. Provision of round the clock nursing Services in the hospital ranging from basic nursing to specialized nursing;
- f. Providing consultation of health teaching to patient and family member; and
- g. Providing resources sharing, service realignment and better care coordination to the patient and family member to facilitate the standard and holistic nursing care under cluster hospital initiative programme as a lead hospital.



# Achievements & Awards





5.1 Involvement of nurses in the Pertandingan Hari Inovasi Hospital Bintulu 2024 organized by the Quality Unit



### 5.2 The important roles of nurses in the hospital events such as in Patient Safety Week & Hand Hygiene Day at State Level



### 5.3 Nursing continuous education through Seminar and Workshop conducted by Sarawak Nursing Professionalisms Association (SNPA) – Leadership: Essential skills for Nurses. Attended by 52 participants from all regions of Sarawak given by Mr A.B.Haw from AHCoE Healthcare Simulation Centre Penang



5.4 Credibility of nursing in nurturing their daily task in giving high standard and holistic nursing care always be strengthen by actively involved in courses/Seminars/Workshops conducted internal or external with supported by our Hospital Director



5.5 Kursus Jururawat IdamankU conducted by Nursing Unit to strengthen the 3 elements of Corporate Culture (Professionalisme/Caring/Team Work) among the Nurses in Bintulu Hospital



5.6 Blood Donation activities during Nurses Week Celebration.



**KEMPEN DERMA DARAH**  
**SEMPENA HARI JURURAWAT SEDUNIA 2024**

**TENTATIF PROGRAM**

- 9.30 pagi : Pendaftaran
- 10 pagi : Senam aerobik oleh Cik Emma
- 10.30 pagi : Ceramah "The gift of blood is the gift of life" oleh Dr Ain
- 11 pagi - 1 petang : Program derma darah

Save life  
Give blood

67

Hospital 2024 Kesihatan Bintulu  
SNBA

5.7 Activity CNE twice a month by rotation from different Department



5.8 Nursing NGO (SNPA) conduct community activity (Blood Donation) at Bouleyvard Shopping Mall in conjunction with Nurses Day 2024



5.9 Visited by Director of Nursing during Program Penyeliaan dan Pemantauan Hospital in May 2024



# 1.2.5 CSSU

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# Introduction

The Central Sterile Services Unit (CSSU) began operations in 2000. Central Sterilization Services Unit (CSSU) is one of the clinical support services within a hospital which provide sterile products used for surgical and medical procedures to ensure patient safety. Sterilization services comprised of cleaning, processing, sterilizing, sterile storage and distribution.

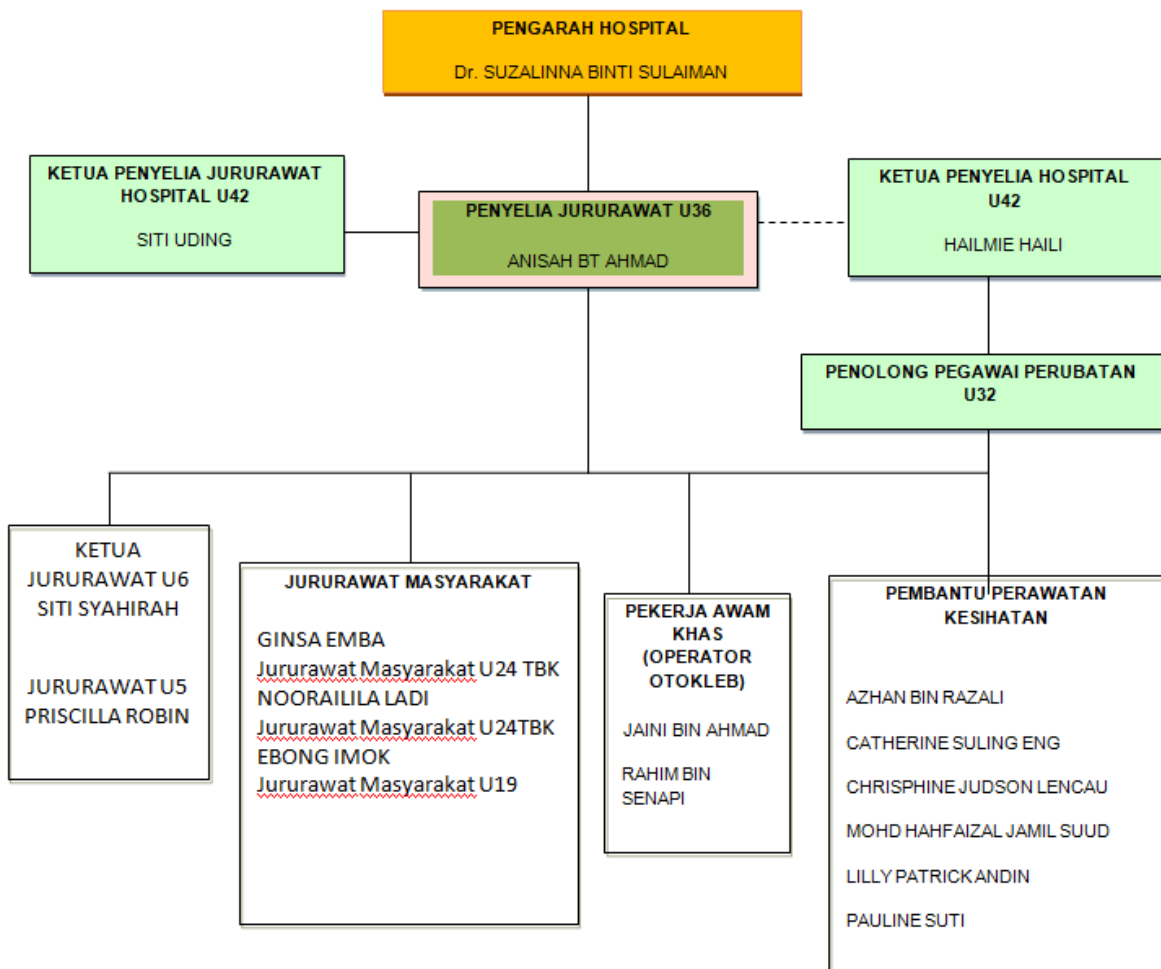
The CSSU is divided into four zones:

- Dirty / Decontamination zone;
- Clean / Processing zone (inspection, assembling and packaging);
- Sterilizing zone; and
- Sterile storage and distribution.




# Organization Chart

## CARTA ORGANISASI



Petuniuk:

 Post Basik Perioperatif

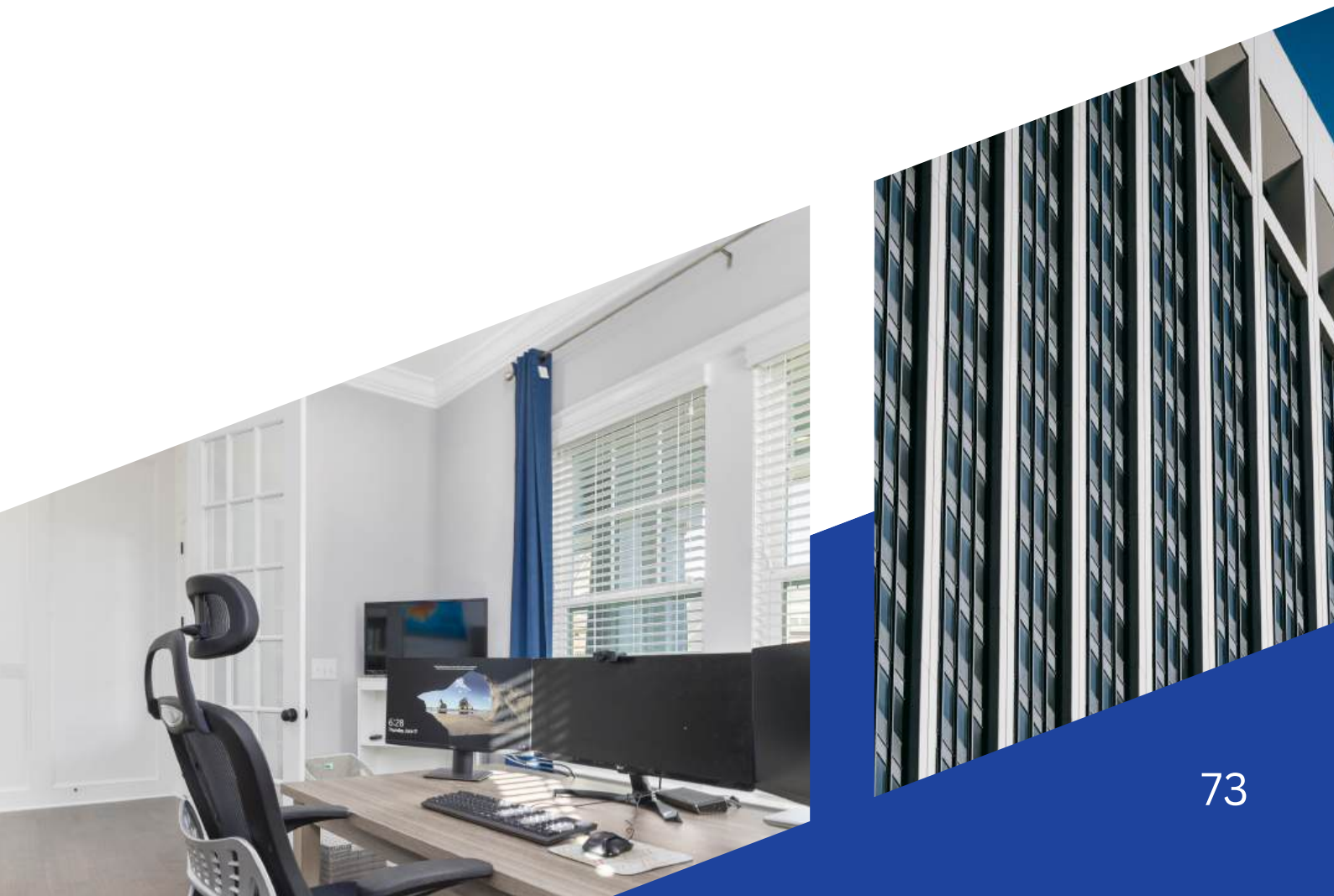
# Our Services

CSSU services shall operate office hours. On Call Duty for Saturday, Sunday & Public Holiday – 8.00am – 3pm

Emergency request service within 24 hours : will be provided by dedicated staff on call as per scheduled.

## ➔ Scope of Services

- Collection and receiving of dirty/use sets/instruments from wards / other unit and Operating Theatre.
- Sorting, washing and drying sets/instruments.
- Inspection and maintenance
- Assembling and packing
- Sterilization and monitoring sterility
- Distributing sterile sets/instruments to the wards/unit/Operating Theatre.



# Achievements & Awards



**MSQH KPI 1: PERCENTAGE OF STERILE INSTRUMENT SET REJECTED.  
TARGET: NOT MORE THAN 5%**

	YEAR	2020	2021	2022	2023	2024
Numerator	Number of rejected instrument after cleaning process	79	0	1	62	44
Denominator	Total number of instrument cleaned	529552	471679	523153	496332	491818
Rate		0.02%	0.00%	0.00%	0.01%	0.01%



**MSQH KPI 2: PERCENTAGE OF INCIDENTS REPORTED MONTHLY THAT HAVE HAD ROOT COUSE ANALYSIS (RCA) DONE AND ACTION TAKEN TO PREVENT RECURRENCE**

	YEAR	2020	2021	2022	2023	2024
Numerator	Number of Incidents Reported and where RCA is done	3	0	1	0	2
Denominator	Total number of incidents reported in the month	3	0	1	0	2
Rate		100%	0.00%	100%	0.00%	100%





2<sup>nd</sup> NORTHERN ZONE SARAWAK CSSD COURSE AND WORKSHOP 10hb – 11hb SEPTEMBER 2024





Care And Maintenance Surgical Instrument Course Bil. 1/2024(2-3 December 2024 Di Skill Lab Bangunan Warisan JKNS.

1.2.6  
**CLINICAL  
RESEACRH CENTRE  
(CRC)**



# Introduction

·The Clinical Research Centre (CRC) at Bintulu Hospital is one of 37 CRC centres in Malaysia. It has been established since 2020. The establishment of the Clinical Research Centre is one of the initiatives aimed at promoting research activities among hospital staff and improving services through the application of evidence-based practice.

·The establishment of the Clinical Research Centre aims to enhance clinical research activity by nurturing a conducive environment and providing support to researchers in the Ministry of Health. The CRC's laboratory was built and opened in June 2020 by the Ministry of Health.

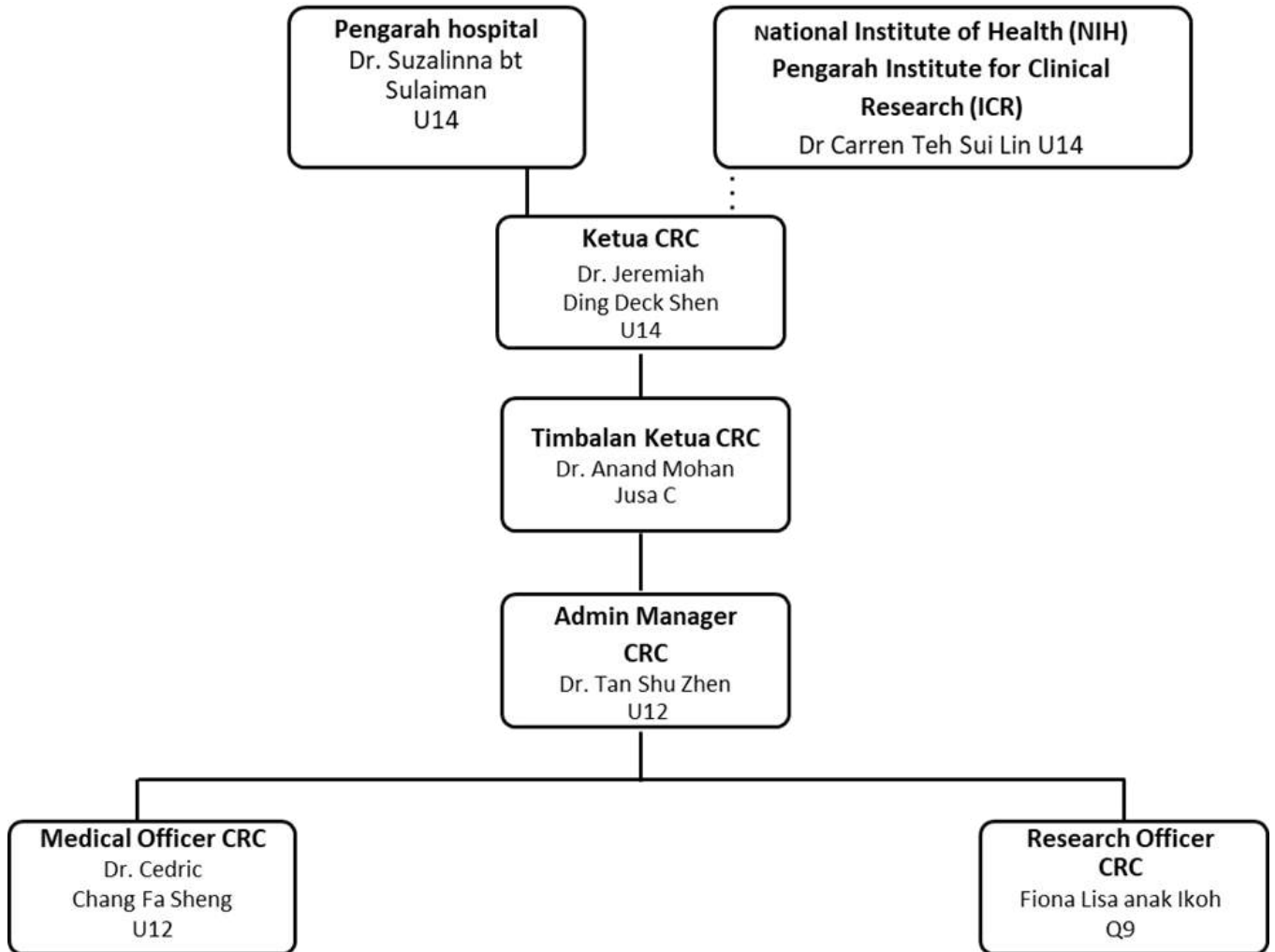
## Vision

·To become a leading clinical research institution in Sarawak

## Mission

·To improve patients' health outcomes through ethical and quality clinical research

# Organization Chart



# Service

- **Research**

We accept both investigator-initiated research (IIR) and industry-sponsored research (ISR). In investigator-initiated research, the research protocol and data are owned by the investigator. In industry-sponsored research, the research protocol and data are owned by the sponsoring industry, which may include pharmaceutical, medical device, biotechnology companies, or other commercial entities.

## SURVEILLANCE

- **Consultation**

We offer consultations through online platforms, including email and WhatsApp, as well as in-person at our CRC office. These consultations encompass guidance on NMRR registration, study protocol review, and other research-related matters, including grant applications and other research-related issues.

- **Training**

We organize both physical seminars and hybrid webinars to enable maximum participation for hospital staff.

We ensure continuous professional development for CRC staff by encouraging them to attend relevant courses and seminars.

- **Management**

We ensure that hospital staff perform the registration of research in the National Medical Research Registry (NMRR). Furthermore, CRC will oversee the research conducted in Hospital Bintulu to ensure adherence to the research guidelines stated in the NMRR.

We track the staff conducting research at the hospital level, including their publications and presentations.

Tracking various Key Performance Indices (KPI) and submitting the relevant data to the Sarawak State Research Committee and the Institute of Clinical Research (ICR) of the National Institute of Health (NIH).

# Achievement & Award

- IIR – 23
- Research consultation – 20
- Research publications – 10
- Organized Introduction to Clinical Research – 23<sup>rd</sup> April 2024
- Hosted 13<sup>th</sup> Sarawak State Research Day – 26<sup>th</sup> September 2024
- Published the Sarawak Health Journal Volume 8 (2025)



# **2.0**

# **MEDICAL**

# **DIRECTORATE**

# 2.1

# MEDICAL SERVICES

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# 2.1.1

# MEDICAL DEPARTMENT

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# Introduction

## 1. INTRODUCTION

Healthcare service is the biggest component the hospital which operates 24 hours a day to provide best quality medical care to all patients. In medical department, healthcare service encompasses contribution from the head of department, physicians, medical officers and houseman officers.

Medical department operational policy provides an accurate and clear guide in the implementation of quality nursing activities.

## 2.LOCATION

The Medical ward has been in operation since 1968 aiming to provide professional and quality medical healthcare services. On May 21, 2000, Hospital Bintulu was relocated to a new building located onJalan Nyabau. Currently, the department consist of three (3) wards each with 28 beds.



# Introduction

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Medical department operational policy provides an accurate and clear guide in the implementation of quality nursing activities.



# Introduction

Medical Department consists of:

- The Physician’s office is located on the first floor in the Male Medical Ward
- The Medical Outpatient Department (MOPD) – situated on the ground floor of the hospital at Klinik Pakar 2 and 3
- Medical Daycare Unit located on the first floor opposite Female Medical Ward
- Ward and Bed Capacity

Ward	Official Bed	Operational Bed
Male medical Ward	28	24
Female Medical Ward	28	24
Chest Ward	28	24
High Dependence Unit	15	10
Isolation Pressure Room	4	4

# VISION & MISSION

- To provide excellent healthcare service
- Providing access to an effective, efficient, and good quality healthcare service according to protocol of Ministry of Health





1. HUMAN RESOURCES GENERAL MEDICAL DEPARTMENT  
I. Physician and Medical Officer

No	Position	Gred	Post Being Filled
1	Pakar Perubatan	UD13	6
2	Pegawai Perubatan	UD10	13
		<b>JUMLAH</b>	19

I. Nursing and PPK

No	Position	Gred	MMW	FMW	MH DU	TB/ISO
1	Matron	U9			1	
2	Matron	U7				1
3	Nursing Sister	U6	1	1	1	1
4	Staff Nurses	U5/6(KUP/TBK)	18	15	14	12
5	Health Care Assis	U1	4	4	4	3
		<b>JUMLAH</b>	23	21	19	17

# Our Services

- a. The main function of the ward is to provide facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of adult and geriatric patient
- b. Inpatients services will be provided 24 hours a day
- c. Outpatient services and care
  - i. To provide subspecialist medical care like endocrinology and Hematology etc.
  - ii. To provide outpatient Exercise Stress Test and Echocardiography for cardiology patient
  - iii. To provide and monitor the Retroviral Disease clinic
  - iv. To provide and monitor diabetic and heart failure in special clinic
  - v. The planning, implementation and monitoring of medical officers
  - vi. Training services for house officer and medical students
  - vii. up hold the patient's and family's right
  - viii. To secure patient's safety in medical department and provide good quality care



# SERVICES

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- To provide and monitor diabetic and heart failure in special clinic
- The planning, implementation and monitoring of medical officers
- Training services for house officer and medical students
- up hold the patient's and family's right
- To secure patient's safety in medical department and provide good quality care

NO	INDICATOR	STANDARD	JAN-JUN	JUL-DEC
1	ST Elevation Myocardial Infarction (STEMI) (Without Shock)	≤10%	2/41(0%)	0/36(0%)
2	Non ST Elevation Myocardial Infarction (NSTEMI) Case Fatality Rate	<8%	1/24(0%)	2/35(0%)
3	Percentage of Medical Patients with unplanned read within(≤)48 hours of discharge	≤0.5%	0/2182(0%)	0/2227(0%)

1. Majority of the KPI (Key Performance Index) and HPIA (Hospital Performance Indicator for Accountability) achieved as required by the MOH.
2. Involved in poster presentation at National Heart Association of Malaysia (NHAM)
3. 1 Medical officer entered master program in Internal Medicine.



# Achievements & Awards



## POSTER PRESENTATION

NO	TITLE	DATE	VENUE
1	Brown Tumor of the Mandible : A rare manifestation	26-28.7.2024	KL Convention Centre
2	A case of Gitelman Syndrome Associated with Hypo	26-28.7.2024	KL Convention Centre
3	Use of therapeutic Plasma exchange in District Hea	26-28.7.2024	KL Convention Centre
4	A Case Of Splenic Tuberculosis Caused By Acquire	26-28.7.2024	KL Convention Centre
5	A case report in District Hospital of Bintulu, C-ANCA	22.8.2024	KL Convention Centre
6	Conversative Management of acute intestinal obstru	28.8.2024	Marriot Hotel Melaka
7	Anti-Mda5 Amyopathic Dermatomyositis: A Dermat	21-25.8.2024	Sunter Singapore
8	Recurrent Pericardial Effusion: An Extra-Articular M	21-25.8.2024	Sunter Singapore
9	A Great Masquerader Not To Be Missed: A Single C	26.9.2024	Promenade Hotel Bintulu

# ACHIEVEMENT & AWARD

NO	INDICATOR	STANDARD	JAN-JUN	JUL-DEC
1	ST Elevation Myocardial Infarction (STEMI) (Without Shock)	≤10%	2/41(0%)	0/36(0%)
2	Non ST Elevation Myocardial Infarction (NSTEMI) Case Fatality Rate	<8%	1/24(0%)	2/35(0%)
3	Percentage of Medical Patients with unplanned readmission to medical ward within(≤)48 hours of discharge	≤0.5%	0/2182(0%)	0/2227(0%)

- Majority of the KPI (Key Performance Index) and HPIA (Hospital Performance Indicator for Accountability) achieved as required by the MOH.
- Involved in poster presentation at National Heart Association of Malaysia (NHAM)
- 1 Medical officer entered master program in Internal Medicine.

# 2.1.2

## PSYCHIATRY & MENTAL HEALTH DEPARTMENT

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# Introduction

Hospital Bintulu is a gazetted hospital for psychiatry services and runs according to the Mental Health Act 2001 and Mental Health Regulation 2010.

The Department of Psychiatry & Mental Health of Hospital Bintulu offers outpatient clinic services, in-patient admission and community psychiatry nursing visits to selected patients. Besides that, we run the Community Mental Health Centre (MENTARI Bintulu) as a rehabilitation centre for psychiatry patients and there are also visiting psychiatry clinics to KK Tatau, KK Sg Asap, KK Belaga, KK Tubau and Hospital Mukah. There are 3 subspecialty clinics (Psychogeriatric, Neuropsychiatry and Child & Adolescent) by visiting consultant psychiatrists from Kuching.

