

HOSPITAL KANOWIT PROFILE

2023



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KANOWIT HOSPITAL**

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MALAYSIA MADANI

Pengenalan

Malaysia MADANI merupakan suatu ikhtiar secara bersepadu dan holistik untuk menjadikan segala dasar dan pelaksanaan di Malaysia lebih manusiawi yang sentiasa ditambah baik menerusi musyawarah dan maklum balas rakyat.

Definisi

MADANI merupakan sintesis gaya Malaysia, yang menggabung jalin amalan sedia ada dengan kaedah baru yang direka untuk menangani isu-isu baru dan ketidakpastian. Enam nilai teras MADANI dicerakin sebagai kerangka dasar dan falsafah yang berkait rapat dan bersepadu, dengan setiap satu menguatkan yang lain. MADANI diilhamkan berdasarkan konsep kesediaan menerima perubahan, dengan mengambilkira saranan segenap lapisan masyarakat dengan hasrat pemulihan melalui Reformasi substantif demi Malaysia yang lebih maju dan makmur.

Misi

Matlamat kita adalah untuk mengubah Malaysia menjadi negara yang lebih makmur dan maju berteraskan 6 nilai MADANI melalui kepercayaan antara kerajaan dengan rakyat, dasar ketelusan dan kerjasama.

Visi

Mencorak masa hadapan Malaysia dengan segala potensi yang ada dengan mengambil kira segala bentuk perubahan yang mengubah dunia, dan bercita-cita mengemudi Malaysia dalam zaman pasca normal yang serba rumit melalui laras bahasa, konsep dan budaya kearifan tempatan.

Malaysia MADANI

Kemampuan

Mutu hidup seimbang berdasarkan citra Malaysia yang unik berasaskan ilmu pengetahuan dan kearifan tempatan.

Kesejahteraan

Kesejahteraan ekonomi, sosial dan kelestarian alam melalui budaya ilmu dan kepelbagaian pandangan.

Daya Cipta

Pembaharuan dan pengupayaan modal insan bagi menjelmakan daya cipta manusia.

Hormat

Perilaku budi bahasa kepada kekayaan tradisi, merayakan kemajmukan dan meraikan perbezaan pandangan dunia.

Keyakinan

Menghidupkan harapan terhadap perubahan seiring sikap amanah melakukan perubahan ke arah kebaikan.

Ihsan

Belas ihsan akan nasib semua pihak melalui tindakan pemberdayaan kemanusiaan.

MINISTRY OF HEALTH'S OBJECTIVE

To assist an individual in achieving and sustaining as well as maintaining a certain level of health status to further facilitate them in leading a productive lifestyle - economically and socially. This could be materialised by introducing or providing a promotional and preventive approaches, other than an efficient treatment and rehabilitation services, which is suitable and effective, whilst priorities on the less fortunate groups.

MINISTRY OF HEALTH'S MISSION

The mission of the Ministry of Health is to lead and work in partnership:

i. to facilitate and support the people to:

- attain fully their potential in health
- appreciate health as a valuable asset
- take individual responsibility and positive action for their health

ii. to ensure a high-quality health system that is:

- customer centred
- equitable
- affordable
- efficient
- technologically appropriate
- environmentally adaptable
- innovative

iii. with emphasis on:

- professionalism, caring and teamwork value
- respect for human dignity
- community participation

VISION FOR HEALTH

A nation working together for better health.

Sarawak State Health Department

OBJECTIVE

Membekalkan perkhidmatan kesihatan kepada orang ramai terutamanya sekali penduduk – penduduk luar bandar untuk pencapaian kehidupan yang sihat dan untuk menggalakkan mereka mengambil bahagian dalam proses penukaran sikap ke arah mencapai tahap kesihatan yang baik serta mengelakkan daripada berlaku wabak penyakit dan menjauhkan daripada bahaya – bahaya yang boleh menjejaskan kesihatan mereka.