# Vision

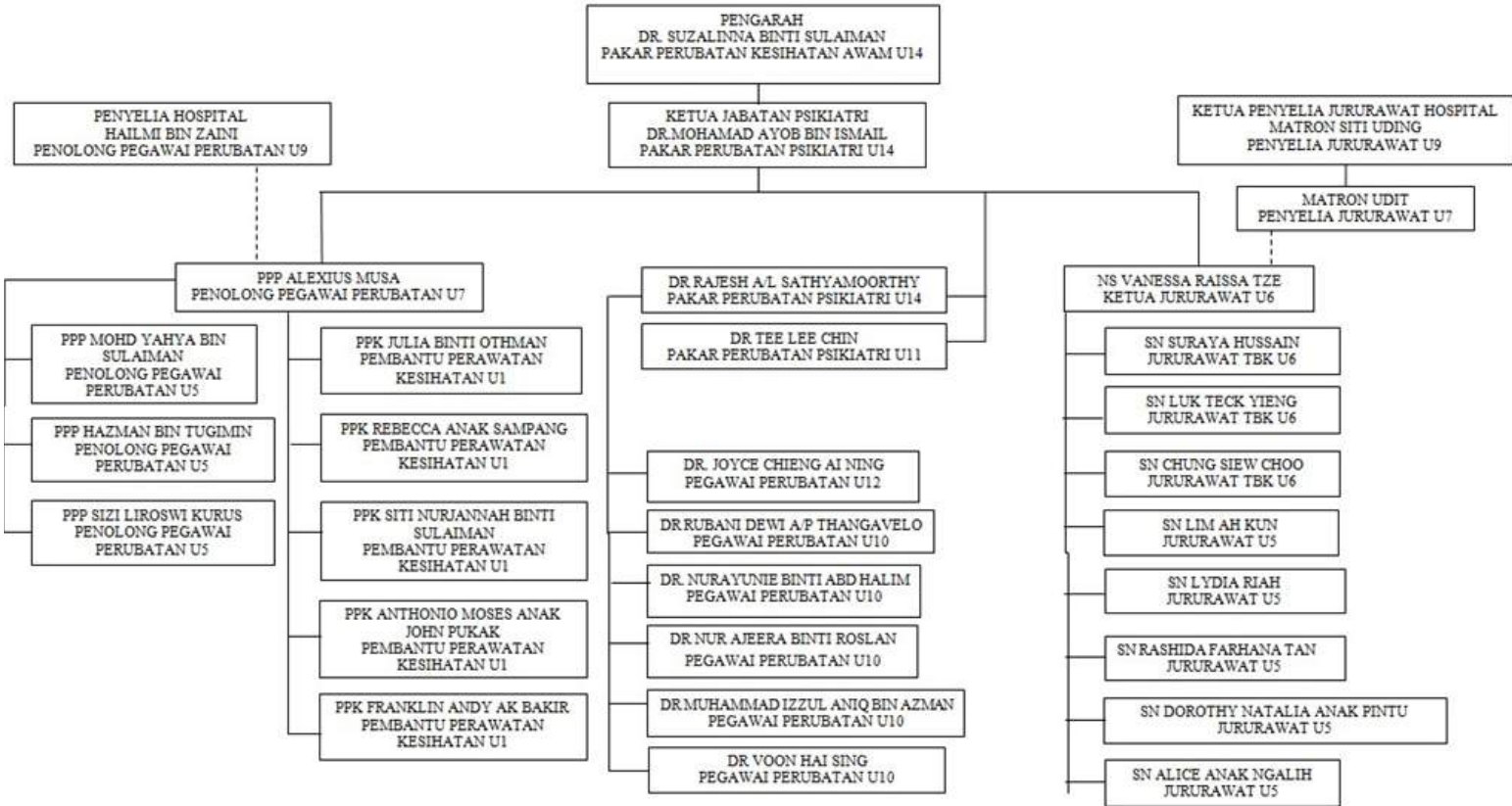
To create a mentally healthy community who lives together in harmony and respectful of people with mental disability

# Mission

To provide a professional and comprehensive mental health care and services to all clients according to the quality standard and professional ethics

# Organization Chart

CARTA ORGANISASI JABATAN PSIKIATRI DAN KESIHATAN MENTAL HOSPITAL BINTULU, SARAWAK



UPDATED 24.1.2025

# Service

- Outpatient Services
- Inpatient Services
- Community Psychiatry Nursing Services (CPN)
  - Acute and assertive community nursing care
- Community Mental Health Centre (MENTARI)
  - Rehabilitation program
  - Mental health awareness program
  - Supported employment program
  - Buddy talk clinic
- Counselling
- Specialized Psychiatry Visiting Clinic
  - Child & Adolescent psychiatry, Neuropsychiatry and Psychogeriatric services visit every 3 monthly
- Visiting psychiatry clinic to nearby health clinic
  - KK Tatau, KK Tubau, KK Sg Asap, KK Belaga and Hospital Mukah
- MHPSS (Mental Health and Psychosocial support) service
  - A service whereby anyone can whatsapp 01156303085 or message at FB@MENTARI Bintulu to seek help.

## FACILITY & EQUIPMENT

Currently, the outpatient clinic is run at Klinik Pakar 1, where it is shared together with O&G clinics and other visiting clinics. For inpatient, admissions of patients are in male and female psychiatry ward. Our department had 4 gazetted beds for each male and female psychiatric patients respectively in male and female medical ward in corresponding with a letter of approval from Kementerian Kesihatan Malaysia dated on 15 December 2022. Hospital Bintulu is gazetted for admission of psychiatry patients, and all admissions follow the rules, regulation and procedures according to the Malaysian Mental Health Act 2001 and Mental Health Regulations 2010.

Our MENTARI Bintulu activities are currently carried out with limited resources as we had moved out from our previous premise due to end of contract. Our activities were mostly done at ecotherapy site and NIOSH centre (in collaboration with SOCSO).

# Achievement & Award

- Key Performance Index (TPKN) for supported employment programme was achieved in the Year 2024.
- Majority of the KPI (Key Performance Index) and HPIA (Hospital Performance Indicator for Accountability) achieved as required by the MOH.
- We are the champion for event of Food Plating Gawai Raya 2024



- Our department turned out to be champion during Poster presentation (Case Report Category) during Sarawak State Research Day 2024



- One of our MO participated in Poster Presentation during Malaysia Conference of Psychological Medicine 2024

# 2.1.3

# HEMODIALYSIS UNIT

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# Introduction

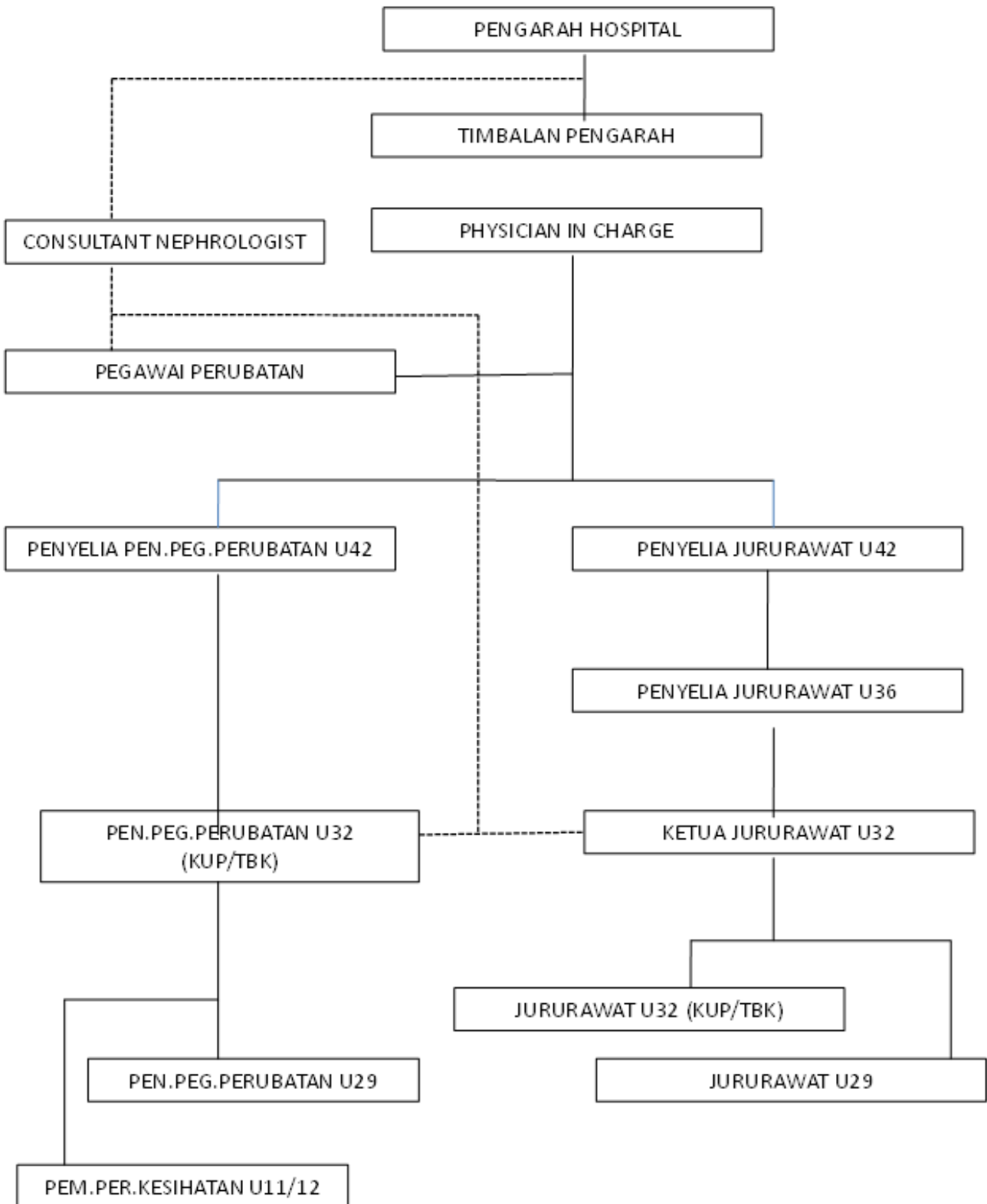
The Haemodialysis Unit is located adjacent to main building of Hospital Bintulu. Started operation on 08.01.2007 as a Day Care provider for the current haemodialysis patients.

## Objective

- To provide Renal Replacement Therapy to End Stage Renal Disease patients according to guidelines provided by Institute of Urology and Nephrology Hospital Kuala Lumpur.
- To provide acute dialysis treatment for Acute Renal Failure patient(s) where peritoneal dialysis is contraindicated.
- To provide good and adequate dialysis for medically fit End Stage Renal Disease patients enabling them to have a better quality of life.
- To provide Haemodialysis programme to patients for self care dialysis.
- To provide follow-up treatment for patients under gone renal transplantation.
- To involve in visiting Nephrology clinic every 3 monthly in Klinik Pakar.

# Organization Chart

## CARTA ORGANISASI UNIT NEFROLOGI HOSPITAL BINTULU



# Service

- Haemodialysis Unit operates six days a week except Sunday.
- Dialysis operating hours as follows:
  - 06:30 Hours – 11:30 Hours
  - 11:30 Hours – 16:30 Hours
  - 16:30 Hours – 20:30 Hours
- The Haemodialysis Unit is headed by a Physician who is responsible to Visiting Consultant Nephrologist from Sarawak General Hospital
- The physician shall be assisted by Medical Officers (on appointment) and Unit-The unit manager is responsible for:
  - Doing duty roster for the unit staff.
  - Arranging and overseeing unit activities including Nephrology Clinic to ensure smooth running of the unit in effective and efficient manner.
  - To arrange continuous medical education especially for unit staff, hospital staff and including NGO dialysis patients
  - To provide Health Education Program for dialysis patients

# Service

- Haemodialysis Unit operates six days a week except Sunday.
- Dialysis operating hours as follows:
  - 06:30 Hours – 11:30 Hours
  - 11:30 Hours – 16:30 Hours
  - 16:30 Hours – 20:30 Hours

# 2.1.4

# SPECIALIST CLINIC

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# Introduction

Operated since 21<sup>st</sup> May 2000, the Specialist Clinic consists of 4 blocks of single storey building situated near to the front entrance of the Hospital before reaching the A & E unit. The main building entrance is the CENTRAL FACILITY, where registration, medication, laboratory services and payment can be made. The shaded walk path from Central Facility links the way to the Obstetrics & Gynecology (Clinic 1), the Medical & Pediatric Clinic, Eye Clinic (Clinic 2) in the middle and the Surgical & Orthopedic Clinic, ENT Clinic (Clinic 3) before proceeding to the Diagnostic and Emergency block at Level One of the Hospital.

# Vision

To provide Excellent and Quality service to our clients.

# Mission

To strive for greater clients' satisfaction through continuous improvement in our service by abiding to the corporate values of our Ministry's work culture (i.e. caring service, teamwork and professionalism).

# Services

All staff of Specialist Clinic in Bintulu are responsible for: -

- The smooth running of the appointment counter service, day to day resident Clinic activities, Visiting Specialist Clinic.
- The Clinic received referrals from “Klinik Kesihatan Bintulu” (including Klinik Kesihatan Tatau, Klinik Kesihatan Belaga), General Practitioners, other hospitals & the Private sectors (ABF, MLNG, Columbia Hospital, BMC Hospital, Hospital Mukah, Hospital Balingian and Hospital Daro).
- The Clinic serves the patients commonly from Bintulu, Tatau District, Sangan, Sebauh District, Tubau, Balingian, Belaga and Suai.
- Co – ordination services between unit to unit, Hospital to Hospital, clinic and support service.
- Data collection, compilation of statistics and record keeping.
- Participation in Quality Improvement Program.
- The general maintenance of the clinic: cleanliness, environment and structure.
- Care and inventory keeping of equipment of the clinic.

# 2.2

## SURGICAL & EMERGENCY SERVICES

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# 2.2.1

## EMERGENCY & TRAUMA DEPARTMENT

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# Introduction

ETD is one of the most important supports to the organization of Hospital Bintulu. We offer service 24 hours a day every day. We cover not only Bintulu area, but also provide our services up to the borders of Sibul, Kapit and Miri. Officially, Hospital Mukah, Hospital Dalat, KK Belaga and KK Sg Asap are under the care of Hospital Bintulu.

The main function of ETD is the provision of pre-hospital care services and in patient management prior transfer to specific discipline. These include emergency treatment, stabilization, definitive care and one stop crisis center for the management of violence on men/ women and children. ETD is the main gateway of patients to multiple disciplines that are available in Hospital Bintulu.

Over the years, ETD has grown exponentially along the growth of Bintulu town. Our services need constant improvement to meet the necessary local expectations. Till today, year 2024, ETD has maximal 4 specialists with 15 (minimum) to 21 (maximum) medical officers compared to no specialist and 4 medical officers in the year 2011.

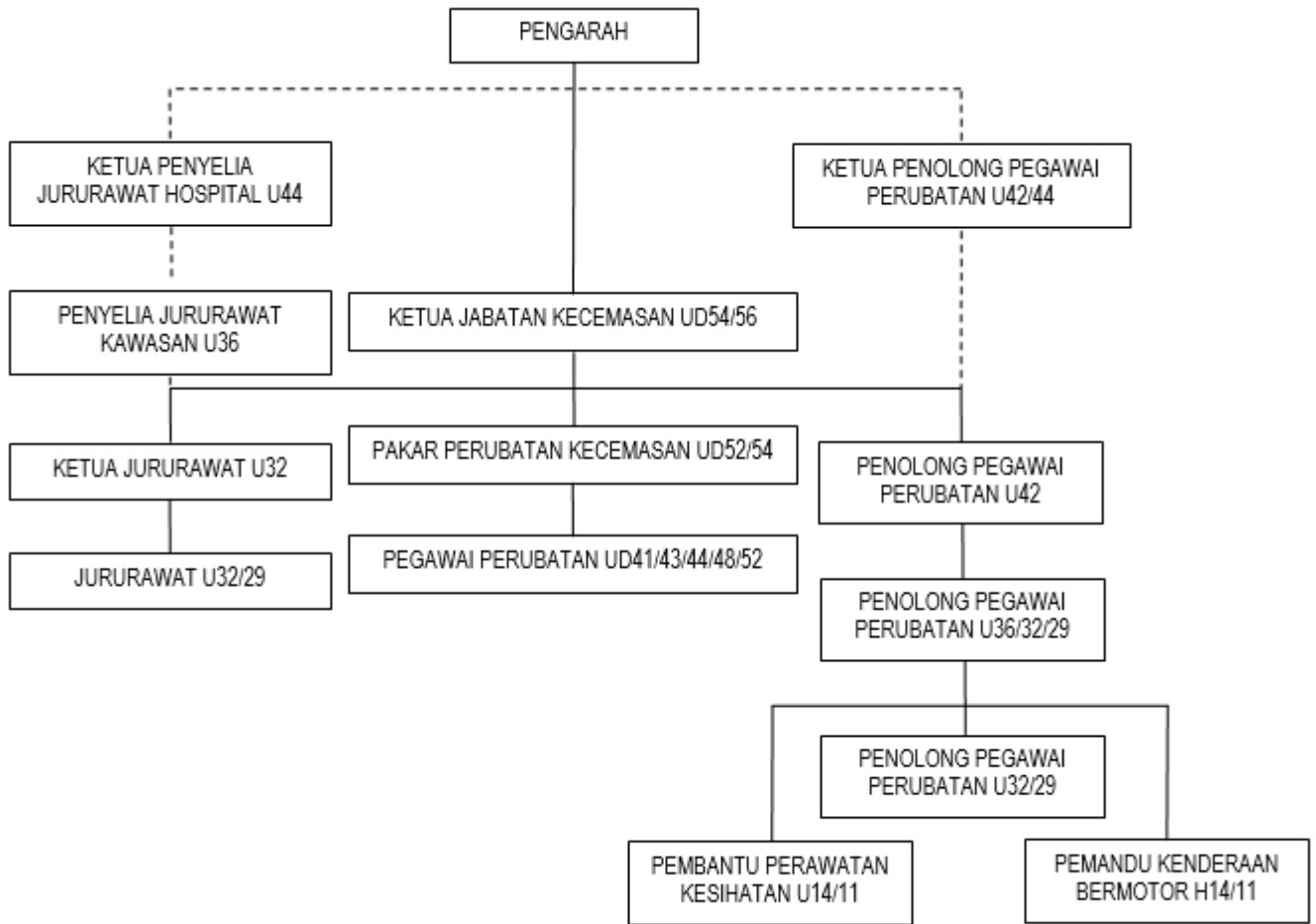
# Vision

Komited untuk memberi rawatan perubatan kecemasan yang cemerlang dan berkualiti.

# Mission

- Memberi perkhidmatan perubatan kecemasan yang efektif, efisien dan berkualiti.
- Bekerja sebagai satu pasukan di jabatan dan menggalakkan pembangunan modal insan pada semua warga keluarga jabatan.

# Organization Chart



# Service

## Among the Emergency services and activities provided:-

1. Pre-Hospital Care.
2. Emergency services.
3. Non-emergency services.
4. One Stop Crisis Center (OSCC).
5. Medical Coverage Team.
6. Disaster Management.
7. After office hour Locum.
8. Brought in dead management.
9. House Officer training.
10. Advance Diploma in Emergency Care (ADEC) training.
11. PPW training.
12. Medical/ Nursing student training.

## AMBULANCE SERVICE

To date, there are 8 functional ambulances on standby for any emergency services for 24 hours as 1 ambulance involved in road traffic accident this year and waited for BER. Six (6) ambulances are reserved for transportation of non COVID patients as well as referral to other tertiary hospital such as Miri, Sibul, Sarikei and rarely Kuching after the relay service has started. Two or three of the ambulances are used as Emergency Medical Team (EMT) (ambulance call). However, ambulances are also standby for other EMT functions such as VIP escort and disaster drill. The EMT comprised of Emergency Physician (EP), Medical Officer (MO), Assistant Medical Officer (AMO), Staff Nurse (SN), Pembantu Perawatan Kesihatan (PPK) and driver depends on the complexity of the call.

The ambulance run service is within 30km radius zone of Bintulu Town. However, it may go beyond that radius upon requested by service user with approval by head of the department or hospital director. Nevertheless, we are also collaborating with other agencies like APM, JBPM, PDRM and private companies in the event of disaster.

# Service

## PRE HOSPITAL CARE

This important service is manned by AMO and driver as well as SN under certain circumstances. They provide onsite management of victims such as mass casualty incident, road traffic accident and other forms of mishap. EP and MO will give medical direction to the team via "Radio Call Conferencing" from time to time. Majority of the paramedics have undergone special in-service training module like Basic Life Support (BLS), Advance Life Support (ALS), Basic Electrocardiogram (ECG), Pediatrics Life Support (PLS), Neonatal Resuscitation Program (NRP), Basic Trauma Management, and Post Basic Education in Advanced Emergency Medical and Trauma Care (AEMTC) or Advanced Diploma in Emergency Care (ADEC).

## PRIMARY TRIAGE

The primary triage counter is manned by AMO. He is responsible for the triaging of patients seeking treatment in the ETD. All cases coming to the ETD are sorted out according to the urgency of management and treatment that the patients require. Apart from doing proper primary assessment, AMO in triage counter is also responsible to coordinate user service call, 999 call centers, activates emergency response, managing ambulance activities, and filing of important documentations such as medico legal related, notification and daily reports.

## SECONDARY TRIAGE

There is at least an AMO stationed at secondary triage counter to assess all patients triaged to zone other than red and yellow zones. Objective vital signs, point of care testing, brief clinical assessment and initiation of management will be done before assigning the patients to the definitive triage category. ECG corner is relocated away from this area to expedite ECG for the stable patients with angina equivalent symptoms.

## RED ZONE

The present red zone is able to accommodate four adult and one baby critically ill cases at one time. If the capacity is more than this, it will be expanded to yellow zone. AMOs are overall in charge of the red zone and assist in initial management of patients as well as documentation of patient care process and drug administration. The nurses will be in charge of the nursing care. There will be at least one ETD MO to attend patient immediately when the patient arrives. This is made more efficient with the use of one bell ring which the AMO in triage counter or red zone will ring when a patient is newly triaged to the red zone. Other disciplines are referred as necessary and the patients are often co-managed in the red zone.

# Service

## YELLOW ZONE

This is an eight bedded semi critical zone. This zone is manned by at least one MOs with the help from nurses and AMOs for performance of procedures. Similar to red zone, if the capacity is more than this, it will be expanded to observation bay and green zone or day care area. The patient waiting time here is 30 minutes. The patients will be either discharged home, observed in the observation bay if needed, admitted to the specific ward or reviewed by related discipline MO for further management.

## OBSERVATION BAY

This observation bay is equipped with four beds and limited basic monitoring facilities for stable patients. The main function is to observe patient for a period up to 6 hours prior to home discharge or decision for admission. Sometimes, the observation period is longer in certain special cases with logistic issue or diagnosis dilemma. The nurse covering yellow zone will nurse the patient and continue clinical management as ordered by ETD MO.

## ASTHMA BAY

This area is able to accommodate four patients at one time. There are four oxygen outlets to deliver oxygen to the patients. In any event more than this capacity is required, the patients will be sent to observation bay or red/ yellow zone. One AMO is assigned to manage the asthma bay in every shift. The AMO will consult any case requiring further treatment and management with yellow or green zone MO. Bronchodilator is preferably administered via MDI instead of nebulization during this COVID19 endemic. This bay has been reverted back to proper asthma bay since mid of November 2022 and nebulizer is not allowed in this bay.

## GREEN ZONE

There are three partitions with examination couches and computer stations available in green zone for patient consultation at one time. One to two MO is assigned in green zone each shift. Extra locum MO is also allocated at green zone to help with the extra burden during peak hours. The patient waiting time in this zone is up to 90 minutes. Generally, other than MO, this zone is also operated by AMO. It is meant for non critical patients and general minor procedures.

# Service

## ISOLATION BAY

Isolation Bay located at ETD Ambulance Bay has started operation since end of September 2021 to cater the service to increasing number of critically or semi critically ill COVID19 related patients. It is also meant to isolate patients with communicable disease, for example MERsCoV and active PTB to protect the staff and other patients from infectious hazard. MERsCoV related patients (confirmed/ probable/ suspected/ PUS) will be admitted to the ward from this zone following SOP of infection control team. There are 3 and 8 beds for red and yellow cases respectively with big capacity oxygen cylinders. This extension is manned by MO, AMO and SN depending on the severity of the cases. X-Ray can be done either urgent (mobile) or non urgent basis. Proposal to convert this area to airborne infection isolation room (AIIR) had been submitted to the relevant authority.

## ONE STOP CRISIS CENTER (OSCC)

OSCC is an extension service provided by the ETD which is manned by MO ETD and/ or AMO from Forensic Unit. A staff nurse from ETD will be called in to assist the MO in managing the cases. The OSCC is designated for the management of domestic violence, child abuse, sodomy and rape cases. This OSCC room (Rafflesia Room) is used for screening, physical examination, treatment and counseling by the Obstetrics & Gynecology Department, Forensic, Police, Social and Welfare Department and other services. This specialized area is provided for the comfort and privacy of the patient. The patient will stay in this room while waiting for further management. There is an attached wash room, a bed, TV set, fridge and the patient will be provided with necessary amenities. If patient to be admitted, he/ she will be registered and admitted to the ward accordingly.

# Achievement & Award

- All of the CLISQI and HPIA achieved as required by the MOH.
- Involved in poster/ case presentations and competition.
- Medical officers entered master program in Emergency Medicine.
- Paramedics joined ADEC.
- Involved as internal and external trainers/ facilitators for core courses.

# 2.2.2

## ORTHOPAEDIC DEPARTMENT

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# Introduction

- The Orthopaedics Department has 3 surgeons. Headed by the Head of Department. Also assisted by 9 medical officers and 4 Assistant Medical Officers, in the ward, surgical room and clinic. The management of the ward is under the supervision of the U6 Area Nursing Supervisor and the U7 Chief Nurse.
- The department provides services in trauma and orthopedics cases. The management of trauma cases is either surgical or conservative. Most of the surgeries for spinal and joint cases are also performed.