VISION

Visi JKNSWK adalah supaya Sarawak menjadi sebuah negeri yang terdiri daripada individu, keluarga dan masyarakat yang sihat melalui 6e ra kesihatan yang adil dan saksama, cekap, mampu diperolehi, berteknologi sesuai, berupaya berubah mengikut persekitaran serta serasi dengan pelanggan. Sistem ini akan mengutamakan kualiti, inovasi, peningkatan taraf kesihatan serta menghormati martabat insan dan menggalakkan tanggungjawab individu dan penyertaan masyarakat 6e rah peningkatan mutu kehidupan.

MISSION

Misi JKNSWK ialah untuk mewujudkan penglibatan dan penyertaan masyarakat Sarawak untuk kesihatan bagi merangsang dan memudahkan rakyat Sarawak untuk:

- i. Mencapai sepenuhnya kemampuan kesihatan mereka*
- ii. Menghargai kesihatan sebagai aset yang bernilai*
- iii. Mengambil langkah positif if meningkatkan lagi dan*
- iv. Mengekalkan status kesihatan bagi menikmati kehidupan yang lebih bermutu.*

MAP OF SARAWAK – LOCATION OF KANOWIT HOSPITAL



HOSPITAL ACCREDITATION 5th CYCLE – MAIN ACTIVITIES

- Hospital Accreditation meeting & Internal survey
- September 2023 – Final internal survey done.
- 22 – 24 April 2024 – Accreditation Survey by MSQH surveyors

SAFETY AND QUALITY IMPROVEMENT ACTIVITIES

- Annual fire drills conducted in collaboration with local fire and rescue department
- Annual disaster drills in collaboration with local police department and fire and rescue department
- Annual fire safety audit by the local fire and rescue department
- Rewiring and replacing of old wiring systems in multiple units of the hospital
- Construction and utilization of new ground level pump to enable usage of water-reservoir tower
- Replacement of old generator for emergency energy to whole hospital during power outage
- Water supply sampling twice a year and Monitoring of oxidation pond water quality

- Infection control unit - Daily objective rounds, and quarterly surveillance
- Continuous monitoring of NIA, incident reporting, Management of Complaints Committee
- Patient and family rights policy – continuous education via CNEs and empowering the clients with adequate information e.g., pamphlets and opportunistic education
- Regular occupational safety and health committee meeting
- Regular Board of Management Meetings to discuss about current issues around the hospital
- In-house training
 - Refresher Courses
 - Basic Life Support courses
 - Soft-skills courses
 - Infection control courses
- Hospital Kanowit “Trim and Fit” Health Campaign
- Hospital Kanowit Patient Safety Awareness Week

PART I

INTRODUCTION

PART I - INTRODUCTION

HOSPITAL KANOWIT

Kanowit Hospital is one of the district hospitals in the Central Zone of Sarawak within Sibul Division that provides non specialist care to patients. It was constructed in 1982 and began service on 16 February 1984.

Kanowit Hospital is under the Medical Program of the Sarawak State Health Department. The hospital provides healthcare services to a population of about 34,300, of which consists of 82.9% Iban, 14.4% Chinese, 2.5% Malays and 0.22% others (2020 census, Sarawak population of 2 907 500).

The hospital is situated about 2.5km from the town centre. It occupies 13 acres of land and is strategically situated on higher ground within the town of Kanowit. The direction to the hospital is well marked and visible. The approach to the Emergency Department is direct and well-guided by signage right from the hospital's main entrance. The District Health Office and services under the public health programs such as Maternal and Child Health clinic (MCH) and Dental clinic share the same compound.

The number of official beds of Hospital Kanowit is 100. There are a total of 4 wards with 19 beds in Obstetric ward, 28 beds in Female ward, 28 beds in Paediatric ward and 25 beds in Male ward. At present, the total number of hospital staff allocation is 250, with 207 posts currently filled. Services offered by the hospital includes out-patient clinics, accident and emergency service, staff clinic, diagnostic and imaging, medical laboratory and blood bank, pharmacy services, medical records, haemodialysis, mortuary services, physiotherapy unit, occupational therapy, food and kitchen services, and inpatient services. Hospital Kanowit has an operation suite with 2 operating theatres (one major and one minor). The central supply sterile unit (CSSU) is adjacent to the operation suite.

In line with the Ministry of Health (MOH) mission of transforming the Malaysian healthcare system, Hospital Kanowit in its effort to strengthen its services and provide quality healthcare, have received an accredited Hospital status over the last 4 cycles of survey, during 31st January 2008 – 30th January 2011, 28th July 2011 – 27th July 2014, 11th December 2014 – 10th December 2018 and 25th April 2019 – 24th April 2023 from the Malaysian Society for Quality in Health (MSQH). In pursue of continued excellence in healthcare services, Hospital Kanowit is scheduled for the 5th cycle of accreditation by MSQH on 22 – 24th April 2024.

Selected Measures of Hospital Kanowit 2009 - 2022

HOSPITAL MEASURES	Year	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	ADMISSIONS		2390	1898	2136	2459	2563	1901	1873	2025	1827	1876	2020	1318	2722
DISCHARGE		2401	1910	2139	2447	2556	1914	1872	2019	1831	1877	2020	1322	2722	951
DEATH		28	21	31	21	17	24	26	31	29	23	29	23	31	17
BOR		27.78	22.6	23.87	24.06	22.93	19.78	20.8	21.97	20.14	22.45	25.29	16.26	45.96	15.53
ALOS		4.22	4.3	4.07	3.58	3.27	3.84	4.06	3.98	4.01	4.36	4.57	4.5	6.16	5.96
TOTAL PATIENT DAY		10141	8256	8713	8809	8369	7593	7593	8035	7350	8193	9231	5951	16777	5670
REFERRAL (WARD)		171	155	153	157	184	144	154	161	183	167	186	114	94	77
REFERRAL (A&E)		136	164	204	146	166	173	182	179	269	266	302	210	351	386
DELIVERIES		330	280	265	233	232	199	170	190	147	113	87	59	52	36
OPERATIONS		105	87	43	93	114	154	203	140	142	190	220	36	0	111
OPD		51,703	51,526	52,669	50,668	49,100	52,129	50,977	55,004	52,727	65,832	60,383	53,153	46,888	44,521
A&E		11,608	11,775	11,309	11,146	10,533	7,789	8,116	10,138	10,888	12,142	10,933	7,378	5,906	8,011
TOTAL HDU PATIENTS		8	10	14	16	23	26	28	36	38	42	46	49	50	50
MEDICAL REPORT	REGULAR	69	52	44	37	33	27	14	18	22	35	27	11	18	20
	POLICE	55	55	55	32	36	26	41	42	34	55	71	45	13	26

CLINICAL SERVICES

Kanowit Hospital has an Accident & Emergency department (A&E), outpatient department (OPD) and four (4) wards namely female, male, paediatric and maternity with labour room.

The medical and surgical services for the male ward, female ward, maternity ward and paediatric ward are under a medical officer who is assigned to be in-charge of the services.

Kanowit Hospital is a non-specialist district hospital which currently has 7 medical officers, including the hospital director, providing care to the patients.

Each day there are two assigned medical officers on-call, one for active call and one for passive call. The medical officer who is on active call is tasked with seeing critical cases, referral cases and cases from the A&E unit. The medical officer on passive call is tasked with assisting the active call medical officer wherever needed, and also to escort cases that are referred to a referral/ specialist hospital.

Ward rounds are done by medical officers assigned to each ward for a period of 3 monthly rotations. Other medical officers will be assigned to the outpatient clinic to see follow-up patients and also walk-in patients.

Hospital Kanowit mainly caters to the population in the Kanowit district. There are a total of five government health clinics and one Maternal and Child Health Clinic (MCH) in the district of Kanowit. Patients are generally referred by the respective clinics to Kanowit Hospital if they require further treatment or admission to a ward. Kanowit hospital also serves as the only government facility with radiology, medical laboratory and blood bank services in the district of Kanowit.

The designated referral centre for Kanowit Hospital is Sibul Hospital which is also the lead hospital for the central zone cluster hospital of Sarawak, which acts as the referral centre for the central zone of Sarawak. Sibul Hospital is located approximately 53 KM from Kanowit Hospital, a journey about 45-50 minutes by road.

Referral cases or consultations are done usually via phone call, instant messaging or email by the medical officers of Kanowit Hospital directly to the respective specialists in Sibul Hospital. For cases which require a higher level of care, ambulance transportation will be provided to go to Hospital Sibul.