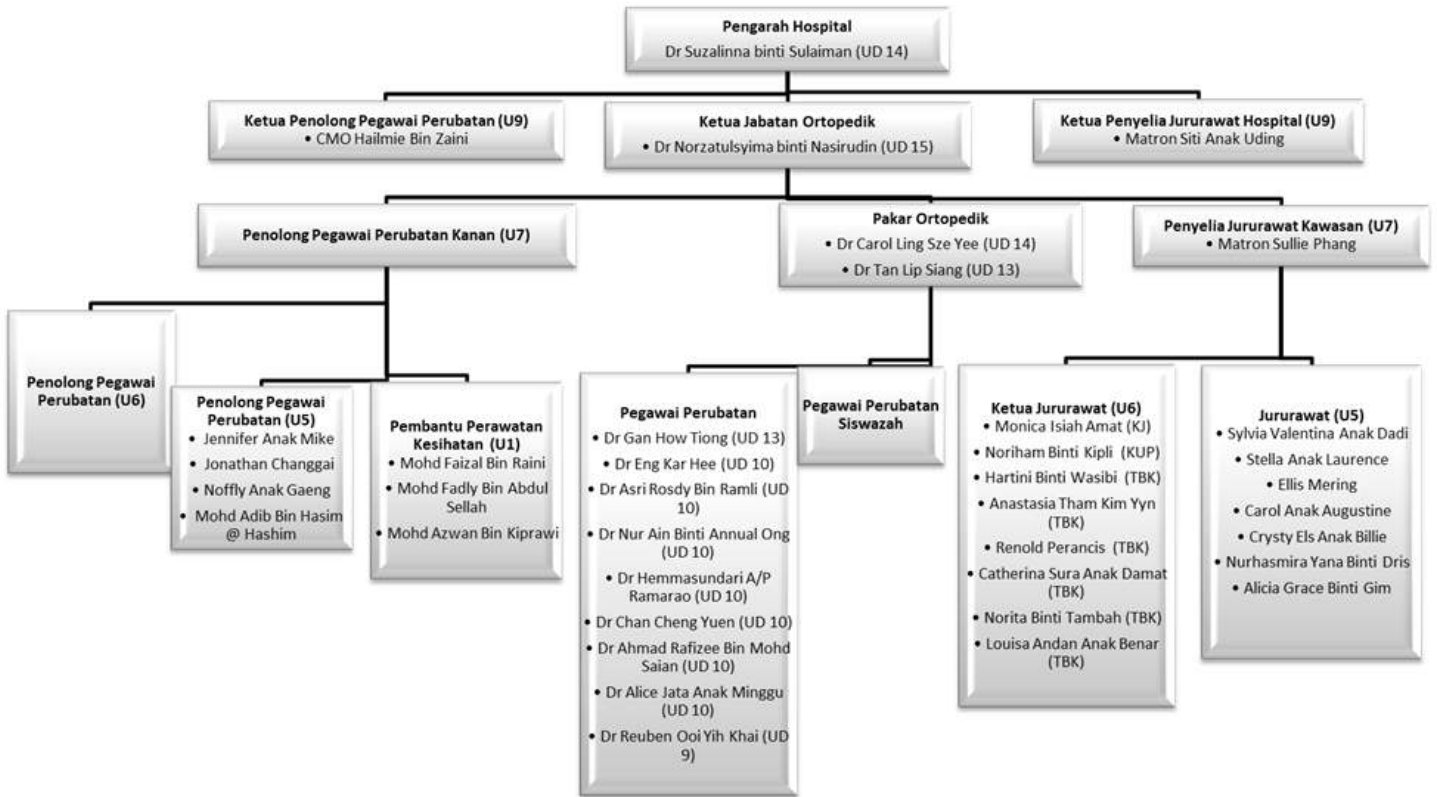
# Vision

- Department of Orthopaedics Bintulu Hospital will provide general orthopaedics services with the goal of providing client focused quality care through process excellence and community participation in an environment conducive to competent and committed staff with a progressive mindset.
- To provide the most efficient and confident orthopaedics services through modern and updated medical innovation and surgical intervention.

# Mission

- To provide safe, effective, efficient and high quality client focused care.
- To work in partnership with the community to promote health and practice preventive medicine.
- To develop a competent, disciplined and ethical workforce with a progressive mindset.
- To establish an organization driven by knowledge, innovation, integrity and trust.

# Organization Chart



# Service

## 8.1 Clinical Practice Guideline

- The main function of the department is to provide facilities for assessment, diagnosis, treatment, nursing care and rehabilitation of orthopaedic patients including services in:
- Outpatient department/emergency/ clinic setting
- Orthopedic Ward
- Major Operation theater (OT)
- Minor Operation theater (OT)
- Daycare services
- Training center of Doctors and Nursing Staff in Orthopaedic Ward:
- Medical Officers (MO), House Officers (HO)
- KKM Students, Private Colleges Nursing Students.
- Act as a referral Centre from the other Government Hospital and Private Hospitals in the Northern region

## 8.2 Orthopaedic Clinic

- The orthopedic clinic operates every day on Wednesdays and Fridays except on public holidays
- The Orthopedic Clinic will start operations after finishing the ward rounds around 9am
- Regular visiting Specialist from Kuching to run a specialized clinic session and specialized operatives problem:
  1. Spine
  2. Arthroplasty
  3. Advance Trauma
  4. Orthopedic Paediatrics
- To provide Health Services to the public, especially rural folk to achieve desirable health and to encourage participation in the process of achieving an acceptable health status by regular visits to Hospital Mukah, KK Sungai Asap, KK Belaga and KK Tatau

# Service

## 8.3 Orthopaedic Surgery

- Elective surgery is performed every Monday and Thursday during office hours, except on public holidays
- Emergency surgery will be carried out immediately after discussion with the specialist and consent from the patient
- Elective Surgery list is sent one day before the day of Surgery whereas, emergency surgery list will be sent immediately on the same day
- The date of surgery will be given depending on the level of emergency, priority, socioeconomic status of the patient and the availability of time and date of the operating room
- All elective case patients need to be assessed in the day before the day of surgery, and all emergency cases need to be assessed immediately on the same day.
- All elective or emergency cases should have thorough history and detailed examination. The purpose of surgery must be clearly recorded in the patient's document. All planned cases are necessary to be discussed with the specialist before the patient's name is elected in OT list.
- Any case with uncontrollable medical problems such as uncontrolled high blood pressure, must be referred to general medicine first before the patient is placed on the Surgery list. Ideally, patients should be referred to an anesthesia clinic by medical officers for screening and optimizing the patient's condition. Before being referred to the anesthesia clinic, the 'Patient Screening Interview Referral To Anaesthetic Clinic' Form must be filled out completely and the appointment date must be obtained from the nurse on duty
- All pathology and imaging tests should be performed, checked and confirmed by a medical officer/specialist during pre-surgery
- Elective Surgery list must be sent to the operating room before 2pm the day before the day of Surgery
- Surgery consent forms must be taken by medical officers, in which pre-, intra- and post-surgery risks, procedures and the purpose of Surgery must be thoroughly explained. All explanations should be documented in detail in the patient's document file
- The use of appropriate prophylactic antibiotics should be practiced
- All Orthopedic elective cases must be recorded in the Surgery record as a reference in the future

# 2.2.3

## OPHTHALMOLOGY DEPARTMENT

---



# Introduction

## INTRODUCTION

- The Ophthalmology Department at Hospital Bintulu was established in 2005 and has since been dedicated to providing specialized eye care services to the residents of Bintulu. As the primary referral center for ophthalmic conditions, the department serves patients from surrounding districts, including Mukah, Jepak, Dalat, and Sg Asap.
- Our clinic is staffed by a team of specialists, medical officers, optometrists, and other healthcare professionals, offering a comprehensive range of services for all eye-related diseases. In addition to delivering high-quality tertiary care, we are committed to advancing ophthalmic research, medical education, and community outreach programs.

## VISION

- A world where preventable blindness and visual impairment no longer limit individuals from achieving their full potential.

## MISSION

- To provide high-quality, accessible, and equitable eye care, empowering individuals with the gift of clear vision and a brighter future.

## OBJECTIVES

- Continuously upgrade medical equipment within available funding.
- Reduce patient waiting times while maintaining excellence in eye care services.
- Extend hospital outreach programs to district areas, ensuring eye care access for patients unable to travel.
- Support visually impaired individuals by providing social services that enhance their quality of life.
- Improve access to eye surgeries to reduce cases of treatable visual impairment.
- Conduct and participate in hospital CMEs and ophthalmology training courses to enhance medical education for healthcare professionals.
- Promote continuous professional development through departmental CME sessions for staff.

## • LOCATION

- The Ophthalmology Department is situated in Specialist Clinic 2 of Hospital Bintulu, alongside the Paediatric and Medical Departments. It is easily accessible via the main specialist clinic lobby, located opposite the specialist clinic registration counter and pharmacy, between Specialist Clinics 1 and 3.

## OPERATING HOURS

- Mondays, Wednesdays, Thursdays : Clinic days
  - 0800H – 1300H
  - 1400H – 1700H
- Tuesdays, Fridays : Elective surgery days / Pre-operative consultation appointments
  - 0800H – 1300H
  - 1400H – 1700H
- Saturdays, Sundays & Public Holidays : Closed

\*Eye care services are provided 24 hours every day for all emergencies (cases requiring immediate intervention will be attended primarily by the medical officer on-call).

## SCOPE OF SERVICES

### 1. Ophthalmology services

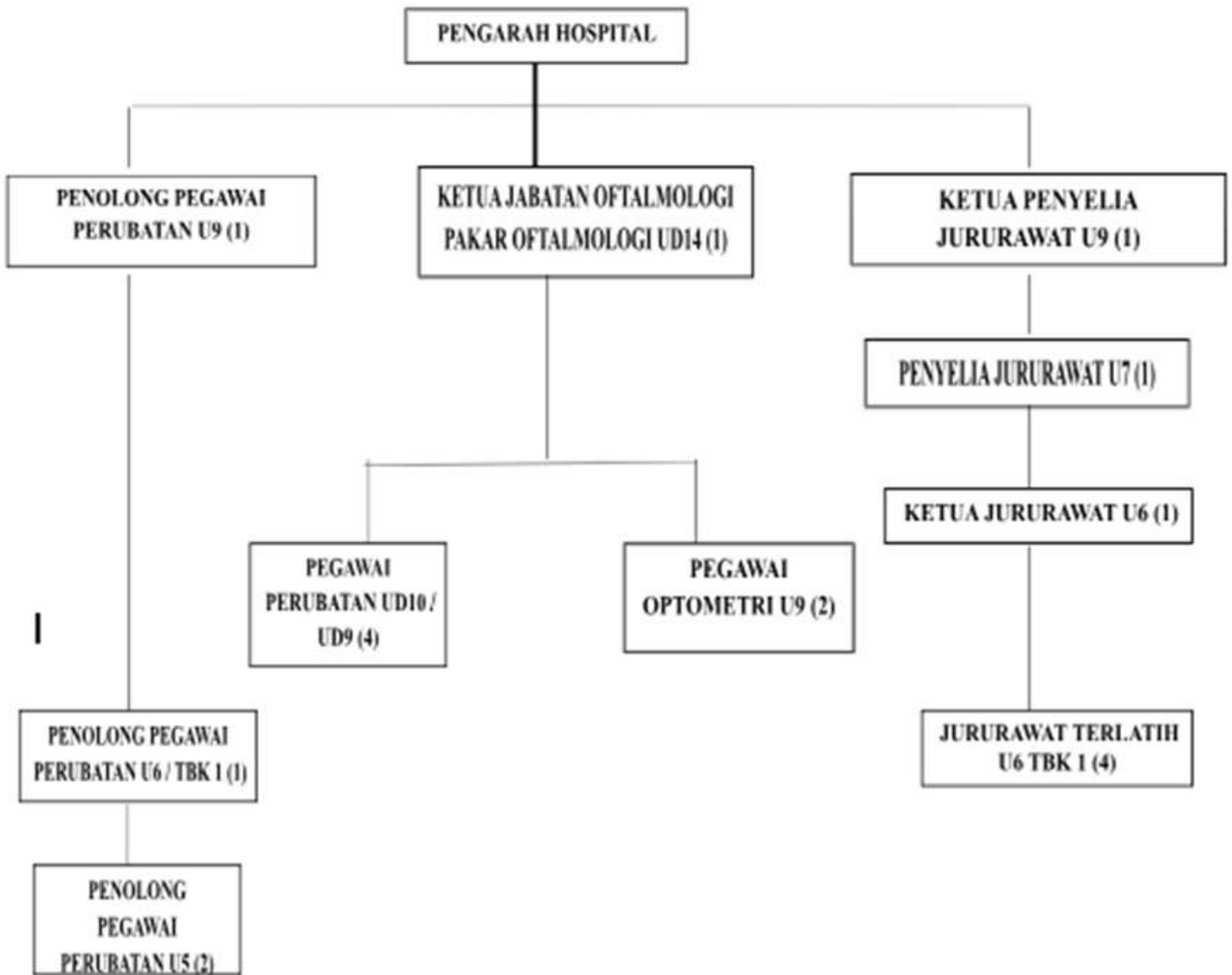
- Clinical outpatient and inpatient management
- Ophthalmological Surgeries
- Visiting clinic to district hospitals and Klinik Kesihatan
- Public screening activities
- 2. Medical Officer/Ophthalmologist consultation
- General ocular examination under slit lamp
- Funduscopy/direct ophthalmoscope
- Intraocular pressure measurement using tonometer / I-care
- Eye staining

### 3. Optometry services

- Optometrist consultation
- Visual field examination
- Refraction/Cyclo Refraction
- Keratometry
- A scan
- Colour blindness assessment

# Organization Chart

**Table 1: Organization Chart – Ophthalmology Unit**



# Service

## General Optometry Services

### General

- Patients referred to the Optometry Unit shall be given timely management. A triaging system shall be put in place to facilitate this.
- Patients referred to the Optometry Unit shall be attended to by trained optometrist.
- Ongoing training shall be an integral part of the services provided by the Optometry Unit.
- The department shall engage in activities to promote ocular health and prevent blindness at all levels of care.
- Active surveillance and monitoring of services provided shall play an important role in continuous quality improvement.

### Specific

#### Optometry Services

- Optometry services shall be provided to complement services provided by the optometrist.
- Low Vision and Contact Lens services shall be provided as part of Optometry services.
- Optometry clinics shall be conducted under the supervision of a Optometrist appointed by the head of department.
- All Optometrist shall be trained to perform investigative and screening procedures as part of their extended role.

#### Preoperative and Postoperative Care services

- Preoperative assessment and counselling shall be conducted for patients undergoing surgery.
- All patients undergoing surgery shall be given the necessary information (written or verbal) prior to or at the consent for surgery.
- Post intraocular surgery patients shall be reviewed at least once within a week of surgery.

#### Subspecialty Services:

- Optometry and Visual Rehabilitation Services

#### Preventive Optometry Services

##### Eye health promotion

- Screening for Amblyopia and Visual Impairment Screening (AVIS)
- Vision For Education –Sarawak
- Clear Vision and Bright kids Project

# Achievement & Award



En. Ahmad Feirooz presenting case study at Borneo Oprometry Seminar at Women and Child Likas Hospital

# Achievement & Award

Cataract carnival 2024



# Achievement & Award

## 2. Labang outreach program



# Achievement & Award

## 3. Hospital Mukah visitation



## 4. Ophthalmology department Family day



# 2.2.4

## ANAESTHESIOLOGY & ICU DEPARTMENT

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# Introduction

Anesthesiology & Intensive Care Department started Operation theatre services on 21 st May 2001 and Intensive care Unit service in on July 2001 when an anesthetist was posted to the hospital. Initially the unit was 6 bedded, only 5 beds (4 ICU, 1 CCU) were officially used due to staff constraint. Over the years, ICU has expanded into 10 ICU bed with addition of 4 ICU bed located in Surgery department. Rising of COVID cases in 2020, Bintulu has received modular Hybrid ICU which consists of 10 ICU bed in 2022. However, the numbers of functional beds are 6 beds due to human resource limitation. Meanwhilw, post COVID era Hybrid ICU has been repurposed as 10 beds Medical High Dependency Ward (HDW) in 2023.

Intensive care unit provides care for the critically ill Surgical, Medical, and post operative patients requiring intensive monitoring and intervention or advanced life support. The unit is headed by a Anaesthetist, who is responsible for the management of all the components of the service. The nurse to patient ratio shall be 1: 2 for non ventilated patients and 1: 1 for ventilated patients. (KKM Operational Policy Guidelines 24 April 2008)

Operation theatre consist of three main operation room providing surgical services for general surgery, orthopaedics, obstetric & gynaecology , otorolaryngology and ophthalmology. We also provide visiting subspecialty surgery such as hepatobiliary surgery, paediatric surgery, plastic surgery, colorectal surgery, spine surgery, trauma surgery and athroplastic surgery.

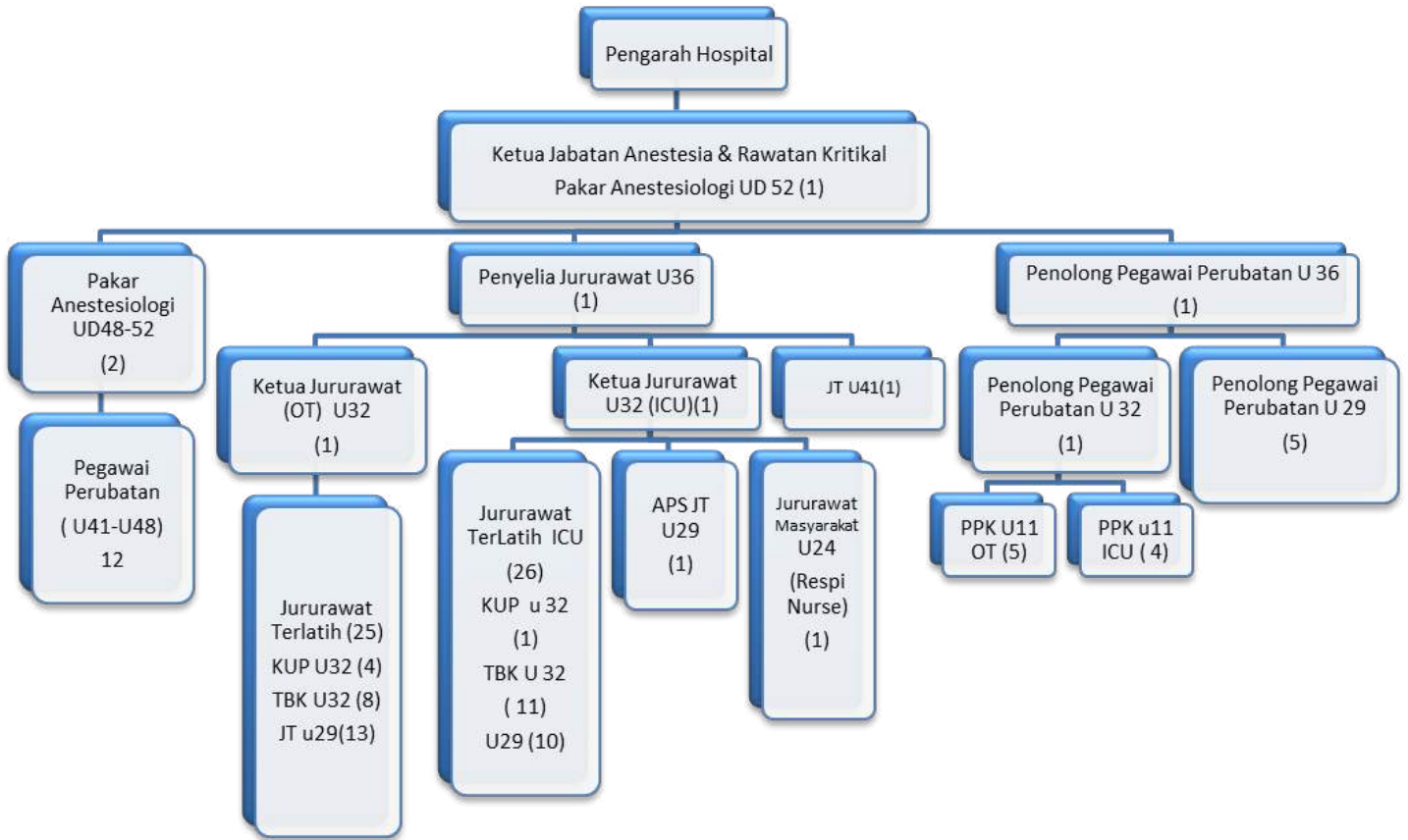
# Vision

- Practice Corporate Culture values of caring services, teamwork, and professionalism all the time.

# Mission

- To be a unit of excellence in provision of critical care which comprise of intensive care services and operation theatre services.

# Organization Chart



# Service

- Provide intensive care, monitoring, and therapeutic interventions to critically ill patients with life-threatening conditions or injuries for surgical and
- Provide safe peri-anesthesia for various discipline surgical procedure.

# Achievement & Award

Award
NAIB JOHAN PERTANDINGAN VIDEO ANTARA JABATAN SEMPENA MINGGU KESELAMATAN PESAKIT 2024
PARTICIPATION CERTIFICATE OPERATING THEATRE & INTENSIVE CARE UNIT PERTANDINGAN CHRISTMAS DECORATION ANATARA JABATAN 2024
ORGANISER SAMBUTAN HARI JURURAWAT PERINGKAT HOSPITAL 2024

Achievement	Date
Poster Presentation at Korea Anesthesia 2024  Thyroid storm with Septic shock: A clinical Dilemma and role of therapeutic plasma exchange in thyroid storm management in district Critical care  Presenter: Dr Aimi Khairunnisa	8/11/2024

Courses that has been organised by department are as followings:

Name of Course	Date
Ventilator Nursing Course	29/2/2024- 1/3/2024 ( 12 participants)
Pain as 5 <sup>th</sup> vital sign course	23/2/2024 ( 27 participants) 17/4/2024( 17 participants) 19/6/2024( 28 participants) 1/10/2024( 27 participants)
Advanced Life Support Provider course	3 <sup>rd</sup> & 4 <sup>th</sup> October 2024 (18 Participant)

# Achievement & Award

Organ donation Awareness/ promotional activity

Name of Activity	Date
Organ donation awareness booth in conjunction World Kidney Day & TB day in Lobby Hospital Bintulu	27/3/24
Organ donation Awareness Booth Blood Donor's day in UPM	29/6/24
Organ Donation Awareness Booth World's OSHA day in BDA Auditorium	15/7/24
Organ Donation Awareness Booth Patient's safety day in Lobby Hospital Bintulu	20/9/24

# 2.2.5

## OTORHINOLARYNGOLOGY DEPARTMENT

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# Introduction

## Introduction

The Otorhinolaryngology, Head & Neck Department was established on 02.05.2019 to provide otorhinolaryngology services in terms of diagnosis and treatment of patients with ear, nose and throat diseases.

## Location

The ORL unit is located at Pakar 3 Bintulu Hospital. It consists of:

- 3 ORL consultation rooms (room 6, 7 and 8)
- 1 Speech therapist room (room no. 11)
- 1 Audiology room (room no.12)
- 1 Procedure room (room no.10)
- 1 HOD room (room no 9)

## Vision

Department of ORL-HNS Bintulu Hospital will provide general ORL-HNS services with goal of providing client focused quality care through process excellence and community participation in an environment conducive to competent and committed staff with a progressive mindset.

To provide the most efficient and confident otorhinolaryngology services through modern and updated medical innovation and surgical intervention.

To create patient awareness on otorhinolaryngology diseases through continuous health education in order to improve future healthcare.

## Mission

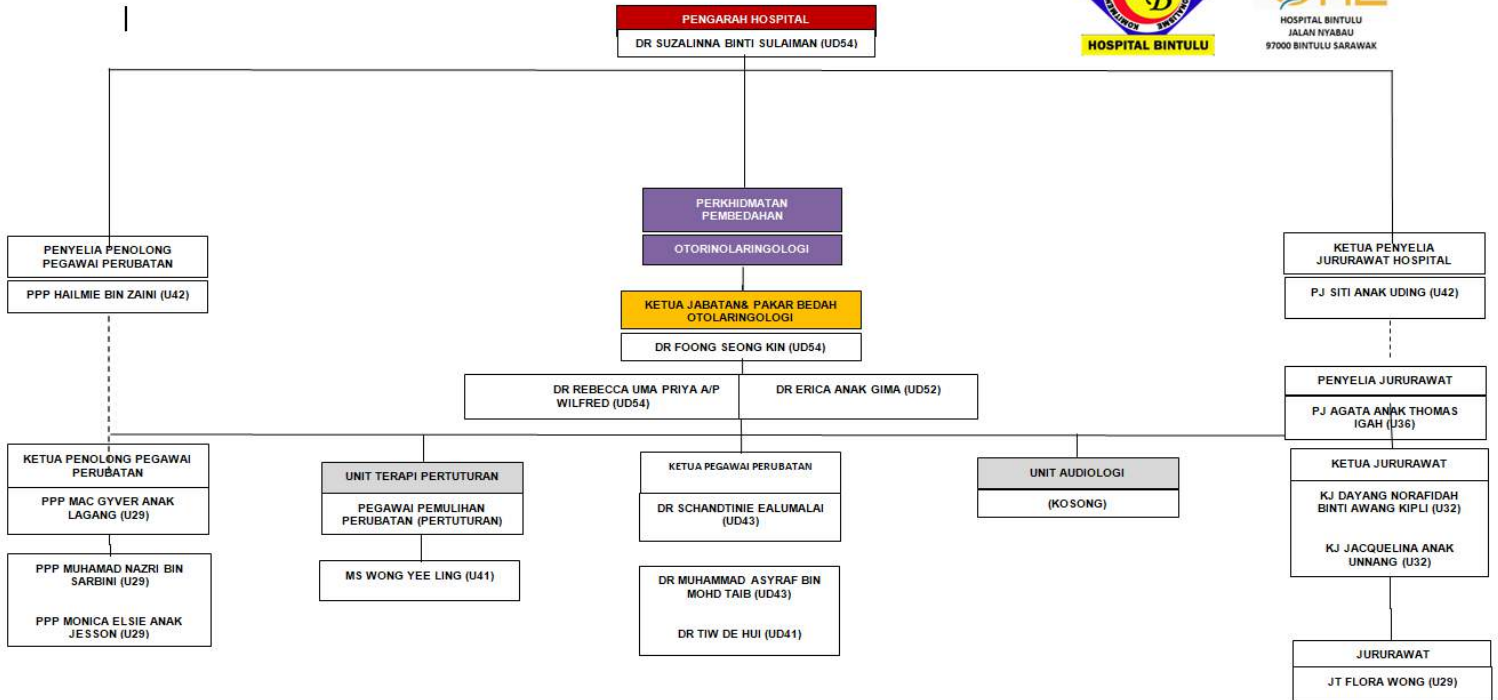
- 1.To provide safe, effective, efficient and high-quality client focused care.
- 2.To work in partnership with the community to promote health and practice preventive medicine.
- 3.To develop a competent, disciplined and ethical work force with a progressive mindset.
- 4.To establish an organization driven by knowledge, innovation, integrity and trust.

## Objectives

- 1.To treat all clients with compassion, empathy and sensitive to a diverse client population.
2. To provide medical services based on evidence and patient needs.
- 3.To promote effective health education among clients and their family members.
4. To ensure high competency of staff through trainings and medical educations.

# Organization Chart

CARTA ORGANISASI JABATAN OTORINOLARINGOLOGI, HOSPITAL BINTULU



# Scope of Service

## Scope of Services

- Ward services:
  - o In-patient treatment and referral reviewed accordingly, including daily ward rounds (including public holidays) & on call services
- Elective Surgery Major OT-Once a week (Every Wednesday except public holidays)
- Elective Surgery Minor OT-Once a month (Third week of the month)
- ENT Clinic: Outpatient clinic runs during office hours from Monday to Friday but on the following days, daily walk-in (New case) patients during weekdays are attended to, as specified:
  - o Mondays 8am to 1 pm (General clinic: New case, Follow-ups)
  - o Tuesdays 8am to 1 pm (pre-operative clerking, Pre-chemotherapy clerking, new case, follow-ups)
  - o Wednesdays 8am to 1 pm (New case, follow-ups)
  - o Thursdays 8am to 1 pm (General clinic: New case, follow-ups)
  - o Fine Needle Aspiration Cytology (FNAC) (Thursdays 2pm to 4pm)
  - o Fridays 8 am to 5 pm (OSA clinic, Paediatric hearing screening, New case, follow-ups)
- Speech Therapy Clinic Monday to Friday (8am to 5 pm)
- Functional Endoscopic Evaluation of Swallowing (FEES)
  - o Every Monday 2pm-5pm
- Audiology Clinic – Visiting Audiologist from Sarawak General Hospital
  - o Every 2 monthly
- District hospital visiting
  - o Every 2 monthly –Hospital Mukah
  - o Klinik Kesihatan Asap – Services halted
- Department Meeting-Meeting with the ward and OT sisters / matron 3 monthly
- CME/CNE- At least twice a month

# Achievement & Award

KPI OTORHINOLARYNGOLOGY

INDICATOR 3: INCIDENCE RATE OF PRIMARY POST TONSILLECTOMY HAEMORRHAGE

FREQUENCY: 3 MONTHLY, STANDARD:  $\leq 3\%$

NUMERATOR: NUMBER OF PRIMARY POST TONSILLECTOMY HAEMORRHAGE DENOMINATOR:

TOTAL NUMBER OF TONSILLECTOMIES PERFORMED

Month	Numerator	Rate (N/D)	SIQ(Y/N)
January	0	6	N
February	0	6	N
March	0	1	N
Sub-total	0	13	N
April	0	1	N
May	0	4	N
June	0	2	N
Sub-total	0	7	N
TOTAL Jan-	0	20	N
July	0	4	N
August	0	3	N
September	0	2	N
Sub-total	0	9	N
October	0	3	N
November	0	3	N
December	0	4	N
Sub-total	0	10	N
TOTAL Jul-	0	19	N

# Achievement & Award



# Achievement & Award

星洲日報

民都督 2024年9月 星期五 15

## 法國電視臺也來採訪 170好手聚首民都魯

【民都魯23日訊】配合今日正式開幕的2024年羅浮宮國際鋼琴賽，民都魯發展局與中法中心（Majlis Cina）攜手舉行開幕式暨琴賽籌備會，邀請法國電視台主持人及鋼琴師的嘉賓蒞臨主持。

2024年羅浮宮國際鋼琴賽是今年第28屆國際鋼琴比賽，共有來自170多個國家的170名鋼琴家參加。中法中心與發展局合作，為這項國際盛事提供多項支援，包括為鋼琴家提供住宿、交通及生活上的協助。

今年新增美國鋼琴好手

民都魯發展局主席李國華在開幕式上表示，這項國際盛事不僅是鋼琴家的盛會，也是民都魯展示其多元文化魅力的絕佳機會。他感謝中法中心與發展局的共同努力，為鋼琴家提供了一個展示才華的平台。

開幕式由中法中心主席李國華主持，多位嘉賓出席。李國華在致辭時表示，這項盛事將為民都魯帶來更多的國際關注，並促進當地的文化交流與發展。

此外，開幕式還包括多場精彩的鋼琴演奏，吸引了眾多觀眾到場欣賞。活動在熱烈的掌聲中圓滿結束。

## 格美納獅會助改善診療質量 耳鼻喉內視鏡移交醫院

【民都魯23日訊】格美納獅會捐贈價值2000令的耳鼻喉內視鏡予民都魯醫院耳鼻喉科部門，作為醫療設備。

格美納獅會主席李國華在捐贈儀式上表示，這項捐贈旨在改善醫院的醫療設備，提高診療質量。他希望這項捐贈能為患者提供更好的醫療服務。

民都魯醫院耳鼻喉科主任醫生在致辭時表示，這項捐贈非常珍貴，將有助於提高醫院的醫療水平。他感謝格美納獅會的慷慨捐助，並表示醫院將妥善使用這些設備。

## 感謝各界支持

【民都魯23日訊】民都魯發展局與中法中心在日前舉行的鋼琴賽籌備會上，感謝各界人士的支持與貢獻。

發展局主席李國華在致辭時表示，鋼琴賽的順利籌備，離不開各界人士的支持與配合。他感謝中法中心、各社區團體、學校及個人對這項盛事的熱情支持。

中法中心主席李國華也對各界的支持表示衷心感謝。他表示，這項盛事能順利舉行，是各方共同努力的結果。他呼籲各界繼續支持民都魯的發展與繁榮。

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## 醫院攜手格美納獅會 下鄉義診派用品食物

【民都魯23日訊】民都魯醫院與格美納獅會攜手下鄉義診，為社區居民提供醫療服務及派發用品食物。

格美納獅會主席李國華在致辭時表示，這項活動旨在為社區居民提供醫療服務，並派發用品食物，以關懷社區的有需要人士。他感謝醫院的積極配合與支持。

民都魯醫院院長在致辭時表示，這項活動非常有意義，能為社區居民提供及時的醫療服務。他感謝格美納獅會的熱心參與，並表示醫院將繼續與獅會合作，為社區服務。

活動現場，義診隊為多位居民提供了診療服務，並派發了藥品及食物。居民們對義診隊的到來表示歡迎，並感謝他們的熱心服務。

## 潘隆銘：善用撥款 打造和諧有愛社會

【民都魯23日訊】民都魯發展局與中法中心在日前舉行的鋼琴賽籌備會上，潘隆銘表示，善用撥款能打造和諧有愛社會。

潘隆銘在致辭時表示，發展局與中法中心在籌備鋼琴賽的過程中，得到了各界人士的支持與撥款。他認為，善用這些撥款，能為社區的發展與繁榮做出更大的貢獻。

他呼籲各界人士繼續支持民都魯的發展，並善用撥款，為社區的建設與發展貢獻力量。他相信，通過大家的共同努力，民都魯一定能成為一個和諧有愛的社會。

## 20日砂獨中舞蹈賽 可上網或到開智購票

【民都魯23日訊】砂拉越中華獨立中學舉辦的舞蹈比賽，將於本月20日舉行。觀眾可上網或到開智購票。

砂拉越中華獨立中學校長在致辭時表示，這項舞蹈比賽旨在展示學生的舞蹈才藝，並促進學校的藝術教育。他歡迎各界人士踴躍參加並觀看。

觀眾可通過開智購票系統購買門票。開智購票系統為觀眾提供了便捷的購票渠道，方便大家購買門票。

# Achievement & Award

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## 情義95

### #我們一起守護 血庫：不僅幫助別人 捐血對自身也有益

民都魯醫院血液科主任護士張麗君表示，捐血不僅對接受者有幫助，也對獻者自身有益。

配合《星洲日報》95週年慶，民都魯醫院血液中心自創捐血活動，還設立了免費血液檢查點，旨在向市民宣傳捐血的益處。

張麗君指出，捐血不僅可以幫助他人，每回捐血還能降低患多種疾病的風險，如心臟病、糖尿病、高血壓等。此外，捐血還能促進自身健康，定期捐血可刺激骨髓生產新血球，維持血液系統的平衡。

活動當天，血液中心將為市民提供血液檢查服務，包括測量血壓、體溫及血紅蛋白水平，幫助大家及時發現潛在的健康問題。通過在血庫中的捐血，自體血細胞數量會減少，醫生能評估個人的整體健康狀況，並提供個人化的健康建議。



民都魯醫院血液科主任護士張麗君。

## 本報聯合數單位 22日捐血體檢活動

配合星洲日報95週年，本報將聯合民都魯衛生局、民都魯福州公會、馬六甲商會、丹絨峇葛商會、民都魯醫院、丹絨峇葛華商會（JCI）于9月22日（星期日）在民都魯富華購物廣場舉辦捐血及體檢活動，並邀請4位資深護士到場為捐血者提供專科諮詢服務。

4位專科醫生包括骨科、眼科、泌尿科、內科及耳鼻喉科。他們將向捐血者提供專業健康資訊及疾病預防資訊。

當天民都魯衛生局也現場提供HIV疫苗注射、體測分組（包括脂肪、蛋白質、體內水分、肌肉量等）及為市民免費檢查。此外，民都魯醫院血液中心也提供捐血檢查服務，從驗血中可知自己的血質，包括檢查血球、血球、血紅蛋白水平等，並及早發現潛在健康問題。

此外，丹絨峇葛華商會（JCI）也會在活動上設「情義人同，慈善夜」報名組，若有興趣參與的團友，都可以在當天前往現場報名。該「情義人同，慈善夜」活動部分所得款項將捐贈予民都魯中學。此慈善夜將致力於推廣華文教育，讓大家都能够了解并傳承中華文化的精髓。一起支持華文、傳承文化。

星洲日報民都魯辦事處也將在現場設有星洲受災組，供災友和捐血者進行捐血。民都魯免費捐血中心也將在現場設立，為市民提供捐血服務。歡迎各界人士踴躍響應，共襄盛舉。呼號大家一起守護自己和家人的健康。

## 福州公會樂齡組響應號召 聯合數單位辦捐血體檢活動

民都魯福州公會樂齡組積極響應星洲日報的號召，配合該報創辦95週年，與多個單位聯合舉辦捐血及體檢活動，呼籲各社團理事及會員踴躍參加。

此次活動服務時間為上午10時至下午2時，共持續3小時。由於時間有限，有意參加的民衆，請儘早到場。活動現場設有專人接洽，歡迎各界人士踴躍參加。

民都魯福州公會樂齡組組長黃美芬表示，此次結合歡血的義務體檢服務，得到了民都魯衛生局、民都魯醫院及馬六甲商會、丹絨峇葛華商會等單位的支持。

她指出，隨著社會的不斷進步和生活水平的提升，許多民衆，尤其是老年人，面臨著日益嚴峻的健康挑戰。隨著年齡的增長，健康問題日趨成為生活中的重要課題。如何保健和預防疾病是每個人必須關注的重點。

黃美芬希望通過此次活動，幫助民衆更好地了解健康知識，養成健康的生計習慣。活動不僅提供了專業的醫療諮詢服務，還為捐血者帶來了豐富的康樂活動。

她呼籲廣大民衆，特別是老年人士，踴躍參與此次活動，帶上家人朋友一同來，關注健康，享受生活。健康是幸福的基石，希望通過此次活動，讓長輩們过上健康快樂的生活。

## 醫院骨科部門 提供免費諮詢服務

劉國權醫生于2011年畢業於科學及科技大學醫學士學位（AMST），在倫敦皇家醫院骨科工作兩年，於2013年獲頒授倫敦中央醫院骨科專科醫學士學位，並獲頒授馬六甲西醫學院（MSM）骨科專科醫學士學位。2022年前往新加坡進修骨科專科，專攻于微創骨科及融合手術。兩年副修理工程工商管理（MBA）。

劉國權醫生接受訪問時指出，骨科檢查能及早發現骨質增生、關節炎、骨質疏鬆等問題，從而及時進行治療，防止病情惡化。此外，骨科檢查還通過骨質密度測試等手段評估骨質健康，幫助識別骨質增生或骨質疏鬆等問題的風險。

劉國權醫生表示，此項活動是民都魯醫院骨科部門自創設的免費諮詢服務。他希望透過此項服務，能為市民提供骨科方面的諮詢服務，幫助市民及早發現骨質增生、關節炎、骨質疏鬆等問題，從而及時進行治療，防止病情惡化。

劉國權醫生強調，此項活動是民都魯醫院骨科部門自創設的免費諮詢服務。他希望透過此項服務，能為市民提供骨科方面的諮詢服務，幫助市民及早發現骨質增生、關節炎、骨質疏鬆等問題，從而及時進行治療，防止病情惡化。

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## 視網膜外科專家張嘉隆 為民衆提供眼科檢查

張嘉隆醫生是視網膜外科專家，專攻視網膜病變、玻璃體脫落、黃斑部病變、視網膜脫離、視網膜裂孔及複雜的白內障手術。他於2008年畢業於馬來西亞眼耳鼻喉內科專科，並在馬六甲大學完成眼科專科培訓，取得眼科專科醫學士學位。之後，他在馬來西亞和澳洲進一步進修了為期3年的玻璃體視網膜專科課程。他是澳洲和紐西蘭皇家眼科學院（RANZCO）的專科導師，專注於活白內障手術，並且是馬來西亞眼耳鼻喉內科專科（AMM）。

張嘉隆醫生在視網膜相關的複雜手術方面擁有豐富經驗。他的專長包括治療各種玻璃體視網膜病變，如視網膜脫離、玻璃體脫落、黃斑部病變、視網膜裂孔及複雜的白內障手術。他於2008年畢業於馬來西亞眼耳鼻喉內科專科，並在馬六甲大學完成眼科專科培訓，取得眼科專科醫學士學位。之後，他在馬來西亞和澳洲進一步進修了為期3年的玻璃體視網膜專科課程。他是澳洲和紐西蘭皇家眼科學院（RANZCO）的專科導師，專注於活白內障手術，並且是馬來西亞眼耳鼻喉內科專科（AMM）。

張嘉隆醫生表示，現代生活方式對眼睛造成了巨大壓力，長時間使用電子設備導致視力疲勞和干眼症日益普遍。而老年人則面臨白內障和青光眼的威脅。這些疾病如果不及時發現和治療，可能會嚴重影響生活品質。他強調，眼睛是人體最重要的感官之一，但往往被忽視。定期的眼科檢查對於保持良好視力至關重要。不同年齡段的人群都有各自的眼健康需求，因此無論是兒童、青少年、中年人及老年人，都應定期進行眼科檢查。

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## 滿40歲或有家族病史者 應定期篩檢結腸直腸

參與「情誼獻血」活動的內科醫生林文輝表示，提高民衆對結腸直腸健康的關注，尤其是結腸直腸癌和相關等常見問題的認識，是為民衆提供健康諮詢、結腸直腸檢查資訊、協助診斷與治療建議，並提供相關的醫療資源和支持服務至關重要。幫助民衆更好地了解這些健康問題及其應對方法。

林文輝指出，結腸直腸癌對整體健康威脅重大。定期篩檢不僅能有效預防結腸直腸癌，還能減少其他結腸直腸疾病的風險。對於痔瘡等常見問題，早期治療有助於顯著改善生活品質。定期檢查和健康管理則可以大大降低結腸直腸癌風險。

林文輝呼籲民衆，特別是年滿40歲或有家族病史的人，應定期進行結腸直腸癌篩檢。如果發現結腸直腸不適症狀，如血便或腹痛，應立即就醫。他還提到，近年來許多民衆因為對結腸直腸健康的認識不足，不瞭解檢查程序，忽視早期症狀，或因害怕和尷尬而延誤就醫，導致病情未能及時處理，增加了健康風險。

林文輝呼籲大家，健康是人生中最重要的財富。早檢查、早發現、早治療對於保持身體健康至關重要。了解家族病史並定期篩檢，能夠幫助早期發現潛在的健康問題。

## 馮尚堅提供耳部篩查 耳氣壓傷檢測服務

耳科專科醫生馮尚堅在接受訪問時表示，耳氣壓傷或耳鳴等問題，往往與飛行時內外氣壓差有關。這可能導致耳痛、耳鳴、耳聾等症狀，嚴重時甚至可能導致耳部受傷。

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開智中學校友會今年舉辦第2屆校友友誼賽。

## 開智排球友誼賽 校友展球技傳誼友情

（民都魯15訊）開智中學校友會今日下午舉辦第2屆排球友誼賽。獲得知名校友參與，校友們在球場上揮灑汗水，以球會友，展現精湛的球技，也傳遞深厚的校友情誼。

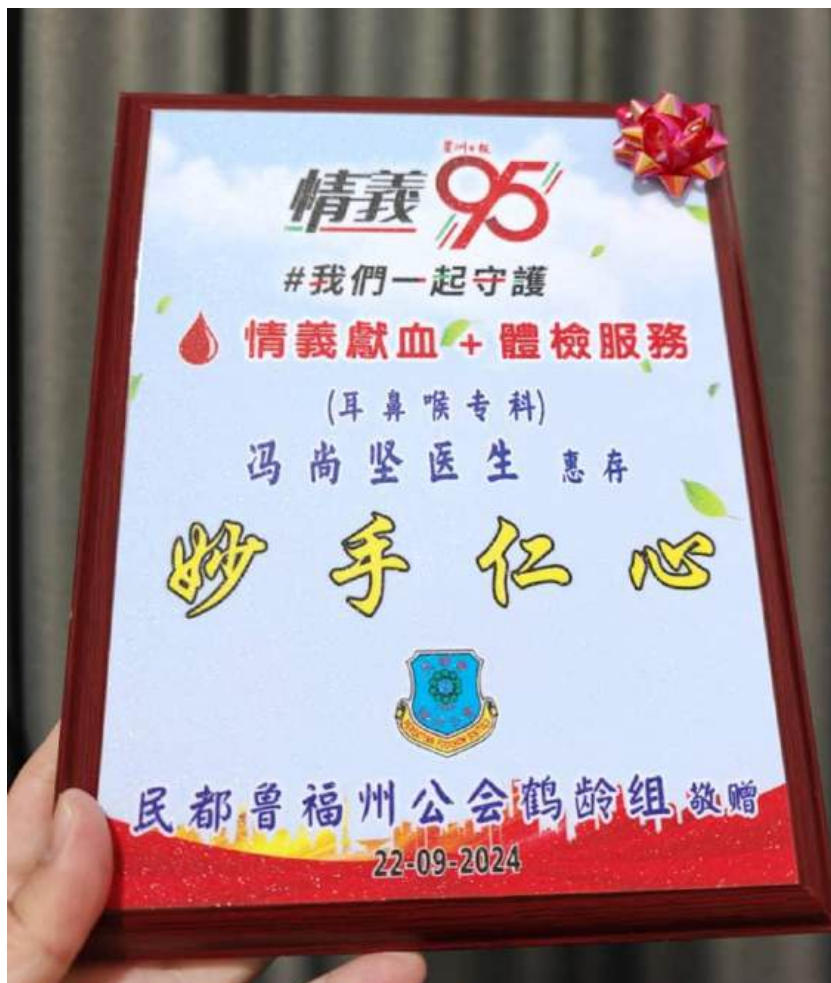
籌委會主席李振華在開幕禮上指出，開智中學不僅是校友們曾求知的學堂，更是他們心靈深處共同的精神家園。這批源自母校的情誼和記憶始終深植於校友的心中。他強調，排球友誼賽不僅是體能的比拼，更是校友們心連心的連結和情感的昇華。在這個過程中，大家既能重溫青春歲月，也能藉此機會深化彼此之間的友誼。

他呼籲更多校友加入校友會，加強溝通與合作，共同為母校的發展貢獻智慧和力量。校友會作為校友之間的重要紐帶，將不斷努力為大家提供更多交流與發展機會。他希望校友們繼續發揚開智精神，不斷拓展自身領域，同時不忘回饋母校，為學業林樹之精神。

# Achievement & Award



# Achievement & Award



# Achievement & Award



# 2.2.6

## SPEECH THERAPY UNIT

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# Introduction

Speech Language Therapist are professionals qualified in the management of individuals with speech, language, voice, communication, feeding and swallowing disorders through appropriate assessment, diagnosis and intervention.

Speech Language Therapist services in the Ministry of Health Malaysia started in 2001 in the General Hospitals. Since then speech language therapy services have expanded to include services in the primary care.

# Vision

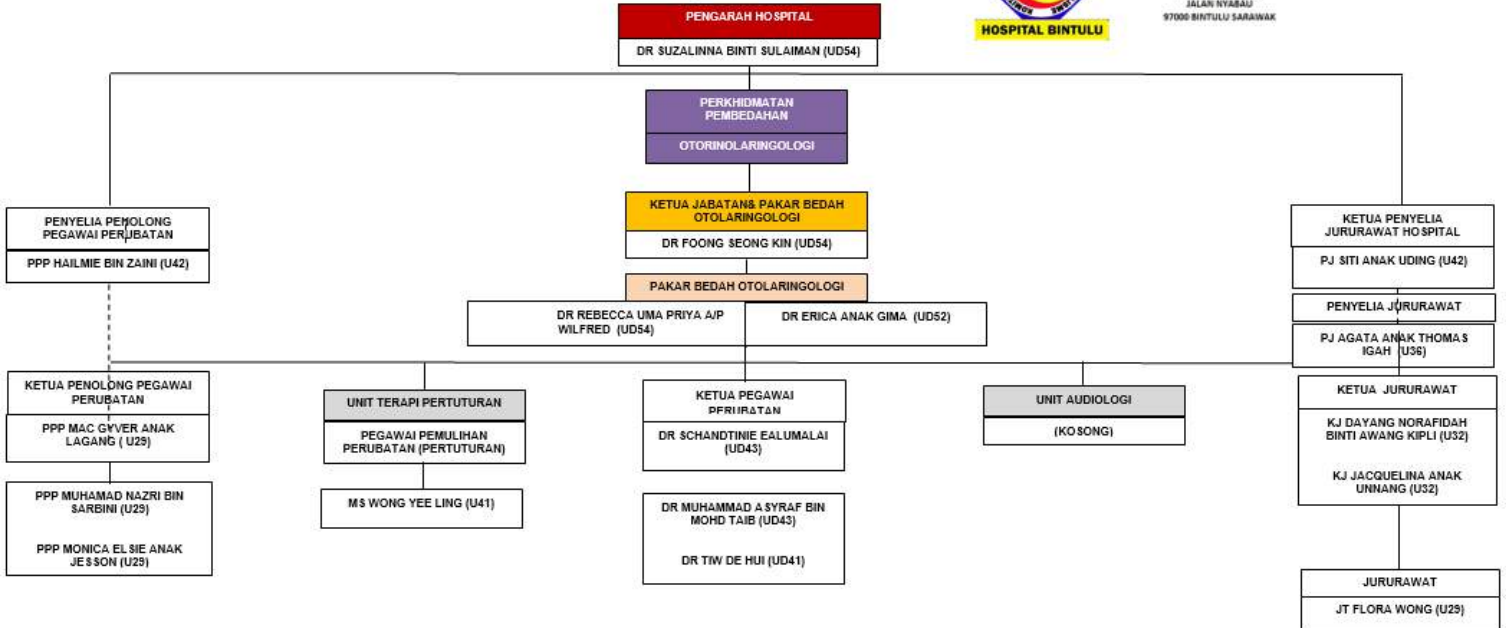
Speech Language Therapy Unit shall provide quality speech language services to all patients to improve quality of life

# Mission

- The department shall provide continuous quality speech language therapy services for outpatients and in-patients.
- Patients shall be treated in a friendly and conducive environment by offering appropriate therapy for each patient.
- Patients confidentiality shall be preserved and maintained by staff members professionally.
- Staff shall be encouraged to participate in continuous medical education and professional development programs to enhance their skills and competency.

# Organization Chart

CARTA ORGANISASI JABATAN OTORINOLARINGOLOGI, HOSPITAL BINTULU



# Service

Speech Language Therapist provide patient care services for:

- a) Paediatric with Communication Disorders (Speech Language Disorders, Speech Disorders, Dysarthria, Apraxia, Resonance Disorders, Hearing Impairment and/or Stuttering)
- b) Adult with Acquired Communication (Acquired Language Disorders, Dysarthria, Apraxia, Resonance Disorders, Hearing Impairment and/or Stuttering)
- c) Patient requires Augmentative and Alternative Communication
- d) Patients with Voice Disorders
- e) Paediatric with Feeding Disorders
- f) Patients with Swallowing Disorders

# Achievement & Award

## Key Performance Indicator (KPI)

- Percentage of new cases outpatient referrals given appointment within 90 days (waiting time between the date patient presents to request for appointment and the initial appointment given within 90 days).
- Percentage of new cases outpatient referrals given appointment within 90 days (waiting time between the date patient presents to request for appointment and the initial appointment given within 90 days).

## Annual Comparison on Key Performance Indicator 1 & 2

	KPI 1	KPI 2
Year 2020	100.00%	100%
Year 2021	99.59%	100%
Year 2022	93.46%	100%
Year 2023	86.62%	100%
Year 2024	85.83%	97.30%

# 2.3

## DIAGNOSTIC SERVICES

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# 2.3.1

## RADIOLOGY DEPARTMENT.

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# Introduction

The Radiology Department is one of the supporting service unit to Hospital Bintulu and also to private health institution. It provides diagnostic imaging service in the managements of patient for diagnosis and assessment of patients' treatment and progress. It provides diagnostic imaging services required from the Accident and Emergency Department, Specialist Clinics, wards, HDU Unit, Health Clinics, Day Care and referral from other government hospitals, private hospital and clinic.

When the Bintulu Hospital was officially open in 2000 there are only 2 radiographers and one X-ray Film Developer. As the years went by, the number of staff increased every year. As of 2024 there are 34 staff working in the department comprising of 4 radiologists, 7 medical officers, 1 Diagnostic Imaging Officer, 21 radiographers and 1 staff nurse.

The diagnostic imaging services available are general radiography, special x-ray examinations, Operation Theater Imaging & Mortuary Imaging.

The Diagnostic Imaging department using the Hospital Information System (HIS) linked to the Radiology Information System (RIS) via computerized radiography with PACS and DICOM system. Positive impact from the implementation of an IT hospital with HIS and RIS applications huge cost saving is beneficial as there is less purchase of films and no chemicals for image processing as it was done through the PACS and DICOM applications.

The department is equipped with 2 sets Fuji multireader configured to 4 sets of image processing computer as workstation for RIS. There are 2 units static X-ray machines, 1 unit fluoroscopy/angiography single plane, 4 units ultrasonogram, 1 unit 16-slices MDCT, 4 units of mobile x-ray machine, 2 units of Fujifilm dry processors respectively.