Specialist care is extended to Kanowit Hospital in the form of visiting specialist clinics. Among the visiting specialist clinics include Visiting Physician Clinics (monthly), Visiting Psychiatric Clinic (2 monthly), Visiting Paediatrician Clinics (3 monthly) and Visiting Family Medicine Specialist Clinic (Monthly). The relevant specialist would also perform ward rounds with the medical officer in-charge of the ward to provide specialist opinion. Morbidity and mortality reviews and teaching sessions would also be conducted by the visiting physician.

Clinical Services

The clinical services provided include the following four Clinical Directorates:

1. **Medical services** - General Medicine, Psychiatry
2. **Surgical Services** - General Surgery, Orthopaedics, Emergency and Trauma Service, Anaesthesia
3. **Women and Children Services** - Paediatrics, Obstetrics and Gynaecology
4. **Diagnostic and Clinical Support Services**
 - a. **Diagnostic Services** – Pathology / blood bank, Radiology/Diagnostic Imaging.
 - b. **Clinical and Patient Support** - These services include Pharmacy, Medical Records, Food and Dietetics, and Health Education (Non-Communicable Disease (NCD) clinic), CSSU, Haemodialysis, and Physiotherapy and Occupational therapy unit.

Clinical Services by the Private Sector

There is only one private practitioner with clinic in Kanowit Town, located less than 5 minutes' drive away from the hospital.

Other Support Services

- **Staff and Administrative Support** - These services includes Administration and Human Resource/personnel services, Human Resource Development/Training, Procurement/purchasing (assets and consumables), Inventory and Asset management, Pharmacy Stores, Incident Reporting, Infection Control Unit and Quality Assurance Program Unit.
- **Facilities Support Services:**
 - **Security services**
 - Security services are outsourced to a private security contracts company which provides a total of four (6) security guards working in a 12-hourly shift throughout the day.
 - **Hospital Support Services**
 - The Hospital Support Services are outsourced to a private support service company (One Medicare Sdn. Bhd.) through a national contract. The company provides services in each of the six (6) categories:
 - I. Biomedical Engineering Maintenance Services (BEMS)
 - II. Facilities Engineering Maintenance Services (FEMS)
 - III. Cleansing/ housekeeping services (CLS)
 - IV. Linen and Laundry Services (LLS)
 - V. Healthcare Waste Management Services (CWMS)
 - VI. Facilities Management Services (FMS)