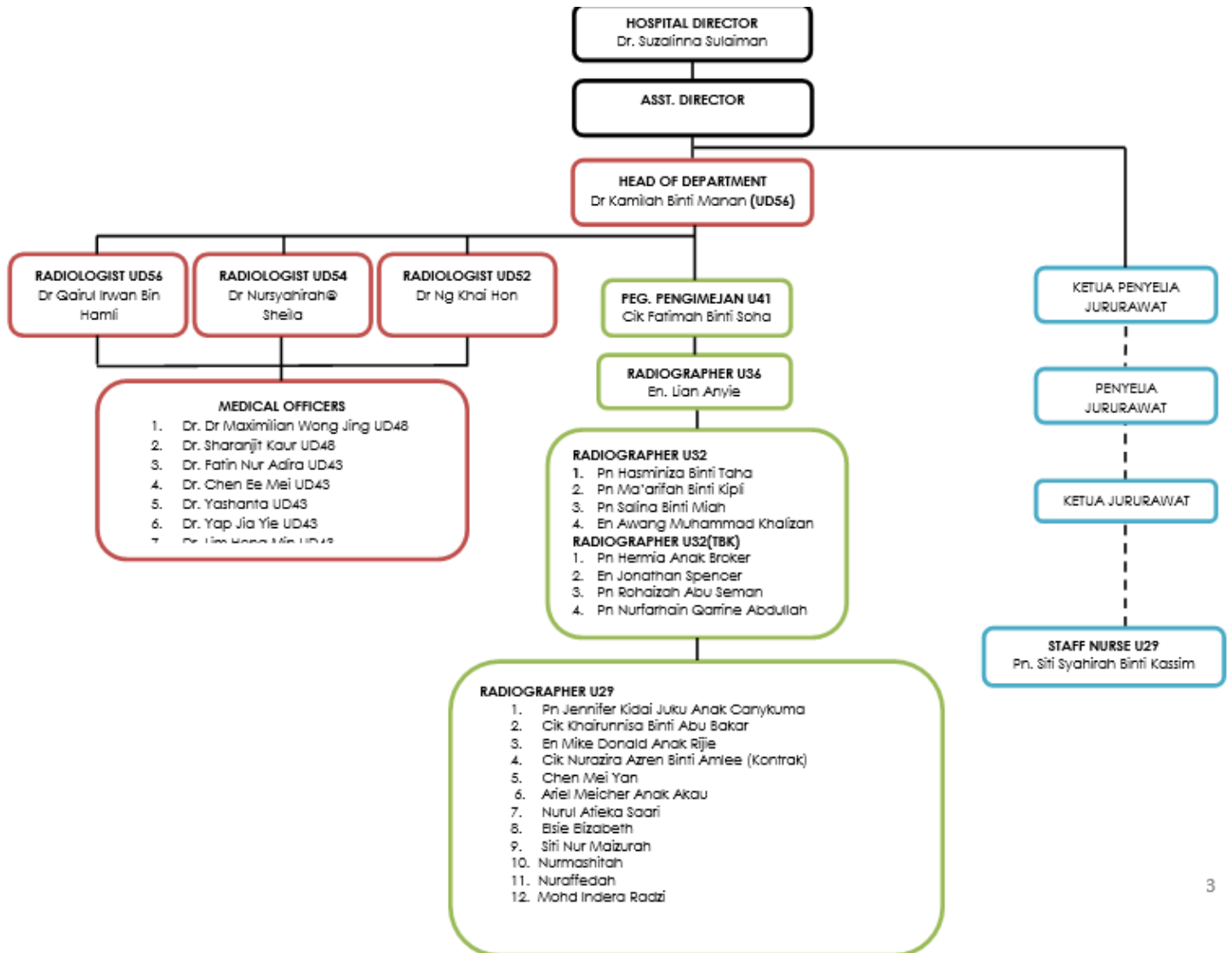
# Vision

Towards a safe, radiation friendly and excellent diagnostic imaging services.

# Mission

To provide a fully committed quality diagnostic imaging services deliver in a safe environment and practice with highest works ethic, beliefs and values such as with care, professionalism and team works.

# Organization Chart



# Service

## General radiography

1. Chest radiography
2. Abdomen and KUB radiography
3. Upper and lower extremities radiography
4. Skull, mandible, mastoid, nasal bone, paranasal sinuses radiography
5. Spine radiography
6. Pelvis, shoulder, hip joint radiography
7. Foreign body x-ray
8. Forensic radiography
9. Mobile and ward radiography
10. Mobile C-arm in Operation Theatre for radiography guided OT procedures

## Special radiography

1. Barium studies and screening with fluoroscopy
2. Urinary system contrast radiography
3. Histerosalpingography
4. Computerize Tomography or CT Scan examination
5. Endoscopic retrograde cholangiopancreatography (ERCP)
6. Ultrasonography with Doppler imaging

## Interventional

1. Biopsy under CT guided
2. Drainage
3. Nephrostomy
4. Fine Needle Aspiration Cytology (FNAC)
5. Intussusception
6. Interventional Angiography

## Scheduling, appointment and other services

1. Appointment for special examination to other hospitals and at this hospital
2. Tracing of previous radiographs
3. Keeping and achieving of radiographs and report

# Achievement & Award

- **Clinical Audit**

Yield of FNAC thyroid in correlation with the corresponding Ultrasound based TI-RAD scoring.




## **Clinical Audit On Yield Of FNAC Thyroid In Correlation With The Corresponding USG-Based TI-RADS Scoring**

### **Radiology Department**

**Hospital Bintulu  
Jalan Nyabau, 97000 Bintulu  
Sarawak**

# Achievement & Award

- Publication



**Asian Journal of Case Reports in Surgery**  
Volume 6, Issue 2, Page 498-503, 2023; Article no.AJCRS.106583

## A Case of Axillary Tail of Spence Carcinoma or Occult Breast Carcinoma? - A Diagnostic Dilemma

Lim Y. P. <sup>a\*</sup>, Rossly F. <sup>a</sup>, Ng K. H. <sup>b</sup> and Chia P. Y. <sup>c</sup>

<sup>a</sup> Department of Surgery, Bintulu Hospital, Sarawak, Malaysia.  
<sup>b</sup> Department of Radiology, Bintulu Hospital, Sarawak, Malaysia.  
<sup>c</sup> Department of Pathology, Sarawak General Hospital, Sarawak, Malaysia.

**Authors' contributions**  
This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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**ABSTRACT**

**Introduction:** Carcinoma of the axillary tail of Spence (CATS) is rare with an incidence of 0.1-2%. It is a type of breast cancer that develops at a specific anatomical position in the breast and often under-diagnosed.

**Case Presentation:** A 37-year-old lady presented with an axillary swelling for 2 months. Clinically, an axillary lump was palpable and an ultrasound confirmed a 1cm axillary node. Excision of this node revealed metastatic carcinoma with breast as the primary. ER/PR positive, HER-2 negative. Mammogram and MRI performed showed no suspicious breast lesions. CT TAP confirms no distant metastasis. Excision of the previous scar tissue revealed non-sizeable invasive carcinomas, with deep margins involved. Axillary dissection showed 5/13 positive lymph nodes, pT0N2a. Re-excision of the deep margins revealed invasive carcinoma with 2mm foci of invasion. The final pathological staging was pT0N2a M0 and adjuvant chemoradiotherapy was commenced.

**Discussion:** Careful evaluation is necessary to differentiate CATS from other diagnoses such as occult carcinoma, lymphoma or non-breast metastatic lymphadenopathy. In our case, the initial diagnosis of occult carcinoma was a possibility, and the pathology of CATS was proven much later.

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Asian J. Case Rep. Surg., vol. 6, no. 2, pp. 498-503, 2023



**Case report: Aseptic splenic abscesses in childhood-onset systemic lupus erythematosus**

Dhruvrajeshwar Sridharan<sup>1</sup>, Peter Sie-Tack Lau<sup>2</sup>, Kamilah Manari<sup>3</sup> and Arvind Mohan<sup>4\*</sup>

<sup>1</sup>Department of Paediatrics, Kuala Lumpur Hospital, Ministry of Health Malaysia, Federal Territory of Kuala Lumpur, Malaysia; <sup>2</sup>Department of Paediatrics, Ministry of Health Malaysia, Sarawak Hospital, Bintulu, Sarawak, Malaysia; <sup>3</sup>Department of Paediatrics, Ministry of Health Malaysia, Sarawak Hospital, Kuching, Sarawak, Malaysia; <sup>4</sup>Department of Paediatrics, Ministry of Health Malaysia, Sarawak Hospital, Kuching, Sarawak, Malaysia

**Background:** Systemic lupus erythematosus (SLE) can involve any organ system and cause a wide range of manifestations. Non-infectious inflammatory lesions termed aseptic abscesses have been reported in some autoimmune and auto-inflammatory conditions but not in childhood-onset SLE. In this report, we highlight the unusual finding of occult splenic abscesses in two children diagnosed with SLE who had no evidence of concurrent infections.

**Case presentation:** An 8-year-old and an 11-year-old were admitted separately to the hospital with fever for 7 and 14 days, respectively. In the younger child, a generalised rash preceded the fever. Both had been well, with no significant past medical history prior to the onset of the illness. In both girls, abdominal ultrasonography showed multiple small hypoechoic lesions suggestive of abscesses scattered throughout the spleen. Their C-reactive protein and blood cultures were negative, and symptoms persisted despite intravenous antibiotics. Fulfilling the clinical and serological criteria for diagnosis, both were ultimately diagnosed with childhood-onset SLE. Rapid recovery of symptoms and complete resolution of the abscesses ensued with corticosteroids and immunosuppressive therapy.

**Conclusions:** These two cases suggest that aseptic splenic abscesses may occur in childhood-onset SLE. Autoimmune conditions such as SLE should be included in the differential diagnosis of children with occult splenic abscesses.

**Keywords:** systemic lupus erythematosus, childhood, aseptic abscesses, differential diagnosis

**Background**

Systemic lupus erythematosus (SLE) is a chronic autoimmune disease characterised by autoantibody production directed at several self-antigens located in the nucleus, cytoplasm, and cell surface, in addition to soluble molecules (1). The disease can involve any organ system, cause a wide range of manifestations, and lead to significant morbidity and even mortality (2). In addition to the organ damage caused by non-directed antibodies, individuals with SLE are at increased risk of infections due to immunosuppression resulting from both the disease and its treatment (3).

Aseptic abscesses are an uncommon and likely underreported manifestation of autoimmune disorder characterised by deep, sterile lesions consisting of necrotic (4).

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Frontiers in Pediatrics, vol. 10, pp. 1187232, 2022

**Case Report**  
**Nasopharyngeal melioidosis: a case report**

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<sup>2</sup> Institute of Health and Community Medicine, Universiti Malaysia Sarawak, Kuching, Sarawak, Malaysia  
<sup>3</sup> Department of Otorhinolaryngology, Bintulu Hospital, Ministry of Health Malaysia, Bintulu, Sarawak, Malaysia  
<sup>4</sup> Department of Radiology, Bintulu Hospital, Ministry of Health Malaysia, Bintulu, Sarawak, Malaysia

**Abstract**  
A 12-year-old boy was admitted after 11 days of fever and 2 days of nasal obstruction as well as swelling of a right cervical lymph node. Neck ultrasonography and computed tomography of the neck showed a nasopharyngeal mass occupying the entire nasopharynx, extending into the nasal cavity, and obliterating the lumen of Eustachian tube. Abdominal ultrasonography revealed a small solitary splenic abscess. Although a nasopharyngeal mass or malignancy was initially considered, biopsy of the mass showed only suppurative granulomatous inflammation, and bacterial culture from the histopathological lymph node yielded *Burkholderia pseudomallei*. The diagnosis, nasopharyngeal mass, and cervical lymph node enlargement treated with melioidosis-directed antibiotic therapy. Although rarely reported, the nasopharynx may be an important primary site of infection in melioidosis patients, especially in pediatric patients.

**Key words:** Melioidosis, Burkholderia pseudomallei, nasopharynx, head and neck.

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**Introduction**

Melioidosis, caused by the gram-negative bacillus *Burkholderia pseudomallei*, is an important cause of mortality in adults and children in Southeast Asia [1,2]. In addition to the difficulties in laboratory diagnosis, the high mortality rate of melioidosis may also be related to difficulties in the clinical recognition of the disease [3]. For example, in children with culture-confined melioidosis and a case fatality rate of 24% in Sarawak, Malaysia, delays in diagnosis and initiation of melioidosis-appropriate antibiotic treatment were reported in nearly 90% of cases [2]. Difficulties in the clinical recognition of melioidosis occur due to the broad clinical spectrum of the disease and nonspecific presentation. In fact, melioidosis has been described as a great mimicker of diseases [4,5]. Additionally, the predilection of organ-site involvement differs between adult and pediatric age groups, and it also differs between geographical regions [6-8]. These variations in organ-site involvement and presenting manifestations are caused by differences in host risk factors, route of infection, bacterial load and strain, and the presence or absence of specific *B. pseudomallei* virulence genes [1]. Furthermore, rare disease manifestations are occasionally observed, further complicating the diagnostic process [9].

The nasopharynx and oropharynx are extremely common sites of disease, both in children and adults. These sites may be affected by various pathological processes, from some of the most common infections in humans, such as those caused by respiratory viruses or gram-positive bacteria, to tumors and malignancies. In this report, we describe a child who was found to have a nasopharyngeal mass following presentation with fever, nasal obstruction, and cervical lymph node enlargement and who was ultimately diagnosed with culture-confirmed melioidosis.

**Case presentation**

A 12-year-old boy presented with an 11-day history of high-grade fever and 2 days of nasal obstruction and right-sided neck pain. He also developed new-onset swelling during this time. He initially sought treatment at a nearby government health clinic but received no antibiotics. He resided in a rural interior region and had a history of regularly swimming in a man-made pond used for rearing freshwater fish.

Physical examination revealed a boy with normal growth parameters but a high-grade fever. He had

# 2.3.2

## PATHOLOGY DEPARTMENT.

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# Introduction

The Pathology Department is a clinical support department with the role of performing routine and special laboratory tests, analysis and investigations of specimens from patients and clients. Medical laboratory services are essential to healthcare as it contributes to screening, diagnosis, prognosis determination and treatment monitoring of diseases. Pathology Department consist of 3 units and few sections:

## UNIT

- Biochemistry & Cytology Unit
- Hematology
- Microbiology

## SECTION

- Bacteriology and Tuberculosis Section
- Serology, Virology and Molecular Section
- Parasitology, Media Preparation and Specimen Receiving Section

## Vision

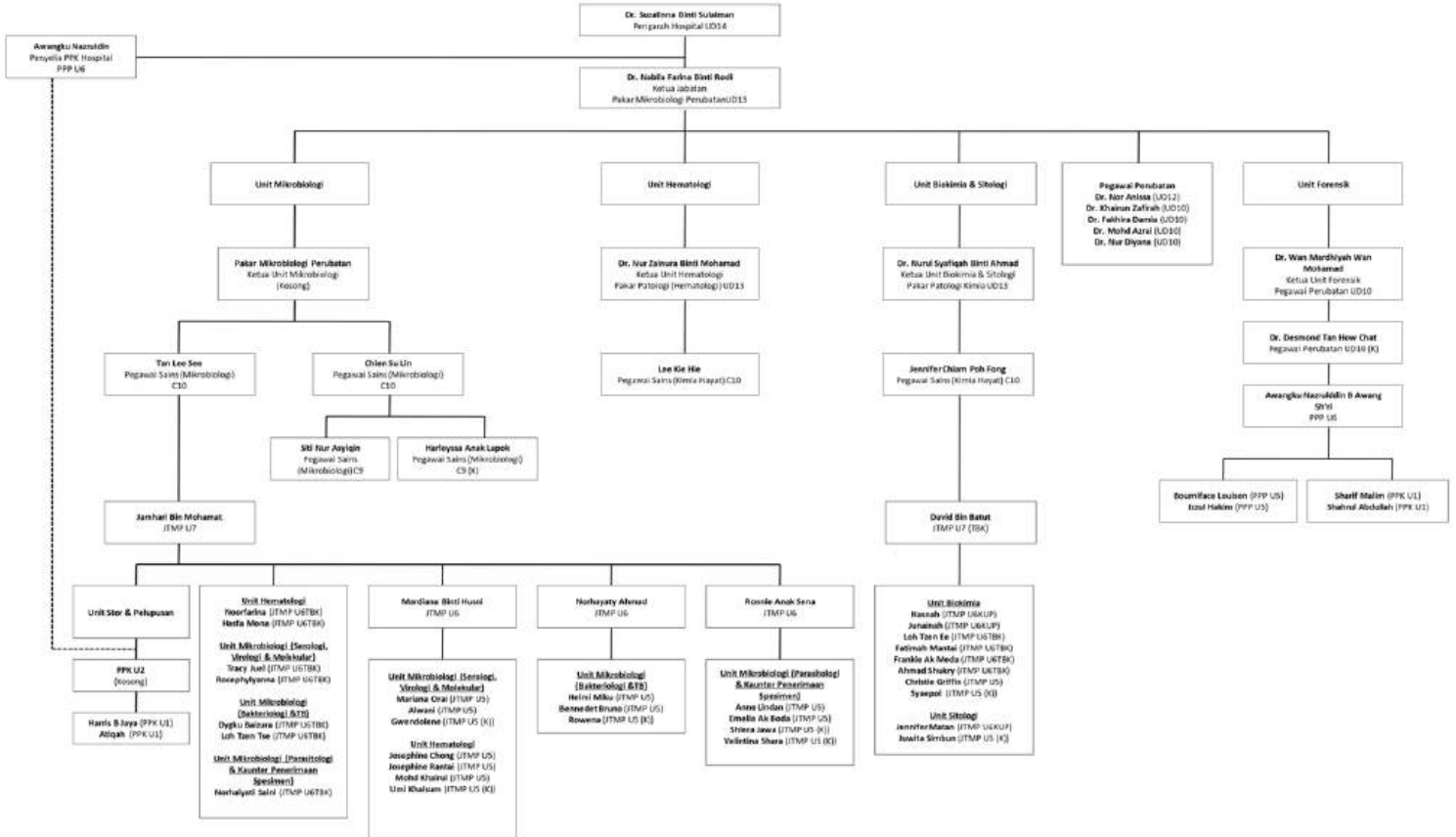
To provide efficient, reliable and innovative services based on quality system which fulfils the clients' expectation.

## Mission

To create a reliable and efficient pathology services with high technology equipment and knowledgeable staff that are aware of the needs of the clients based on quality systems, teamwork and professionalism towards achieving excellence in patient care.

# Organization Chart

Carta Organisasi Jabatan Patologi & Forensik, Hospital Bintulu



# Service

The Pathology Department provides inpatient and outpatient diagnostic services within the hospital as well as to nearby government facilities where required.

Services provided fall under the following categories:

## A. Biochemistry

- Blood urea and serum electrolytes (BUSE)
- Cardiac enzymes
- Free T4
- HbA1c
- Iron study (with calculated TIBC) + Ferritin
- Infant serum bilirubin (SB)
- Liver function test (LFT)
- Lipid profile
- Random / Fasting Blood Sugar (RBS/FBS)
- Creatinine
- Ammonia
- Amylase
- Uric acid
- Calcium
- Phosphate (Inorganic)
- Magnesium
- Thyroid stimulating hormone (TSH)
- TDM- acetaminophen
- 24 Hours urine Protein/Creatinine
- Urine spot electrolyte
- Urine dipstick
- Urine microscopy
- Urine drug of abuse screening
- Urine PCR
- Urine / Gastric Lavage for Paraquat
- Body fluid glucose
- Body fluid total protein
- Body fluid cholesterol
- Body fluid triglyceride
- Body fluid LDH
- Body fluid Albumin
- Synovial fluid crystal

# Service

## B. Haematology

- Full blood count (FBC)
- Reticulocytes count
- Differential count (DC)
- Full blood picture (FBP/PBF)
- PT/APTT/INR
- Mixing test
- D-dimer
- Erythrocytes sedimentation rate (ESR)
- Glucose-6-phosphate dehydrogenase (G6PD) screening
- Bone marrow aspirate (BMA)
- Trephine biopsy

## C. Microbiology

- Acid fast bacilli (AFB) screening
- Bacterial culture & sensitivity
- Sterile body fluid cell count
- Direct smear / Gram stain
- Sterility test
- Mycobacterium / AFB culture
- Fungal culture
- Mycobacterium (MTB) GeneXpert
- Antistreptolysin O titre test (ASOT)
- Cryptococcus antigen
- Dengue combo test (NS1 antigen/ IgG and IgM antibody)
- Hepatitis B surface antibody (HBsAb)
- Hepatitis B surface antigen (HBsAg)
- Hepatitis C virus (HCV) screening / antibody
- Human Immunodeficiency Virus (HIV) screening
- HIV supplementary test
- Leptospira antibody
- Rheumatoid factor (RF)
- Rapid Plasma Reagin (RPR)
- Treponema pallidum particle agglutination assay (TPPA)
- Stool for Clostridium difficile
- Automated extraction and PCR
- Rapid molecular
- Blood film for malaria parasite (BFMP)
- Microfilaria
- Stool for ova and cyst
- Stool for rotavirus
- Stool for occult blood

# Service

## **D. Anatomic Pathology**

- Fine needle aspiration cytology (FNAC)
- Gynaecology liquid based (LBC)
- Gynaecology smear (conventional)
- Medico-legal smear(s) for OSCC cases
- Non-gynaecology specimen for cytology
- Seminal fluid analysis (SFA)

The Pathology Department provides 24hour services for core tests for critical care when needed. While tests not offered by the department will be outsourced where possible to another reference laboratory.

# Achievement & Award

Since 9 February 2004, Pathology Department has been actively participating in various quality programs conducted by Pathology Services, Ministry of Health. As an effort towards better services, CliSQI (Clinical Service Quality Indicator) and MSQH standard indicator are monitored to review the performance of related departments. Among the external quality assurance (EQA) programs that were participated are:

## A. Biochemistry

- EQAS – Clinical Chemistry (Monthly) Program (Biorad)
- RIQAS – Monthly Specific Proteins
- EQAS – Hemoglobin Program (Biorad)

## B. Cytology

- RCPA – Gynaecology Lab Routinely Reports
- RCPA – Non-Gynaecology General

## C. Hematology

- EQAS – Hematology Program (Biorad)
- RCPA – Morphology
- RCPA – Blood Film Differential Count
- RCPA – Bone Marrow Morphology

## D. Microbiology

- NEQAP Bacterial Identification and Sensitivity Test: Conducted by Bacteriology Unit, Institute for Medical Research (IMR), Setia Alam.
- Performance in TB slide: Conducted by National Public Health Laboratory (NPHL) in Sg. Buloh, Selangor.
- Molecular diagnostic for MTB Complex (GeneXpert) conducted by National Public Health Laboratory (NPHL) in Sg. Buloh, Selangor.

## E. Serology / Virology / Molecular

- NEQAS Performance in HIV testing: Conducted by Virology Unit, Institute for Medical Research (IMR), Setia Alam.
- Infectious Disease, Respiratory Panel Survey for Qiastat-Dx Respiratory panel conducted by College of American Pathologist (CAP).
- RCPA – Hepatitis B surveys
- RCPA – Hepatitis C surveys
- RCPA – Syphilis surveys

# 2.3.3

## **TRANSFUSION MEDICINE AND BLOOD BANK UNIT.**

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### 1. INTRODUCTION

The Department of Transfusion Medicine and Blood Bank is a clinical support department that aims to provide safe and adequate blood components for clinical use through the procurement activities organized. Beside as blood product provider, this department also dedicated in diagnostic, quality and clinical transfusion laboratory testing for instance transfusion microbiology laboratory testing, pre-transfusion testing, immunohematology testing, blood product quality check and etc. It also serves to monitor the practices and usage of blood components through the local Hospital Transfusion Committee (HTC) to improve the service and appropriate use of blood components. Both clinicians and laboratory personnel are expected to comply with national and local guidelines to achieve best practices.

### 2. LOCATION

The Blood Transfusion Services Unit is located on the Ground Floor of the Administrative Block, Bintulu Hospital.

### 3. VISION

To provide adequate and safe blood based on the needs of patients and clinician.

### 4. MISSION

To provide safe blood components and efficient service.

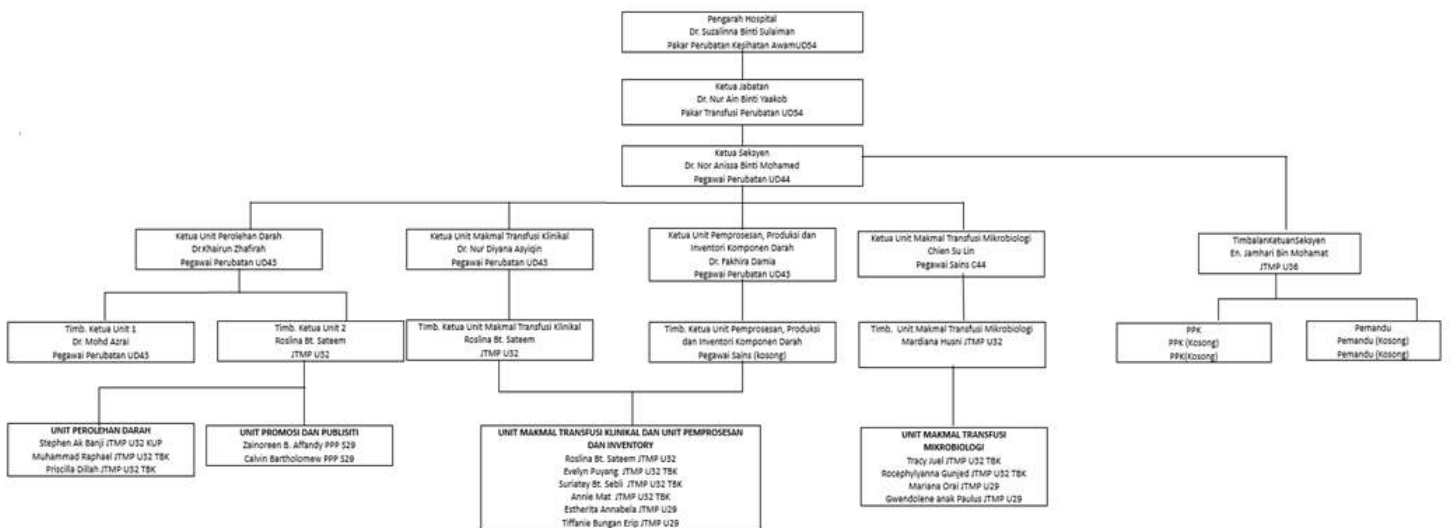
### 5. OBJECTIVES

- To establish and maintain a pool of safe and regular donors.
  - To practice blood screening and storage procedure in accordance with international standards in order to provide blood components that are safe, adequate and appropriate.
  - To ensure optimal patient care by ensuring an appropriate blood component transfusion.
- To improve knowledge and skills of the Unit's staff through continuous medical education programs

6.ORGANISATION CHART

- Overall responsibility for the Blood Transfusion Unit shall rest on the clinician appointed as the Head of Department by the Hospital Director. In their absence, authority shall be delegated to responsible person(s) who will be responsible for the day-to-day running of the department.
- Medical Officer and Senior Medical Laboratory Technologists shall assist the Head of Department for the general administration of laboratory and Medical Laboratory Technologists (MLT) and Health Attendants (HA).