PART II
MANAGING
HOSPITAL KANOWIT

Part II

HOSPITAL KANOWIT

MISSION

TO PROVIDE EXCELLENT HEALTHCARE FOR OUR COMMUNITY

VISION

TO BE A PATIENT-CENTERED FACILITY IN EXTENDING THE BEST CARE BY
CONSTANTLY
ADVANCING IN TECHNOLOGY AND MEDICAL EXPERTISE

OBJECTIVES

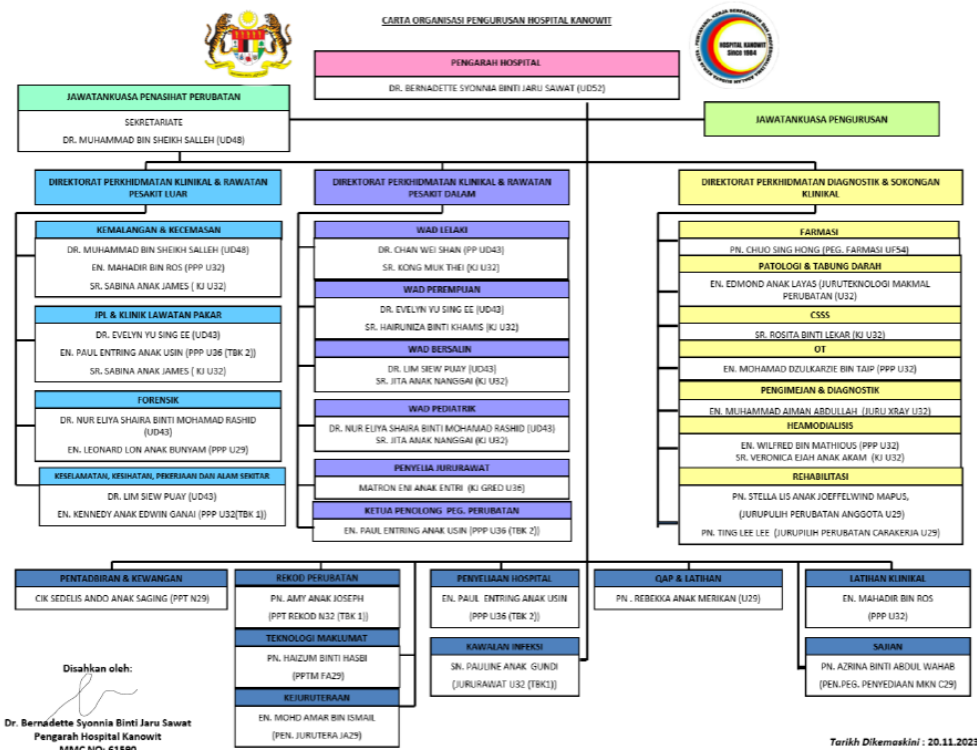
PATIENT - EXCELLENT PATIENT EXPERIENCE SHAPED BY THE PATIENTS' VOICE. TO ENSURE OUR SERVICES ARE EQUITABLE, INCLUSIVE, AND RESPECTFUL OF EVERYONE IN OUR COMMUNITY

QUALITY - OUTSTANDING QUALITY HEALTHCARE UNDERPINNED BY CONTINUOUS, PATIENT - CENTERED IMPROVEMENT AND INNOVATION

SYSTEMS AND PARTNERSHIPS - SEAMLESS, TIMELY PATHWAYS FOR ALL PEOPLE'S HEALTH RECORDS, WORKING TOGETHER WITH OUR STAKEHOLDERS. TO IDENTIFY NEW AND DIFFERENT APPROACHES TO FUNDING AND RESOURCING TO DELIVER ON OUR STRATEGIC DIRECTIONS

SUSTAINABILITY - A RESILIENT AND CREATIVE KANOWIT HOSPITAL, EMBRACING EVERY OPPORTUNITY TO IMPROVE CARE

1. ORGANIZATION AND MANAGEMENT



The organization and management is designed to meet professional and administrative needs of Kanowit Hospital. To assist this, the hospital has developed clear vision, mission, and goals and objectives statements to meet the community needs. These are clearly displayed in and around the hospital. Every department in the hospital has also been provided with these statements, and the departments in turn have adopted or derived their vision, mission, and objectives statements to reflect the whole hospital statements.

The Governing Body (GB)

This comprises of:

- The elected Government of Malaysia through the Ministry of Health (MOH) and its Public and Health Policies and its related health and health-related regulations (including Acts, Legislation)
- The State Health Department Director and the four Deputies (Medical, Public Health, Management and Pharmacy Programs)
- The Hospital Director (HD)
- Participatory /Advisory Committees

- Chairman and Members of Various Committees in the Hospital
- Secretary of the Medical Advisory Committee (MAC)
- Member of The Board of Visitors (BOV)

The Governing Body (GB) is responsible for the medical staff's actions and is accountable to the community. Thus, the Hospital Director (HD) plays the role of the advisor in both the MDAC and the BOV and also chairs the hospital's Privileging Committee. The GB is also responsible for managing the assets of the hospital and of setting the whole hospital policy and assumes a fiduciary responsibility. From the legal point of view the GB has to be responsible for all the activities within the hospital.

The Hospital Director, together with the other medical officers in the hospital plays crucial roles in implementing quality clinical services, as well as maintaining the quality assurance program through QAP committee and various other committees.

The Board of Visitor (BOV) chairman, and its members are listeners, communicators and facilitators; and they represent the linkages with the community and provide feedback and suggestions that improve patient satisfaction and improve the hospital's positive image.

The Management Team

The management team of the hospital is designated as the Board of Management committee; this committee is comprised of all the head of each departments of the hospital.