CARTA ORGANISASI UNIT TRANSFUSI PERUBATAN, HOSPITAL BINTULU



## 7 SCOPE OF SERVICES

The Blood Transfusion Services Unit shall provide blood components and transfusion associated tests to the inpatient and outpatient departments/units when needed.

Clinical Transfusion Laboratory :

- Crossmatching
  - ABO/Rh grouping
  - RBC Antibody screening
  - RBC Antibody identification
  - RBC Phenotyping
  - Other immunohaematology test
  - Supplying phenotyped/rare blood for specific cases
  - Coomb's test
  - Haemovigilance reporting for patient
  - Referral of case and outsources of sample to Pusat Darah Negara and Sarawak General Hospital
  - Supply blood components to other local private/government facilities when needed according to the relevant obligations and contractual agreements.
1. 'Safe O' supply to Klinik Kesihatan Sungai Asap.
  2. Borneo Medical Centre
  3. Columbia Asia Hospital, Bintulu
  4. Hospital Mukah

Transfusion Microbiology Laboratory :

- All staffs in serology/virology unit under microbiologists help out with infectious screening of blood donors: HIV, Hep B, Hep C and syphilis
- Packing and sending blood donor samples for Serology Testing and Nuclei Acid Amplification Testing (NAT) to SGH
- Involve in management of reactive blood donor

**ACHIEVEMENT AND AWARD**

Clinical Transfusion & Immunohematology Unit:

NEQABB:

External QA Blood Banking (ABO and Rh grouping, Antibody Screening and Antibody Identification): Conducted by National Blood Bank (PDN), Kuala Lumpur.

Serology/virology Unit:

NEQAS Performance in HIV testing: Conducted by Virology Unit, Institute for Medical Research (IMR), Setia Alam

<p>NEQABB :</p>	<p><b><u>01/2024</u></b> 100% <b><u>02/2024</u></b> 100% <b><u>03/2024</u></b> 100%</p>
<p>NEQAS Performance in HIV testing</p>	<p><b><u>Panel 01/2024:</u></b> 100% <b><u>Panel 02/2024:</u></b> 100%</p>

# Achievment & Award

Pictures of Training & Activities of Pathology Department in 2024

## TRANSFUSION SAFETY WORKSHOP 2024



# Achievment & Award

## WORLD BLOOD DONOR DAY 2024



# Achievment & Award

## PATHOLOGY DAY AND OFFICIAL LAUNCHING OF PATHOLOGY & TRANSFUSION SERVICES HANDBOOK 2024



## PATHOLOGY, TRANSFUSION AND FORENSIC SPORTS TOURNAMENT 2024



## 2.3.4 FORENSIC UNIT.

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# Introduction

The Forensic Medicine Unit service at Bintulu Hospital started in 2000. Originally it was known as a mortuary and was run by a health care assistant or known as an attendant. Currently the Forensic Medicine Unit has 8 staff consisting of 2 medical officers, 3 assistant medical officers and 3 health care assistants.

The Forensic Medicine Unit is one of the units at Bintulu Hospital that handles death cases. This unit serves to facilitate the storage of dead bodies, handle cases of 'Brought in Dead' (BID) and 'Death in Department' (DID), conduct post-mortems and assist the police in medico legal cases, providing assistance to facilitate the export of dead bodies to overseas for non-citizen corpses and provide corpse identification services when the "Forensic Mass Disaster Response Team" is activated.

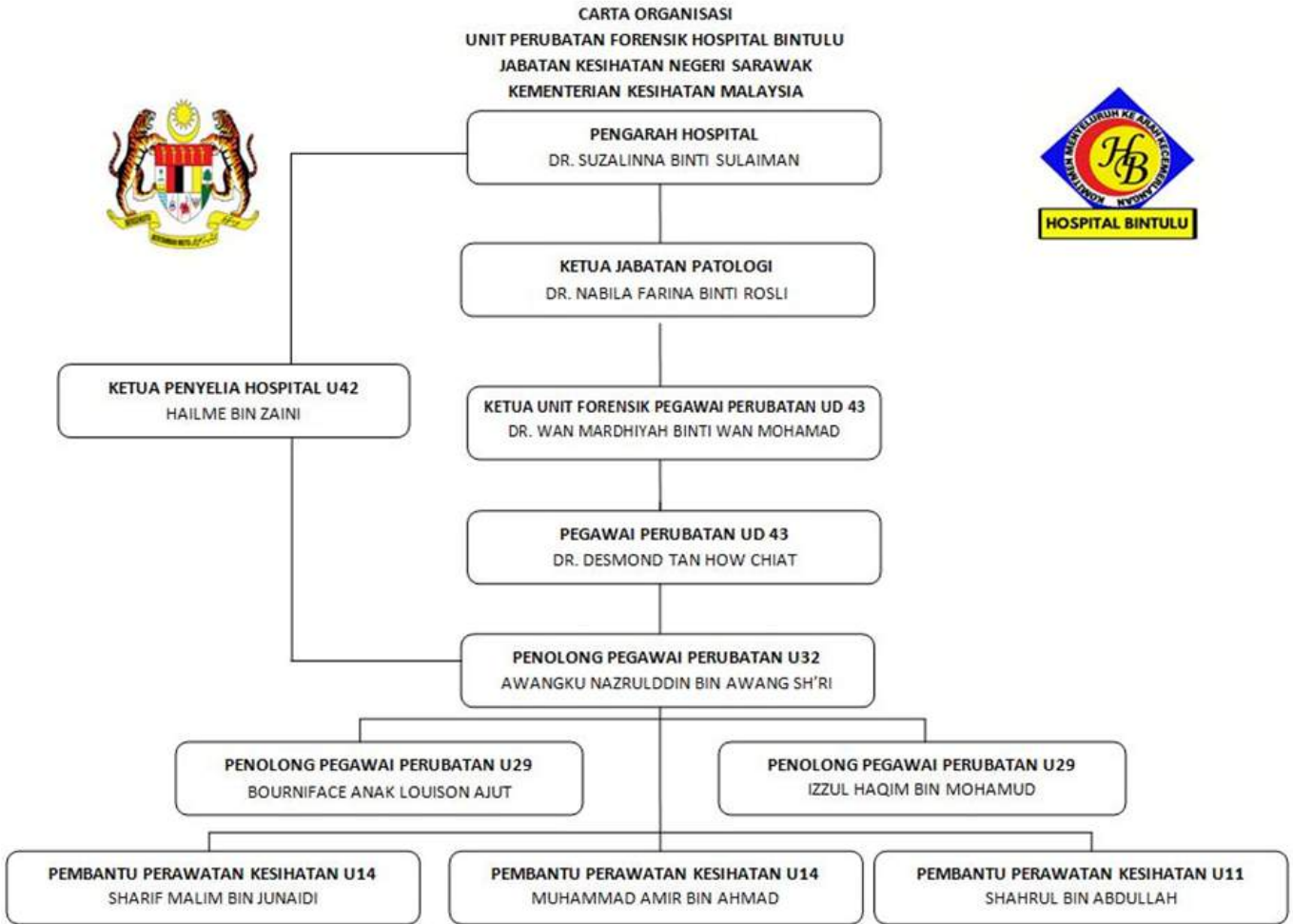
# Vision

To provide service which is of good quality, complete and efficient catering to family members and other related units, for example police, social service and immigration.

# Mission

To provide Forensic Medicine Services with knowledge and expertise by all staff that has been trained with professionalism and quantity.

# Organization Chart



## Transfer of corpses

- Every corpse that been pronounced death in hospital must be sent using cadaver trolley and sent to Forensic Medicine Unit by the hearse (Van Jenazah).
- Staffs involved are the ambulance driver, hospital attendant from ward or forensic unit.
- Workflow for transfer of deceased from ward must be through the main lobby elevator to the ground floor and then to the car park except for cases from Emergency Department.

## Receiving corpses

- All death cases from emergency department and ward must be registered at Forensic Medicine Unit.
- All wards must call forensic unit before sending the corpse to our unit.
- Forensic Medicine Unit staff must check that all forms have been completed.
- Corpses will be identified by tag. Normal corpses will be tagged with white tags, police cases with red and biohazard body will be tagged biohazard.
- Corpses are stored in freezer by religion or in the decomposed refrigerator.

## Release of corpses

- Corpses only can be released to next of kin after post mortem has been done (if postmortem is needed).
- Corpses must be identified by next of kin and signed on the claim body form.
- All belongings of deceased must be given back to next of kin.
- The Forensic A.M.O on duty is responsible for the release of the body from the mortuary to the claimants after verifying all relevant details pertaining to the deceased and claimants of the body.
- Relevant documents will be given to next of kin such as medical certificate of death for them to submit to JPN.

## Transport

- There are no services to send corpses to homes or cemeteries.
- The claimants shall make their own arrangement for the process of performing the funeral rites in accordance with the

## Brought In Death Cases

- All Brought In Death Cases must be informed to police.
- Post mortem if needed will be done by Medical Officer from Forensic Medicine Unit.
- Medical Officer conducting post mortems can consult the State Forensic Pathologist for advice.
- For medico legal cases, Hospital Director can give responsibility to any unit that he/she believes suitable and important for services and client.

# Service

## Post Mortem

- Medical Officer will examine corpses, either an external body examination or a full autopsy.
- There are two types of post mortem. Clinical post mortem and Medico Legal Post Mortem.
- Clinical Post Mortem must have permission and consent from next of kin. Without permission clinical post mortem cannot be done except for cases that are important to the community such as infectious disease and this will be under the Prevention and Control of Disease Act 1988 (Act 342).
- For medico Legal post mortem (police case), magistrate or police will issue the Pol 61 order for post mortem. This Post Mortem does not require permission or consent from next of kin. However, it is recommended to inform next of kin regarding post mortem.

## Death caused by infectious diseases

- All infectious disease cases must be put in body bag.
- Health Inspector must be informed.
- Before corpse is returned to next of kin all procedures in handling the body must be seen by health inspector.
- All infection control procedures must be done by according to protocol.

## Unclaimed corpses

- All corpses that have not been claimed after 3 days will be categorized as unclaimed.
- Staff at our unit must as certain if next of kin has been informed.
- If next of kin cannot be found, ward staff have to inform police to trace next of kin.
- All Muslim unclaimed corpses will be sent to Islamic Organization while non-Muslim corpses will be arranged by non-Muslim organization for burial. For immigrants, police and diplomat will be informed to find the next of kin. For police case must have clearance from police.

## Embalming

- Embalming services are not provided by Forensic Medicine Unit.
- If next of kin wish for embalming they will have to source from outside agencies.

## Client Charter

- Round the clock service is provided in receiving corpses from within or outside the hospital.
- Post mortem cases not requiring the presence of a specialist to be completed within 1-4 hours.
- Corpses from ward to be brought to mortuary after 1 hour of notification.
- Corpses for non medico legal cases to be released to next of kin within 1 to 3 hours after being received from ward.
- Medico legal post mortem cases not requiring the presence of a specialist to be conducted within 24hours of receiving the POL 61 form.

# Achievment & Award



# 2.4

## WOMEN AND CHILDREN'S

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# 2.4.1

## OBSTETRICS & GYNAECOLOGY DEPARTMENT

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# Introduction

- 1.1 Obstetrics and Gynaecology services are one of the major clinical specialties Services provided by Ministry of Health hospitals.
- 1.2 As the biggest health care provider in the country, hospitals in the Ministry of Health plays an important leading role in development and provision of Obstetrics and gynecology services in Malaysia.
- 1.3 Advancements in Obstetrics and Gynaecology and rapid development of Sub specialties require the support of a comprehensive and efficient service to provide optimum care to the patient.
- 1.4 This policy document encompasses key areas such as organization, human resource, standards in patient management, clinical governance and ethics.
- 1.5 This policy outlines standards in care, intents together with measurable outcomes in accordance to best practice and guidelines.
- 1.6 This policy shall be reviewed and updated every three years or earlier as the need arises.

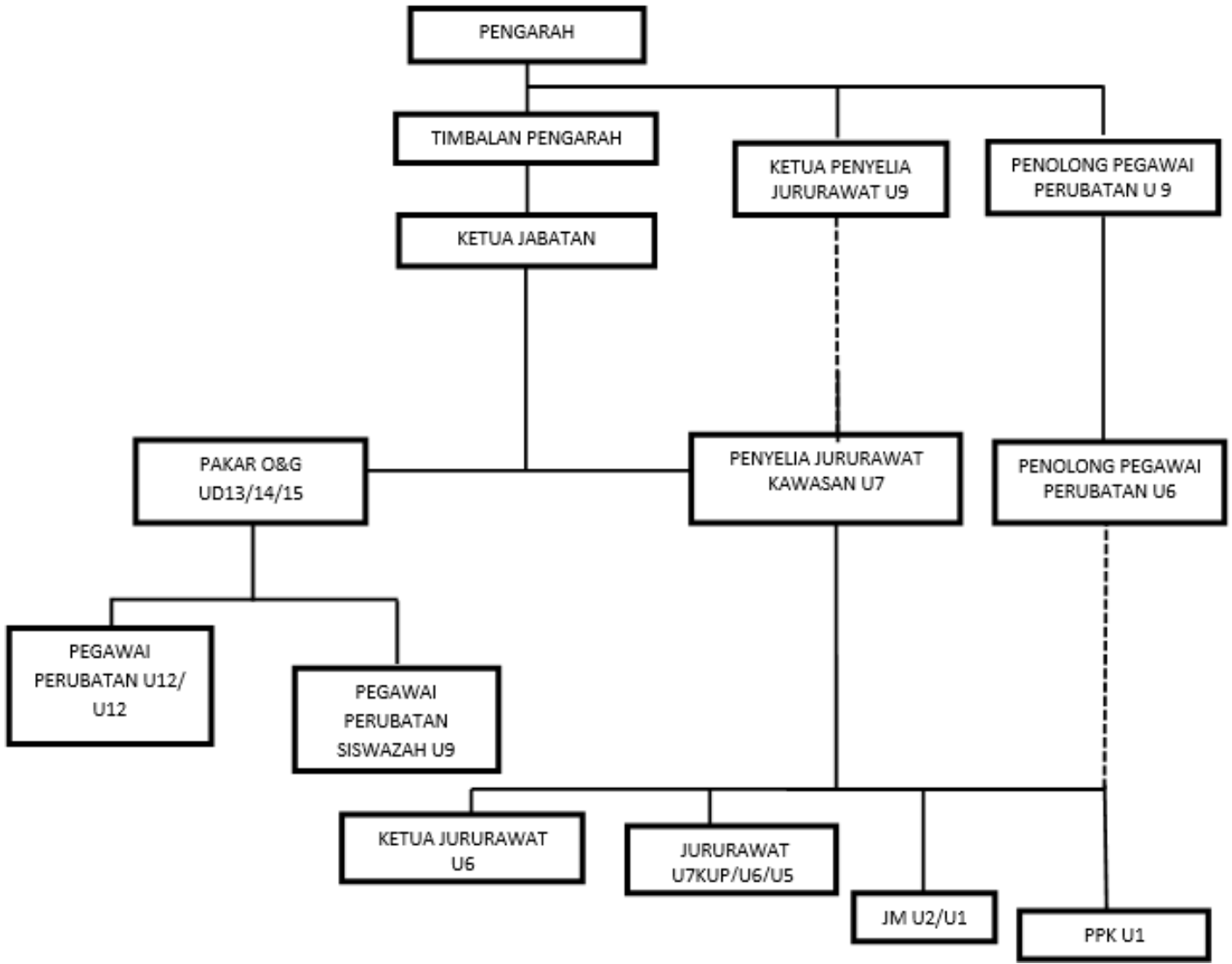
# Vision

- Our department strives to provide excellent and exemplary care, inspired by Professionalism, teamwork and outstanding performance.

# Missions

- To provide the best care to all our patients by being honest, professional, responsible and accountable
- To create a motivating work environment to encourage all colleagues to progress professionally together.
- To enrich patients' lives, inspire hope and encourage independence through patient education and health support system

# Organization Chart



# Service

Antara perkhidmatan yang terdapat di jabatan ini adalah seperti berikut :

- Rawatan pesakit dalam
- Rawatan Pesakit Luar
  - Klinik Obstetrik
  - Klinik Ginekologi
  - Klinik Penjagaan Harian
  - Klinik Perancangan Keluarga
  - Klinik Pre-Pregnancy
  - Combined clinic
  - Detail scan Clinic
- Rawatan subkepakaran-
  - MFM,
  - Gynae-onkologi,
  - Uroginekologi
- Pembedahan
  - Elektif Obstetriks
  - Elektif Ginekologi
  - Colposcopy
- Lawatan Pakar Ke Hospital/Klinik lain
  - Hospital Mukah
  - Klinik Kesihatan Sungai Asap

# Achivement & Award

## HPIA/KPI FOR YEAR 2024

There are 6 Indicators being monitored by individual wards / clinic. Overall for the year 2023, most of the indicators were within standard range.

OBSTETRIC AND GYNAECOLOGY						
TYPE	NO	INDICATOR	STD	JAN-JUN	JUL-DEC	TOTAL
D	1	Percentage of mothers with eclampsia administered Magnesium Sulphate (MgSO <sub>4</sub> )	≥ 90%	0/0 (100%)	2/2 (100%)	2/2 (100%)
D	2	Percentage of massive postpartum haemorrhage (PPH) incidence in cases delivered in hospital	≤ 0.75%	7/1521 (0.46%)	4/1642 (0.56%)	11/ 3163 (0.05%)
I	4	Percentage of unrecognised ureteric injury intraoperatively during benign gynaecological conditions.	< 1.5%	0/29 (0%)	0/21 (0%)	0/50 (0%)

## Hand hygiene Report 2024

Audit is done based on observation. The numerator is the number of actions (Wash or Handrub) being done. The denominator is the number of opportunities (based on 5 moment of Hand hygiene). The result for the department is as below.

WARD	JAN - JUNE	JULY - DEC
MATERNITY 1 & 2 (Obstetrics and Gynaecology department)	100%	96.66%
LABOUR SUITE	100%	100%

# Achivement & Award

## Medication Audit Report in the ward for year 2024

This audit is done 3 times a year to evaluate and assess the handling, storage and compliance of in medication stewardship

No.	Ward	1/2024 (15—26 Julai)	2/2024 (14 November)
1	Labour Suite	96.30%	96.30%
2	Maternity 1	96.15%	96.15%
3	Maternity 2	90.12%	90.12%

## Infant feeding report (Baby Friendly Hospital) for year 2024

Type of Data	Jan – June		July - Dec	
	Total	%	Total	%
<b>Total number of babies discharge in the period of data collection</b>	1508	-	1729	-
<b>Type of delivery:</b>				
a) Vaginal	1170	77.6%	1217	76.1%
b) Caesarean section without general anaesthesia	330	21.9%	377	23.6%
c) Caesarean section with general anaesthesia	8	0.5%	5	0.3%
Skin-to-skin contact starting within 5 minutes of birth (or ability to respond) for at least an hour, with offer of breastfeeding help	1079	<b>71.6 %</b>	1120	<b>70 %</b>
<b>Type of feeding: (Total should equal 100%)</b>				
a) Exclusive breastfeeding (no supplements)	1094	<b>72.6%</b>	1153	<b>72.1%</b>
b) Mixed feeding (breastfeeding and supplements)	409	27.1%	439	27.5%
c) Replacement feeding (no breastfeeding, other liquids or food given)	5	0.3%	7	0.4%
<b>HOW BABIES ARE FED:</b>				
a) Breast	1499	<b>99.4%</b>	1587	<b>99.2%</b>
b) Bottle	8	0.5%	10	0.6%
c) Cup	359	23.8%	420	26.3%
d) Other (eg. OG tube)	128	8.5%	101	6.3%
<b>BABIES LOCATION</b>				
a) Rooming in/ bedding in	1508	100%	1597	99.8%
b) Nursery / observation room	0	0%	-	-%
c) Special Care Unit	0	0.0%	160/1	0.1%

# Achivement & Award

## TOTAL OF STAFF ATTENDED COURSES RELATED TO OBSTETRIC AND GYNAECOLOGY FOR YEAR 2024

NO.	COURSE	DATE & (NO.OF DAYS)	VENUE	TOTAL STAFF
1	CTG Workshop	19.02.2024	Hospital Bintulu	12 Dr/Nurses
2	Episiotomy course	20.05.2024	Hospital Bintulu	16 Dr /Nurses
3	Neonatal Resuscitation Course	1) 22-23.01.24 (2 days) 2) 25-26.03.24 (2 days) 3) 20-21.05.24 (2 days) 4) 15-16.07.24 (2 days)	8th edition  Seminar Room Hospital Bintulu	12 staff  (1-2 staff each time)
4	International Midwives Conference	4-5 May 2024	Park City Everly Hotel	22 Orang pakar,Doktor, Nurses
5	Episiotomy	May 20, 2024	Hospital Bintulu	18 Orang Dr/Nurses
6	Obstetris & Gyneacologi update	Oct 15, 2024	Hospital Bintulu	12 Dr/Nurses

## TOTAL OF BREASTFEEDING COURSE AND NUMBER OF STAFF ATTENDED

NO.	COURSE	DATE & (NO.OF DAYS)	VENUE	O&G STAF/ TOTAL	TOTAL STAFF BEING TRAINED TILL DEC 2024	
					Jan- Jun	July - Dec
1	20 HRS BFHI course for paramedics	1. 27/4/16/4/29/4/24 2) 11	Seminar Room 2 Hospital Bintulu	22 orang	Jan- Jun	July - Dec
				27 orang	98.46%	99.20%
2..	Refresher Course on BFHI	1) 17/09/24	Seminar Room Hospital Bintulu	26 orang	143/157 (91.10%)	
3	Breastfeeding week	02 Ogos 2024	Boulevard Shopping Mall	100 orang	Public & mother	
4	Bukan klinikal	1) 18/10/24	Seminar Room Hospital Bintulu	26 orang	59/71 (81.90%)	

# Achivement & Award

## World Breast Feeding Week

The annual world's breastfeeding week at hospital level was held on 02.08.2024 at Boulevard Shopping Mall Bintulu. Was officially opened by Mr. Taddy Ajin Special Administrative Officer to Deputy Minister For Infrsatructure & Port Development Sarawak On behalf Dato Majang Renggi Deputy Minister For Infrastructure & Port Development Sarawak (Port Development) Throughout the week, information on breastfeeding were displayed at Lobby Shopping Mall and maternity ward hospital area. Staff and Mothers attended with good respond.

Obstetrics and Gynaecology department annual dinner 2024 was held on 05.10.2024 at Park City Everly Hotel the objective is to strengthen relationships among staff at Obstetrics and Gynaecology departments

Christmas Decoration competition among The Department Hospital Bintulu Obstetrics and Gynaecology Department Campion and 1st Run Up For year 2024

Patients Safety Week competition among The Department Hospital Bintulu Obstetrics and Gynaecology Department Campion video competition for improving Diagnosis for patient safety

Infection control week – competition among The Department Hospital Bintulu Obstetrics and Gynaecology Department 1st runner up video competition hand hygiene

# Achivement & Award

Opening speech by Mr. Taddy Ajin Special Administrative Officer to Deputy Minister for Infrastructure & Port Development Sarawak



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# Achivement & Award

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Christmas Decoration competition among The Department Hospital Bintulu  
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# Achivement & Award

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# Achivement & Award

Some Picture taken During Dato Fatimah Visit To Obstetrics Dan Genecology department



Breastfeeding course for year 2024 two for 20hrs, one refresher course and two for non clinical course total five course for year 2024



# Achivement & Award

O&G update 14.10.2024



International Midwives Day at park City Everly Hotel Bintulu Organize by Sarawak midwives association collaboration with Obstetric & Gynecolgy department 4-5 Mei 2024



# 2.4.2

## PAEDIATRIC DEPARTMENT.

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# Introduction

Paediatric Department consists of general Paediatric Ward, Special Care Nursery (SCN), Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU). The Paediatric Department of Bintulu Hospital cares for children from the division of Bintulu which includes Bintulu, Tatau, Sebauh, Mukah and Dalat districts. However due to geographical reasons, children from Belaga and surrounding areas including Kapit division are also referred here.

A) General Paediatric Ward started its operation on the 21<sup>st</sup> May 2000. The Paediatric inpatient services are rendered through the Paediatric Ward, Special Care Nursery, Neonatal Intensive Care Unit and Paediatric Intensive Care Unit. The sole paediatric ward is shared among the various departments including Paediatric Medical, Surgical, Orthopaedic, Ophthalmology and ENT.

B) The Special Care Nursery was initially combined with Paediatric Ward in year 2000. It started operating on 18<sup>th</sup> November 2002 with a total number of 10 official beds, which was reduced from the original 16 beds on 1<sup>st</sup> January 2019, when 6 beds were gazetted to the newly established Neonatal Intensive Care Unit (NICU). The Special Care Nursery provides Level 1 to Level III care for neonates and occasional ill paediatric patient when an General Intensive Care Unit bed is not available.

C) The NICU comprised of 6 bays/beds, in the front of SCN, with Level 3 provisions. We also occasionally accommodate ill paediatric patient during times when the General ICU beds are not available.

D) Paediatric Intensive Care Unit started its service on the 1<sup>st</sup> of February 2023. The bed capacity is 4 gazetted ventilated beds. We also occasionally accommodate ill neonates patient during times when the Neonates ICU beds are not available. Critically ill children are occasionally nursed in the shared 5-bedded General Intensive Care Unit.

# Vision & Mision

## MISSION

To safeguard children's wellbeing through health and nutrition promotion, while providing best care and rehabilitation for ill children.

## VISION

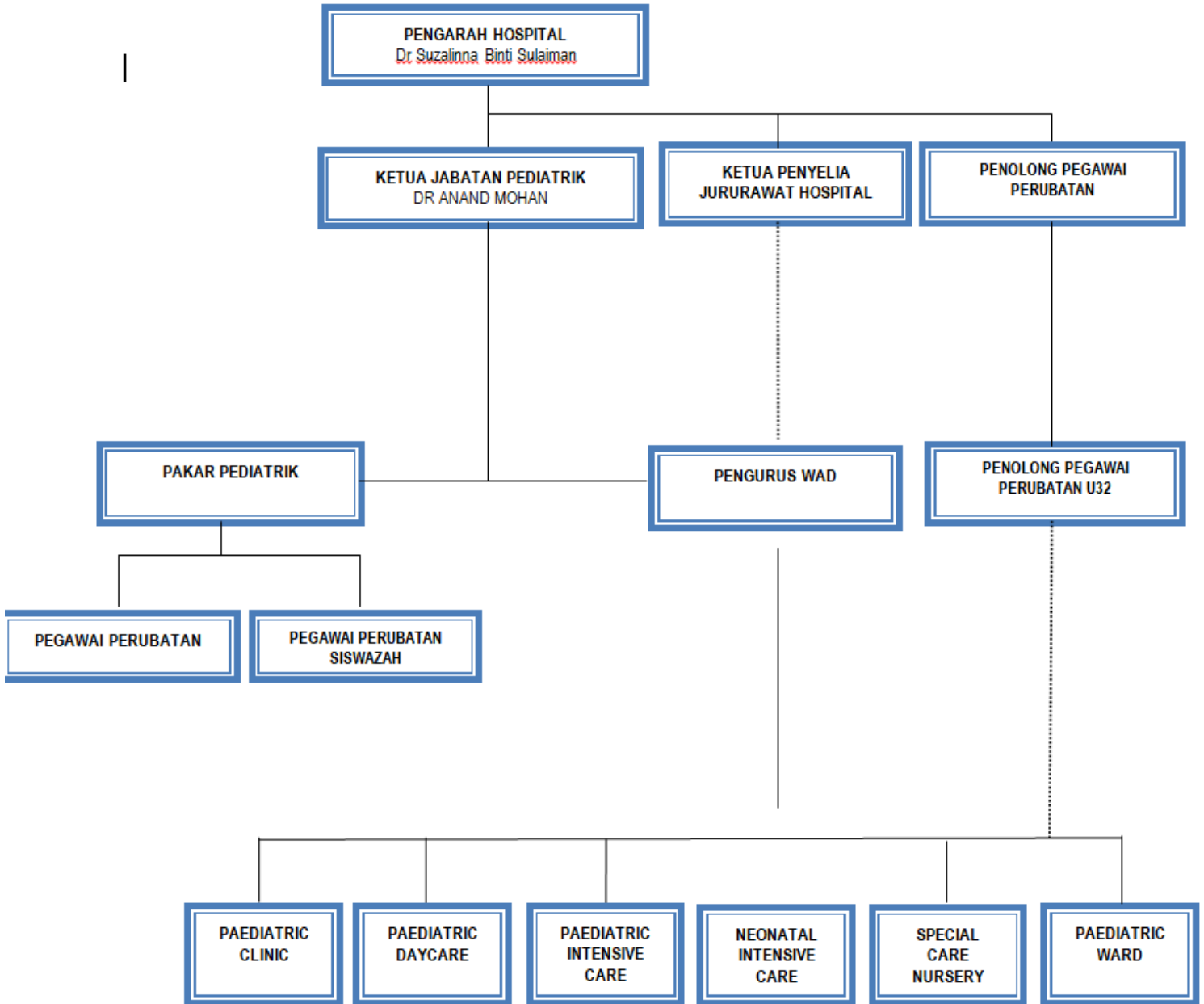
For children to achieve their best potential in life by having good health and nutrition

## OBJECTIVES

In trying to achieve our vision of healthy children, we hope to utilize all facilities available in our healthcare system to the fullest.

- 1.Starting health promotion for children in the antenatal period, by providing good antenatal care and educating mothers regarding infant nutrition and childcare.
- 2.Establishing well clinics, in concert with national programs, to safeguard children's health and to detect problems at an early stage.
- 3.Providing easy access through the health clinics to paediatric specialist care, by referrals and visiting clinics.
- 4.Providing good quality in-hospital care for all sick children, hand-in-hand with the other departments in Hospital Bintulu; and timely referrals to other hospitals when further care is needed.
- 5.Continuous education of doctors and support staff, to keep abreast with current trends of management and to support medical officers in pursuit of specialization in paediatrics.

# Organization chart



# Service

## 1. Services

### 4.1 Paediatric Intensive Care Unit (PICU)

The minor renovation of PICU completed in Nov 2022 and officially operated on 1 Feb 2023. Staff nurse have undergone Latihan Sangkutan in Sarawak General Hospital Paediatric Intensive Care Unit (PICU) for a period of 1 month to get proper training and hand on under the supervision of Paediatric State Intensivist Dr Chor by phases as a measure to provide knowledge, skill and confident in nursed critically ill paediatric patient..On top of that we have send nurses for PICU Post Basic and special in-service training module like Basic Course for PICU Nurse, Malaysian Paediatrics Life Support (MPLS) Course, Neonatal Resuscitation Program (NRP) and Basic Life Support (BLS).

Paediatric Intensive Care Unit provides care for the critically ill Medical, Surgical, and post operative patients requiring intensive monitoring and intervention or advanced life support. The nurse to patient ratio shall be 1: 2 for non ventilated patients and 1: 1 for ventilated patients.(KKM Operational Policy Guidelines 24 April 2008)

### 4.2 Suspected Child Abuse and Neglect (SCAN)

SCAN case were admitted to Paediatric Ward for screening, physical examination, treatment and counselling by the Paediatrician, Obstetrics & Gynecology Specialist, Forensic, Police, Social and Welfare Department and other services. The patient will stay in the ward while waiting for further management. However if the Paediatric Ward are fully occupied, then the SCAN case will be lodged in Female Surgical Gynae Ward.

### 4.3 Cluster Hospital Program

Cluster Hospital Western Sarawak (SABAR) consists of Hospital Bintulu (lead hospital), Hospital Mukah and Dalat (non lead hospital). Paediatric Service of SABAR was introduced to improve quality of care to patients at non lead hospital (NLH), as well as to give appropriate and fast resuscitation to critically ill childs before stepping up to lead hospital (LH), to improve competency of paramedics and medical officer at NLH and to step down patients to NLH within stipulated time.

MO attachment at LH for 1 month was initiated since June 2022 whenever feasible. Visiting Specialist and team to Cluster Hospital (Hospital Mukah and Hospital Dalat),

2 monthly was started since June 2022

# Service

## 1. Services

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Paediatric Intensive Care Unit provides care for the critically ill Medical, Surgical, and post operative patients requiring intensive monitoring and intervention or advanced life support. The nurse to patient ratio shall be 1: 2 for non ventilated patients and 1: 1 for ventilated patients.(KKM Operational Policy Guidelines 24 April 2008)

### 4.2 Suspected Child Abuse and Neglect (SCAN)

SCAN case were admitted to Paediatric Ward for screening, physical examination, treatment and counselling by the Paediatrician, Obstetrics & Gynecology Specialist, Forensic, Police, Social and Welfare Department and other services. The patient will stay in the ward while waiting for further management. However if the Paediatric Ward are fully occupied, then the SCAN case will be lodged in Female Surgical Gynae Ward.

### 4.3 Cluster Hospital Program

Cluster Hospital Western Sarawak (SABAR) consists of Hospital Bintulu (lead hospital), Hospital Mukah and Dalat (non lead hospital). Paediatric Service of SABAR was introduced to improve quality of care to patients at non lead hospital (NLH), as well as to give appropriate and fast resuscitation to critically ill childs before stepping up to lead hospital (LH), to improve competency of paramedics and medical officer at NLH and to step down patients to NLH within stipulated time.

MO attachment at LH for 1 month was initiated since June 2022 whenever feasible. Visiting Specialist and team to Cluster Hospital (Hospital Mukah and Hospital Dalat),

2 monthly was started since June 2022

# Achievement & Award

## Neonatal Resuscitation Programme (NRP Edition 8)

NRP is done monthly with 10 participants per session, conducted by a trained pediatrician (instructor) to teach neonatal resuscitation to health care professionals who are involved in care of newborn. This includes nurses from NICU/SCN, O&G Department, Emergency Department and private medical centers, Paediatric Medical Officers and House Officers, Medical Assistant, Medical Officers from district hospitals and Klinik Kesihatan. Participants will get hands on experience to perform neonatal chest compression, positive pressure ventilation, intubation, emergency drug dilution and administration.



# Achievement & Award

## Malaysian Paediatric Life Support (MPLS)

First MPLS was organized successfully in Bintulu Hospital by paediatric department on 18th and 19th September 2023. This programme involved instructors from paediatric department and other hospitals. The objective of this course is provide the knowledge and skills necessary for recognition and effective treatment and stabilization of children with life threatening emergencies, using a structured, sequential approach. There were 24 participants, involving medical officers and nurses from paediatric department Hospital Bintulu, and from district hospitals to create awareness on Paediatric resuscitation.



# Achievement & Award

“World prematurity day 2023 Hospital Bintulu” was held on 25th of November 2023 in Seminar room Hospital Bintulu. The objective of this event is to honour and celebrate all the premature babies who were delivered in Hospital Bintulu, to provide a platform for ex preemies to showcase their talents and create awareness about prematurity.

Ten ex-preemies were invited together with their parents to celebrate this day. Besides that, a talk on development of children, red flags and autism was delivered by an experienced occupational therapist.



# Achievement & Award

## DEPARTMENT CME AND BEDSIDE TEACHING SESSION

Department CME and bedside teachings session are done regularly 2-3 weeks once to provide opportunity to medical officers and house officers to broaden knowledge and to keep updated about the latest clinical practice in paediatrics.



# Achievement & Award

“Autism awareness day” was co-organized with Occupational therapist team at lobby Hospital Bintulu on 14/3/2023. The participants that involved were parents, teachers and public. Various activities were carried out for children, experience sharing by parents and talk by experts from various team (involving occupational therapist and speech therapist) in autism spectrum disorder. The objective of the event is to increase awareness among public about autism spectrum disorder among children.

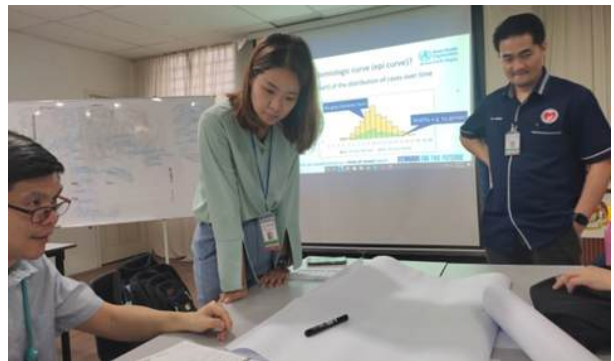


# Achievement & Award

## PERHIMPUNAN BULANAN HOSPITAL



## AMR WORKSHOP ORGANIZE BY INFECTION CONTROL UNIT



# Achievement & Award



# 3.0

# SUPPORT SERVICES

# DIRECTORATE

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# 3.1 CLINICAL

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# 3.1.1

## PHARMACY DEPARTMENT.

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# Introduction

The Pharmacy Department, headed by the Chief Pharmacist, is a clinical support unit within the hospital organization dedicated to provide pharmaceutical care for the patients. The Pharmacy Department is responsible for the overall administration of the pharmacy services including Logistics Pharmacy, Inpatient Pharmacy, Clinical Pharmacy, Out Patient Pharmacy, Satellite Pharmacy, Clinical Pharmacokinetic (Therapeutic Drug Monitoring), Drug Information Service Pharmacy and Production Unit. It is also responsible for implementing the policies and procedures within the department, organization, human resources, action plans, provision of finance, supervision of various pharmacy services and report progress in achieving the objectives of the department. The pharmacy service is organized to support the mission of the hospital and the needs of the patient. It should be developed to optimize patient care and to provide rational drug therapy within the resources available.

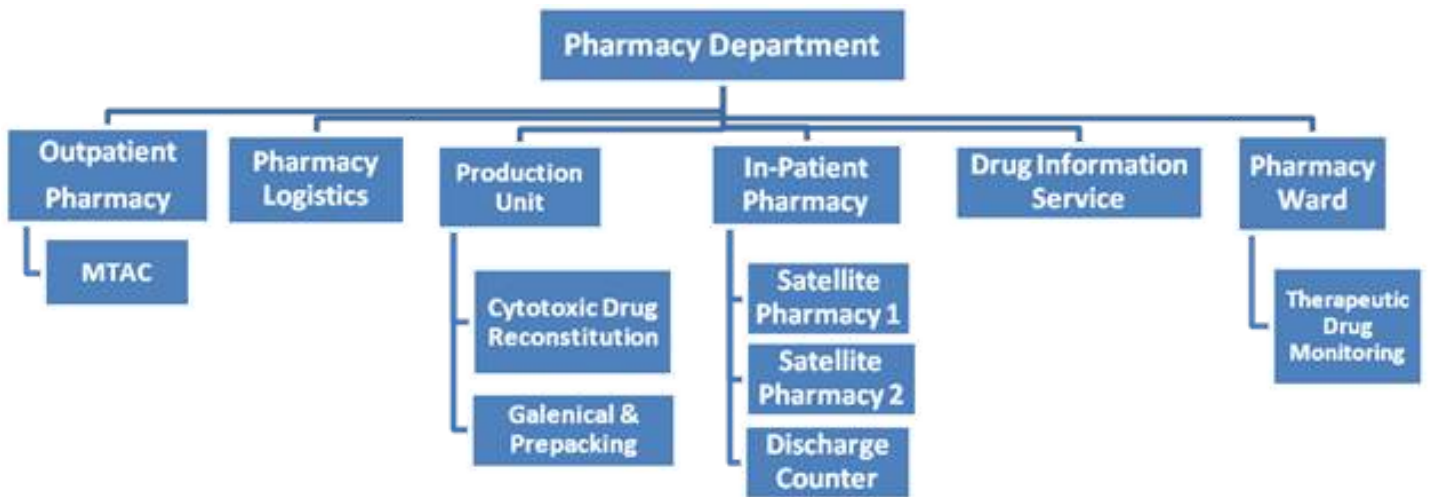
# Vision

The vision of pharmacy services is to enhancing our nation's health through excellence in the practice of pharmacy

# Mission

- Uphold legislations and improve policies to ensure quality of pharmaceutical Products and services.
- Ensure effective and responsive organisational system towards sustainable quality Services.
- Build capabilities and professionalism through talent development and workforce empowerment.
- Intensify collaboration towards best practices and standards.

# Organization Chart



## **PHARMACY LOGISTICS (PHARMACY SUPPLY SERVICE)**

- The Hospital Pharmacy Store procures as well as supplies pharmaceutical, medical and surgical requirement to all units within the hospital.

## **IN-PATIENT PHARMACY SERVICE**

- The in-patient pharmacy is the main primary unit, which supplies drugs to patient in the wards and specialist units / clinics in a hospital.
- It also supplies drugs to discharge patient from wards, to the out-patient from the accident & emergency unit and to follow-up patient from other hospital.

## **OUT-PATIENT PHARMACY SERVICE**

- Out-patient pharmacy dispenses drugs to out-patient from the specialist clinics in hospital.

## **SATELLITE PHARMACY SERVICE**

- A satellite pharmacy is a special pharmacy unit located near the ward supplies drugs to patient in the wards.

## **DRUG INFORMATION SERVICE**

- This service encompasses activities such as advising patients on the administration of drug and providing precise and accurate information to the medical practitioner as to assist them in prescribing drug more appropriately. It also involves in processing applications of special drugs that need approval and assists in continuous professional development of all staffs.

## **CLINICAL PHARMACOKINETIC SERVICE**

- Involves measurement of the concentration of drug in the serum. The most suitable drug regimen for the particular patient can be recommended by pharmacist to the doctor based on the pharmacokinetic parameters of drugs.

## **WARD PHARMACY SERVICE**

- A service provided by pharmacist by assisting medical officers to incorporate specific drug information into patient drug regimen, and to plan for related clinical pharmacy services, as mentioned previously in order to optimize pharmacology treatment in a particular patient. It also provides patient counseling service to teach and resolved problems encountered by the patient pertaining drug usage and administration.

## **CYTOTOXIC DRUG RECONSTITUTION SERVICE**

- Involves in the production of sterile and non-sterile preparations, as well as the reconstitution of chemotherapy drugs.

## **MEDICATION THERAPY ADHERENCE CLINIC**

- Is operated by pharmacists who provide drug therapy monitoring and patient's education in improving their ability to successfully manage disease condition and prevent debilitating symptoms together with reducing the likelihood of medication errors.

# Achievement & Award



# Achievement & Award



# Achievement & Award



# 3.1.2

## MEDICAL SOCIAL WORK DEPARTMENT.

---



# Introduction

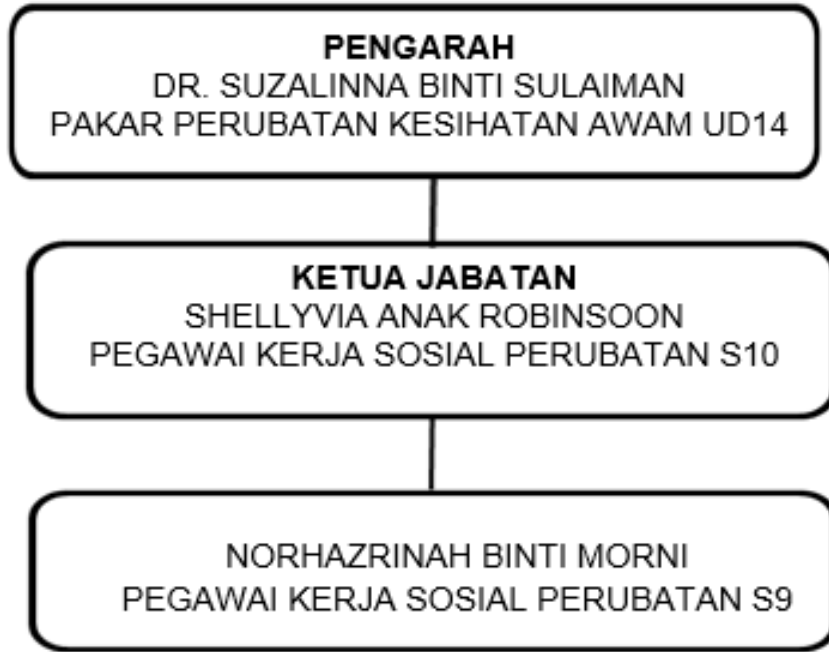
The Medical Social Work Department role is to manage the patient need of psychosocial/emotional, social and economy due to the illness they are suffering. This is to ensure that they will able to recover as proactive and independent individual in the society. One of the objectives of this unit is to provide services base on confidential patient information, caring and effective that will aid the patient to overcome emotional and other problems that will affect their recovery process. This social treatment process is to help the patient to get the maximum treatment in order to gain back functionalities. This department provides service to all without any discrimination of age, gender, race, religion and economy status. All the patient information and particular is confidential and only be given to those who have been authorized. Every case will be viewed within 24 hour on working day.

# Vision & Mission

- Ensure patient, family and also community psychosocial need being fulfilled to achieve better health quality.
- Give excellent psychosocial services through practical aid and therapy support assistance.



# Organization Chart



# Service

Medical Social Work services give services to in-patient and out-patient in the hospital, institution and government clinic in Ministry of Health.

The services provided include:

- Practical Aids
  - Financial assistance (medical equipment/medication/treatment/transportation etc)
  - Institution placement
  - Tracking patient's family
- Therapy Support
  - Negotiation services
  - Emotional support
  - Crisis Intervention
- Assistance in term practical aids and therapy support given to cases as follow:
  - Child abuse and negligence
  - Unmarried mother
  - Domestic violence
  - Sexual abuse
  - Chronic disease
  - People with diasbility
  - HIV Positive/AIDS
  - Drug/Alcohol addict

# Achievement & Award

- Key Performance Indicator (KPI)

No	INDICATOR	TARGET	Reporting Frequency
1.	Percentage of early response time taken within 2 working days from the date of reference	> 95 %	Monthly
2.	Percentage of cases referred to the referral agencies within 5 working days after social intervention complete	>85%	Monthly

- Achievement for KPI 1 & 2

Year	KPI 1	KPI 2
Year 2020	99.25%	96.30%
Year 2021	99.84%	99.31%
Year 2022	99.61%	100%
Year 2023	98.81%	98.31%
Year 2024	98.59%	95.15%

# 3.1.3

## DIETETICS AND FOOD SERVICES UNIT.

---



# Introduction

The Dietetic and Food Service Department plays an important role as a source of good nutrition for all the patients in this hospital. The foodservice unit has ward patients' meals prepared daily via a hybrid system to ensure good quality and food hygiene in view of patients' benefit. Menu of the hospital diet are planned and therapeutic diets are available for patients with underlying medical conditions.

Food Service Unit had started its operation on 21st May 2000, when the new building of Bintulu Hospital had been operated. Meanwhile, the Dietetics Unit just only started on 2nd January 2002, when the first Dietitian had been posted in this hospital.

Dietitians of the department conduct nutritional counselling and education services to ward patients and outpatients of Hospital Bintulu. Each patient that referred for dietary service are accessed and evaluated, followed with evidenced based dietary management that tailored specifically to each patient. Nutritional status of patients is preserved via oral or nasogastric tube feeding.



## Case Report

### Nasopharyngeal melioidosis: a case report

Anand Mohan<sup>1,2</sup>, Lee-Chian Yeong<sup>1</sup>, Guhan Kumarasamy<sup>3</sup>, Kamilah Manan<sup>4</sup>

<sup>1</sup> Department of Pediatrics, Bintulu Hospital, Ministry of Health Malaysia, Bintulu, Sarawak, Malaysia

<sup>2</sup> Institute of Health and Community Medicine, Universiti Malaysia Sarawak, Kota Samarahan, Sarawak, Malaysia

<sup>3</sup> Department of Otorhinolaryngology, Bintulu Hospital, Ministry of Health Malaysia, Bintulu, Sarawak, Malaysia

<sup>4</sup> Department of Radiology, Bintulu Hospital, Ministry of Health Malaysia, Bintulu, Sarawak, Malaysia

#### Abstract

A 12-year-old boy was admitted after 11 days of fever and 2 days of nasal obstruction as well as swelling of a right cervical lymph node. Nasal endoscopy and computed tomography of the neck showed a nasopharyngeal mass occupying the entire nasopharynx, extending into the nasal cavity, and distorting the floor of the nasopharynx. Abdominal ultrasonography revealed a small solitary splenic abscess. Although a nasopharyngeal tumor or malignancy was initially considered, biopsy of the mass showed only suppurative granulomatous inflammation, and bacterial culture from the endonasal-cervical lymph node yielded *Burkholderia pseudomallei*. The nasopharynx, nasopharyngeal mass, and cervical lymph node enlargement resolved with intravenous-directed antibiotic therapy. Although rarely reported, the nasopharynx may be an important primary site of infection in melioidosis patients, especially in pediatric patients.

**Key words:** Melioidosis, *Burkholderia pseudomallei*, nasopharynx, nasal and neck.

J Infect Dev Ctries 2023; 17(11):884-890. doi:10.1017/jidc.171623

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#### Introduction

Melioidosis, caused by the gram-negative bacillus *Burkholderia pseudomallei*, is an important cause of mortality in adults and children in Southeast Asia [1,2]. In addition to the difficulties in laboratory diagnosis, the high mortality rate of melioidosis may also be related to difficulties in the clinical recognition of the disease [3]. For example, in children with culture-confirmed melioidosis and a case fatality rate of 24% in Sarawak, Malaysia, delays in diagnosis and initiation of melioidosis-appropriate antibiotic treatment were reported in nearly 90% of cases [2]. Difficulties in the clinical recognition of melioidosis occur due to the broad clinical spectrum of the disease and nonspecific presentation; in fact, melioidosis has been described as a great mimicker of disease [4,5]. Additionally, the prevalence of organ site involvement differs between adult and pediatric age groups, and it also differs between geographical regions [6-8]. These variations in organ site involvement and presenting manifestations are caused by differences in host risk factors, route of infection, bacterial load and strain, and the presence or absence of specific *B. pseudomallei* virulence genes [3]. Furthermore, rare disease manifestations are

occasionally observed, further complicating the diagnostic process [9].

The nasopharynx and oropharynx are extremely common sites of disease, both in children and adults. These sites may be affected by various pathological processes, from some of the most common infections in humans, such as those caused by respiratory viruses or gram-positive bacteria, to tumors and malignancies. In this report, we describe a child who was found to have a nasopharyngeal mass following presentation with fever, nasal obstruction, and cervical lymph node enlargement and who was ultimately diagnosed with culture-confirmed melioidosis.

#### Case presentation

A 12-year-old boy presented with an 11-day history of high-grade fever and 2 days of nasal obstruction and right-sided neck pain. He also developed new-onset swelling during this time. He initially sought treatment in a nearby government health clinic but received no antibiotics. He resided in a rural interior region and had a history of regularly swimming in a man-made pond used for raising freshwater fish.

Physical examination revealed a boy with normal growth parameters but a high-grade fever. He had

# Vision

Dedicated in developing clinical dietetics, food service, and health promotion for community which in line with the hospital and MOH's vision and mission. Management system will focus on innovation, technology and latest knowledge towards continuation of quality service improvement.