The Hospital Director shall oversee all activities within the hospital on a general basis, whereas the individual head of departments shall be responsible to oversee their own staff and activities in detail, and report directly to the Hospital Director. In the case of absence or leave of the Hospital Director, duties and responsibilities for administration and management shall be covered by the hospital's Administrative Assistant and oversight and management of clinical services shall be passed down to the most senior medical officer on duty, as the hospital does not officially have a post for a Deputy Hospital Director.

The Nursing division comprising of 54 Registered Nurses, 24 Community Nurses and managed by 7 Nursing Sisters and 1 Matron of the hospital. These staff are spread out throughout the different units within the hospital and are managed directly by their nursing sister supervisors.

The Hospital Supervisor, who is the most senior Medical Assistant, is in charge of the deployment of the Medical Assistants within the hospital. The Hospital Supervisor's main roles are to assist the Hospital Director in coordinating facility planning and development of the hospital's health, safety and training programs. The Hospital Supervisor also oversees the activities and performance of the outsourced security contractor and to report them to the Hospital Director on a regular basis.

Coordination and oversight of the Hospital Support Services and its contractor, One Medicare Sdn. Bhd. is the responsibility of the Assistant Engineer of the Hospital. Issues and feedback

regarding any and all of the six (6) services provided by the Hospital Support Service contractor shall be relayed to the Hospital Director by the Assistant Engineer. The Hospital Engineer is also the designated Safety Officer of the Hospital and has undergone training by the National Institute of Occupational Safety and Health (NIOSH).

The Hospital Director

The Hospital Director is the team leader that seeks to provide leadership, guidance and direction to all the staff of the hospital. The hospital director works in close communication with the doctors, nursing and allied health professionals along with other supporting staff.

The Hospital Director is in close and constant contact with counterparts from other hospitals and reports directly to the Deputy Director (Medical) of Sarawak State Health Department.

Additionally, the main role of the Hospital Director is to coordinate the facilities or assets of the hospital with its resources, as to ensure the health care mission of the hospital is carried out more efficiently and effectively.

HOSPITAL FINANCES

Hospital Kanowit is implementing the system utilized by government hospitals for finance and procurement, namely 1GFMAS and e-Perolehan. The Hospital Director along with other finance officers in the administration unit are in-charge to ensure proper procedures and protocols are practiced in the procurement and payment of services and assets.

Accounts & Finance

MANAGEMENT BUDGETS AND EXPENDITURES 2019 TILL OCTOBER 2023

PERKARA	2019	2020	2021	2022	2023 (as of October)
BUDGET	RM18,382,484.36	RM22,409,663.59	RM20,607,593.74	RM19,239,497.68	RM19,278,439.23
EXPENDITURE	RM18,548,831.74	RM20,166,847.62	RM22,228,199.50	RM19,077,723.15	RM15,944,218.08

AUDITING

Audits were done on a regular basis by various departments:

1. Audits by Ministry of Health		
YEAR 2014	Ref letter: (1) dlm.KKM 192/34/45/JLD.2	7 th October – 17 th October 2014
2. Audits by Jabatan Akauntan Negara Malaysia, SibU		
YEAR 2014	Ref letter: JANSBU/22/UP/LNE/9641(20)	29 th April 2014
YEAR 2015	Ref letter: JANSBU/22/UP/LNE/9641(23)	29 th April 2015
YEAR 2016	Ref letter: JANSBU/22/UP/LNE/9641(27)	12 th April 2016
YEAR 2017	Ref letter: JANSBU/22/UP/LNE/9641(32)	05 th April 2017
YEAR 2018	Ref letter: JANSBU/22/UP/LNE/9641(35)	02 nd October 2018
YEAR 2019	Ref letter: JANM.SIBU.UN.400-	1 st October 2019
YEAR 2020	12/1/2/0003(01)	28.09.2020-30.09.2020
YEAR 2023	Ref letter: JANM.SIBU.UN.400- 12/1/2/0003(04) Ref letter: JANM.SIBU.UN.400-12/1/2/0003 (08)	15.05.2023 – 18.05.2023
3. Audits by Jabatan Audit Negara, SibU		
YEAR 2014	Ref letter: AUDIT/W: SBW/ 98:23/ 16 (19)	8 th October 2014
YEAR 2023	Ref letter: AUDIT/ W: SBW/ 98:23/ 16 (23)	21 st September 2023

All audit reports that have been received have been responded as appropriate.