# Mission

## Clinical Dietetic:

Providing clinical dietetics, community and public health dietetics, dietetic research and dietetic catering services to clients by prioritizing innovation, technology and the latest practices towards continuous quality improvement.

## Food Service:

Provide clean, safe and healthy food services optimally and promote food services to the community through expertise through continuous learning and research in line with the latest technological developments.



### Case Report

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**Key words:** Melioidosis, *Burkholderia pseudomallei*, nasopharynx, head and neck.

J Infect Dev Ctries 2023; 17(11):894-896. doi:10.1017/jidc.2023.17623

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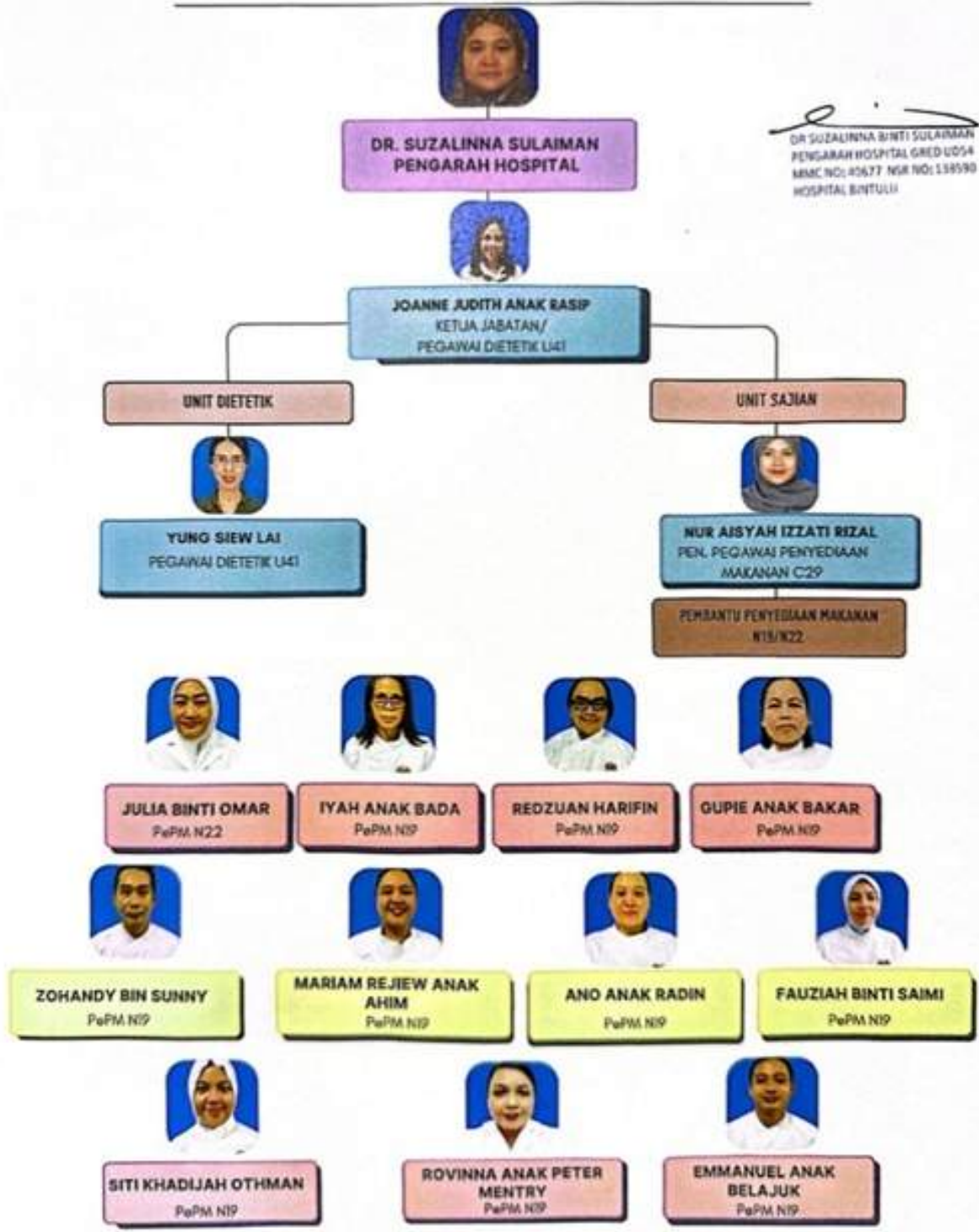
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Physical examination revealed a boy with normal growth parameters but a high-grade fever. He had

# Organization Chart

**CARTA ORGANISASI JABATAN DIETETIK DAN SAJIAN HOSPITAL BINTULU**



*DR. SUZALINNA BINTI SULAIMAN*  
 PENGARAH HOSPITAL GRED U054  
 MMC NO: 43677 NUR NO: 138590  
 HOSPITAL BINTULU

KEMASKINI 26/8/2024

# Service

## DIETETICS SERVICE

- Provide dietary services to clients referred by medical practitioners based on the steps in the nutrition care process (Nutrition Care Process) which includes assessment, diagnosis, intervention and monitoring and re-evaluation of nutrition including documentation. These services are provided to clients individually or in groups covering the following services:
  - i. Diet Consultation Services
  - ii. Nutrition Support Services
  - iii. Nutrition Education
- Provide and conduct talks, training, continuing education, and expert services in the field of dietetics upon request for both inpatients and outpatients cases.
- Engage in studies and research in line with clinical or service needs

## FOOD SERVICE

- The function of food service is to provide food based on the type of diet, namely normal diet, consistency modification diet, and therapeutic diet. The patient's food is four (4) times a day, namely Breakfast, Lunch, Afternoon, Tea, and Dinner.
- The scope of food services is as follows:
  - i. Ordering, receiving, storing, processing, and control the quality of food supplies.
  - ii. Ensure that the normal diet and therapeutic diet served to first, second, third class patients and children based on dietary orders from the ward are safe, halal, good quality, adequate, and on time
  - iii. Ensure that first-class diets are served to Doctors and Paramedics in the Operating Room as well as Doctors on Call, depending on eligibility according to the latest circular
  - iv. Participate in research and studies related to food service
  - v. Monitor canteen facilities and hospital food outlets.

## CLUSTER SERVICE

- Dietetics
  - i. Provide dietary services to clients which referred by medical practitioners based on the steps in the nutrition care process (NCP) which includes assessment, diagnosis, intervention, and monitoring and re-evaluation of nutrition including documentation.

These services are provided to clients individually or in groups covering the following services:

- Diet Consultation Services
- Nutrition Education
- ii. Provide and conduct talks, training, and continuing education and expert services in the field of dietetics upon request.
- iii. Diet counselling will be held only for dietetics clinic (outpatient) and group counselling (outpatient).

# Achievement & Award



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# 3.1.4

## MEDICAL REHABILITATION- OCCUPATIONAL THERAPY UNIT.

---



# Introduction

- The Occupational Therapy Unit, Bintulu Hospital has been in operation since June 2000. This unit is managed by 10 Occupational Therapists, led by one Head of Unit and 9 Occupational Therapists assisted by a Health Care Assistant.

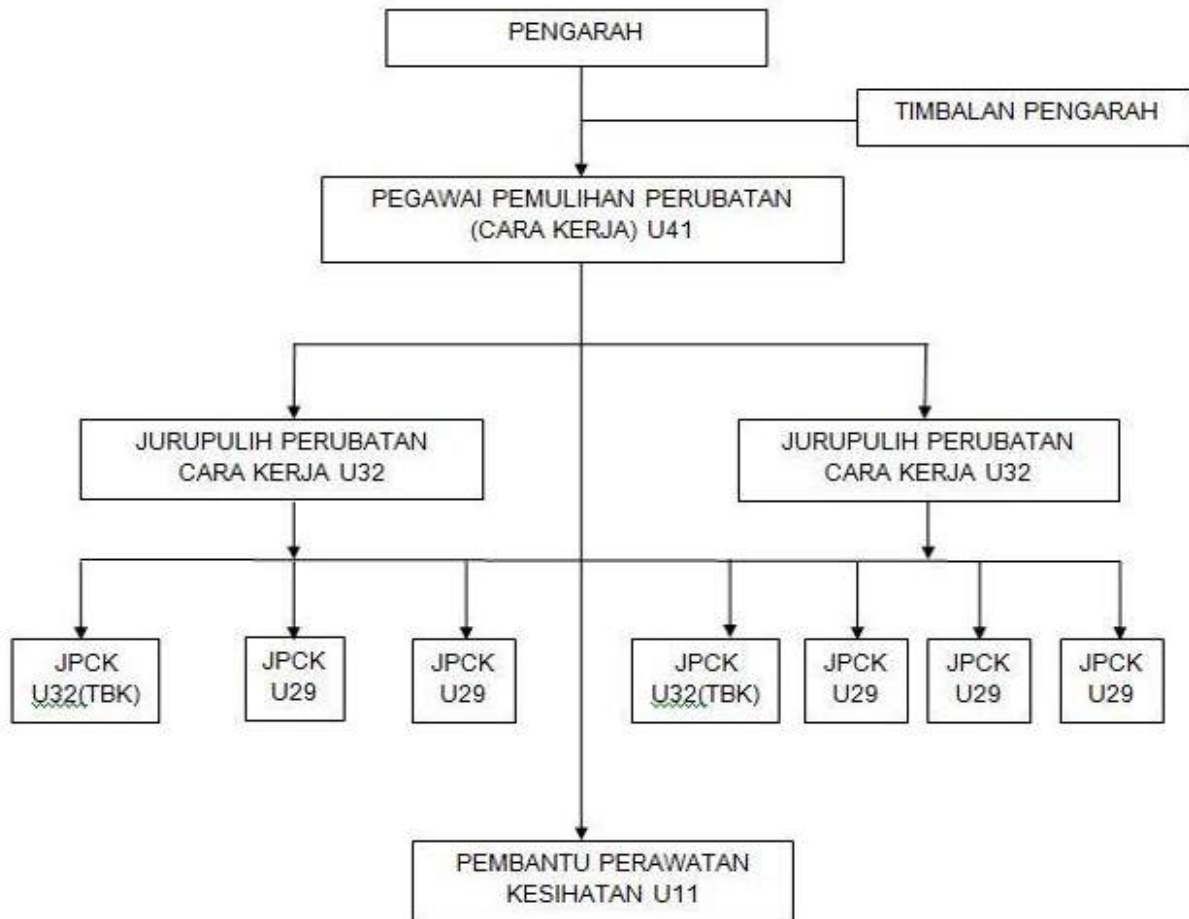
## Vision

- Meningkatkan kesihatan, kesehateraan dan kualiti hidup rakyat Malaysia melalui penglibatan di dalam aktiviti kehidupan seharian.

## Mission

- Menyampaikan Perkhidmatan Terapi Cara Kerja yang komprehensif, berkualiti dan boleh diakses oleh klien.
- Memperkasakan rakyat Malaysia dalam penjagaan kesihatan.
- Melahirkan tenaga kerja terapi cara kerja yang berdedikasi, professional dan berkepakaran tinggi.
- Mewujudkan sistem dan persekitaran yang kondusif bagi menggalakkan penglibatan dalam aktiviti kehidupan seharian.

# Organization Chart



# Services

This unit provides assessment, rehabilitation treatment, education and counseling to patients referred by doctors and other agencies so that patients can carry out daily life independently. The scope of services provided includes Occupational Therapy treatment for Orthopedic, Medical, Surgical, Burn, Pediatric, Psychiatric, Rehabilitation, Ophthalmology, Palliative patients and other referrals from time to time.

## Treatment Modalities

- Activities of Daily Living
- Aids and Adaptation
- Behavioural Management
- Cognitive and Perceptual Function
- Compression Therapy
- Creative Activities
- Development
- Education
- Hand and Upper Extremities
- Health Management
- Home/School/Work/Community Accessibility
- Instrumental Activities Daily Living (IADLs)
- Leisure
- Orientation and Mobility
- Patient and Caregiver Education and Training
- Physical Function
- Play
- Pre-Driving and Driving
- Sensory Function
- Sensory Integration
- Social Participation
- Splint and Orthosis
- Wheelchair
- Work

- Key Performance Index 1 (KPI 1) 2024

<b>KPI 1 Indicator:</b>	Percentage of stroke patients with improvement of Activities of Daily Living (ADL) independence after ADL intervention.	
<b>Optimal Target</b>	≥75%	
<b>Numerator (N)</b>	The total number of STROKE patients who have improved a minimum score of one level of dependency in MBI within 3 months of intervention	62
<b>Denominator (D)</b>	The total number of STROKE patients referred to Occupational Therapy (fulfill inclusion criteria)	62
<b>Rate: (N/D) x 100%</b>	100%	
<b>Total Patients Referred</b>	73	

- Key Performance Index 2 (KPI 2) 2023

<b>KPI 2 Indicator:</b>	Timely response within 24 hours by occupational therapist to inpatient referrals.	
<b>Standard</b>	≥95%	
<b>Numerator (N)</b>	Total number of in-patient receiving intervention by occupational therapist within 24 working hours.	764
<b>Denominator (D)</b>	Total numbers of in-patients referred for Occupational Therapy services.	764
<b>Rate: (N/D) x 100%</b>	100%	

- Key Performance Index 3 (KPI 3)

<b>KPI 3 Indicator:</b>	Timely response within 3 working days by Occupational Therapist to out-patient referrals.	
<b>Standard</b>	≥95%	
<b>Numerator (N)</b>	Numbers of new out-patients given appointments within 3 working days for first consultation by Occupational Therapist.	537
<b>Denominator (D)</b>	Total numbers of outpatients referred for Occupational Therapy services.	537
<b>Rate: (N/D) x 100%</b>	100%	

- Key Performance Index 4 (KPI 4)

<b>KPI 4 Indicator:</b>	Percentage increase in hand prehension ability for hand and upper limb injury cases within 3 months	
<b>Optimal Target</b>	≥85%	
<b>Numerator (N)</b>	Number of new referral outpatients who achieved full hand prehension ability scores within 3 months of treatment	47
<b>Denominator (D)</b>	Number of new outpatient referrals for hand and upper limb injuries who received Occupational Rehabilitation services	47
<b>Rate: (N/D) x 100%</b>	100%	
<b>Total Patients Referred</b>	238	

# 3.1.5

## MEDICAL REHABILITATION- PHYSIOTHERAPY UNIT.

---



# Introduction

## INTRODUCTION

Physiotherapy Department is responsible in providing a quality service within allocated resources which optimized independence, reduce impairment and enhance the life skill in a person with physical and developmental problems. Our service are concerned with facilitating the restoration of physical capacities that were lost or impaired due to injuries, illnesses or diseases so as to enable the person to live and work as normally and independently as possible.

## LOCATION

The Physiotherapy Unit of Bintulu Hospital is located at the Ground Floor next to Laboratory Department and facing the Paediatric Ward.

This Unit is accessible via main lobby straight to the lift and down to the ground floor, then once step out from the lift, just turn to the right, walk straight forward the lobby area. On the right side of the building can be seen to locate the Unit.

You may access the building via the Hospital Staff parking area near to the Hospital Canteen. After walking by the first building, walk through the corridor until the second stairs. Turn right and the sign above can be seen.

## VISION

To be the best Rehabilitation Centre

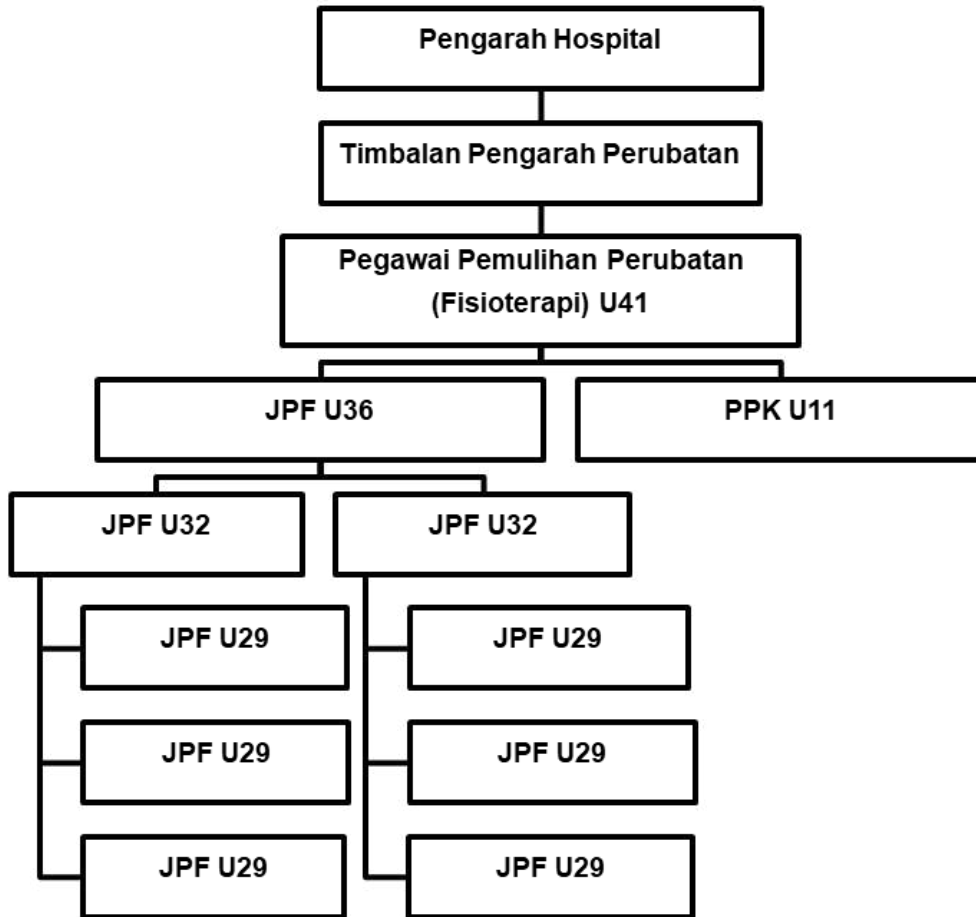
## MISSION

To provide continuous quality services and always fulfil the proficiency with combination of latest high technology equipment.

## OBJECTIVES

- 1.To organise continuous internal Physiotherapy Education (CPD) to improve skill and knowledge of all physiotherapist.
- 2.To encourage all Physiotherapists to attend courses, workshops, post basics that was organised from time to time.
- 3.To implement structured Health Education Program for patient.
- 4.To acquire modern, up to date and high technology equipment for the Unit
- 5.To provide rehabilitation services to patient until they achieve maximum functional ability based on individual condition.

# Organization chart



# Scope of services

## SCOPE OF SERVICES

The provision of Physiotherapy services to:

- i. In patients
- ii. Out patients
- iii. On call on Saturday, Sunday and public holidays (inpatient)
- iv. Other organisation bodies of relevance and when needed arise

Area covered for outpatient and inpatients are:

- i. Neuromusculoskeletal
- ii. Cardiorespiratory
- iii. Neurology rehabilitation
- iv. Paediatric
- v. Women & Men's Health
- vi. Sport injury
- vii. Spinal cord injury
- viii. Vestibular rehabilitation
- ix. Obesity management
- x. Amputee rehabilitation
- xi. Burn rehabilitation
- xii. Geriatric
- xiii. Lymphoedema
- xiv. Palliative care

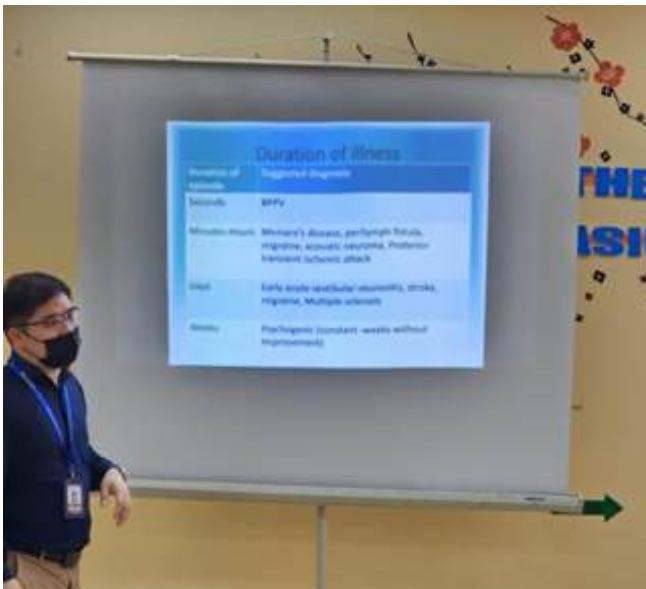
# Achievement & Award

## 1. IFITTER



# Achievement & Award

## Vestibular Rehab Course



# Achievement & Award

## World Physiotherapy Day



# Achievement & Award

Hari Sukan Negara



# 3.2

# NON CLINICAL

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# 3.2.1

## ENGINEERING & HOSPITAL SUPPORT SERVICES.

---



# Introduction

The Engineering Unit is part of the Bintulu Hospital Management Department. Currently, the Hospital Operations Engineer and an Assistant Engineer are responsible for overseeing and Executing all technical and engineering operations.

The primary accountability of this unit is to supervise six (6) services that the concession company offers, including facility management services (FMS), facility engineering maintenance services (FEMS), biomedical engineering maintenance services (BEMS), linen and laundry services (LLS), cleaning services (CLS), and healthcare waste management services (HWMS).

Additionally, the engineering unit is accountable for offering technical guidance on the planning of renovations, new construction, and expansions of existing facilities. It is also necessary for the engineering unit to oversee the ongoing project at the hospital.

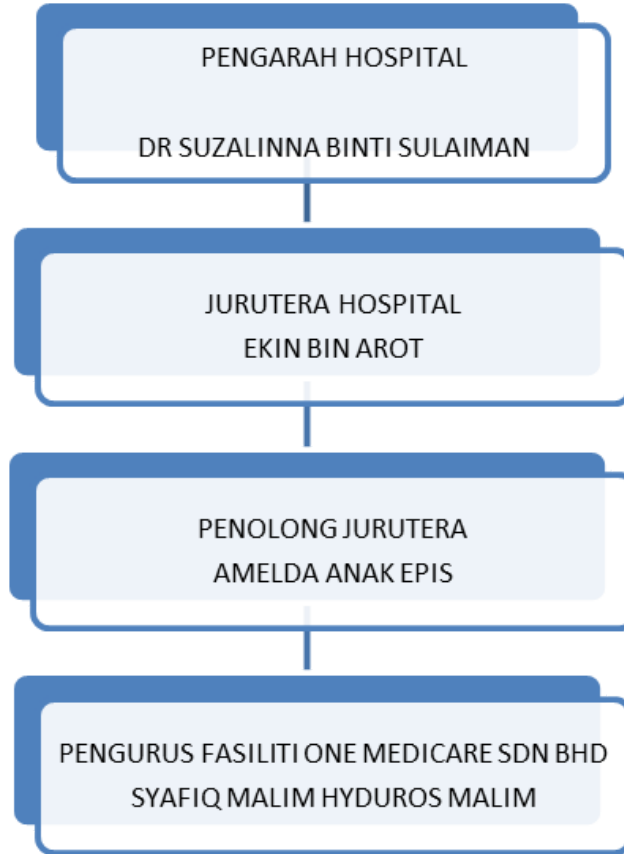
# Vision

- To ensure quality services by monitoring and coordinating hospital services.

# Mission

- Ensure that the privatization of hospital support services (HSS) for laundry and cleaning services, clinical waste management, facility and biomedical engineering is conducted in compliance with the Concession Agreement's requirements.
- To guarantee that the concession agreement's requirements are fulfilled in order to safeguard the interests of the Ministry of Health Malaysia and hospital users.
- Guarantee that the Hospital Support Services are safe, efficient, and systematic.

# Organization Chart



# Service

## Facility Management Services (FMS)

- Regulate HSS management & coordination which includes Facility Engineering Maintenance Services (FEMS), Biomedical Engineering Maintenance Services (BEMS), Linen & Laundry Services (LLS), Healthcare Waste Management Services (HWMS) and Cleansing Services (CLS) to ensure Hospital can operate well & safely.
- Manage HSS mobilization process for new health facilities (hospitals).
- Ensure registration of assets and engineering systems under HSS implemented in an orderly manner in the ASIS system.
- Ensure the operation of equipment, engineering systems & infrastructure is not affected.
- Provide technical advisory services and propose measures to resolve HSS related complaints

## Facility Engineering Maintenance Services (FEMS)

- Implement comprehensive maintenance and preventive maintenance plan according to the set schedule.
- Ensure action time and uptimes are based on requirements.
- Implement quality assurance program (QAP) on all systems and equipment. Form and maintain libraries to safely store drawings, manuals and other documents service related.

## Biomedical Engineering Maintenance Services (BEMS)

- Implement comprehensive maintenance and preventive maintenance plans according to the set schedule.
- Ensure action time and uptimes are based on requirements.
- Implement quality assurance program (QAP) on all systems and equipment.
- Form and maintain libraries to safely store drawings, manuals and other documents service-related. Conducting training to users.
- Detailed procedures for hazardous materials and contaminated equipment.
- Convening acceptance tests, character / safety tests and performance.

# Service

## **Linen and Laundry Services (LLS)**

- Linen goods and materials are standardized for the whole country and ensure adequate supply of linen.
- The quality of laundry must be based on approved standards and internationally certified.
- The process of collecting and transporting contaminated linen and delivery of clean linen is done based on detailed procedures.

## **Cleansing services (CLS)**

- The cleaning process is carried out by trained personnel covering all areas using proper equipment and chemicals that comply with the stipulations.
- Items are supplied in all areas, including public areas in the required quantity.
- Services include collecting waste through proper methods and using equipment appropriate and allocate facilities to be used as storage centres.

## **Healthcare Waste Management Services (HWMS)**

- Comprehensive segregation of clinical waste including classification and scheduling.
- Collection and disposal is submitted to licensed incinerators and using appropriate machinery.
- All equipment and goods are used in accordance with established requirements and standards.

# Achievement and Award

- Leadership in energy and Environmental Design (LEED) Gold awards
- EMGS 2-star award 2023
- EMGS 3-star award 2024
- Diamond Award Bintulu Sustainability Award 2024 (BiSA)