YEARS	REF. LETTER	DATE OF LETTER	NOTES
AUDITS BY JABATAN AKAUNTAN NEGARA MALAYSIA, SIBU			
YEAR 2019	JANM.SIBU.UN.400-12/1/2/0003(01)	19.07.2019	NAZIRAN GAJI BAGI TEMPOH JAN 2018 – DIS 2018 PADA 01.08.2019
	JANM.SIBU.UN.400-12/1/2/0003(02)	15.08.2019	LAPORAN NAZIRAN GAJI BAGI TEMPOH JAN 2018 – DIS 2018
YEAR 2020	JANM.SIBU.UN.400-12/1/2/0003(04)	07.09.2020	NAZIRAN PEMATUHAN PERAKAUNAN AKRUAN PADA 28.09.2020-30.09.2020
	JANM.SIBU.UN.400-12/1/2/0003(05)	05.10.2020	SESI EXIT MEETING NAZIRAN PEMATUHAN PERAKAUNAN AKRUAN
	JANM.SIBU.UN.400-12/1/2/003(06)	26.10.2020	LAPORAN NAZIRAN PEMATUHAN PERAKAUNAN AKRUAN TEMPOH JANUARI HINGGA DISEMBER TAHUN 2019
YEAR 2023	JANM.SIBU.UN.400-12/1/2/0003 (08)	02.05.2023	NAZIRAN PEMATUHAN PERAKAUNAN AKRUAN PADA 15.05.2023 – 18.05.2023 SKOP NAZIRAN MERANGKUMI KOMPONEN JANUARI 2022 – DISEMBER 2022
AUDITS BY JABATAN AUDIT NEGARA, SIBU			
YEAR 2023	AUDIT/W: SBW/98:23/16(23)	18.09.2023	PENGAUDITAN INTERIM (TRANSAKSI) TERHADAP ARAHAN PEMBAYARAN Igfmas bagi tempoh Januari hingga Julai 2023 di Hospital Kanowit pada 21.09.2023
	AUDIT/W: SBW/98:23/16 (24)	21.09.2023	PEMULANGAN DOKUMEN AUDITI
	AUDIT/W: SBW/98:23/16 (25)	27.09.2023	PENGAUDITAN INTERIM (TRANSAKSI) TERHADAP ARAHAN PEMBAYARAN Igfmas bagi tempoh Januari hingga Julai 2023 di Hospital Kanowit

PART III
INDIVIDUAL
DEPARTMENT
REPORT

PART III - INDIVIDUAL DEPARTMENT REPORT

OUT-PATIENT DEPARTMENT

1) INTRODUCTION

Out-patient department of Kanowit Hospital is located at the main entrance of the hospital and sharing the same building with the Emergency and Trauma unit as well as Maternal and Child Health clinic.

The Out-patient Department will operate from 0730 hours until 1700 hours daily from Monday until Friday except for Saturdays, Sundays and Public Holidays. The department offers a multitude of general out-patient treatment to those with minor ailments and follow-up cases, medical check-up for candidates applying for jobs appointment, firearms, driving licenses and food handlers.

The Out-patient Department also receives cases referred from nearby health clinics within Kanowit district such as KK Nanga Ngungun, KK Nanga Machan, KK Nanga Menalun, KK Nanga Tada and KK Nanga Jagau.

Management and care plans will be holistic in approach, focusing on the client's need and upholding their rights to quality medical care.

2) ORGANISATIONAL AND MANAGEMENT

A) Directions

i) Vision

The out-patient department shall give a comprehensive and high quality services in order to raise the health status of the population and the local community.

ii) Mission

To provide quality promotive, preventive, curative and rehabilitative services as a health concept to individuals and community through teamwork and community participation.

iii) Philosophy

To provide an effective, efficient and considerate service at all times.

- ✚ Receive, assess and treat all general out-patient treatment to those with minor ailments and follow-up cases with proficiency, quality and concern.

- ✚ Uphold the goal of excellence in general medical services by providing courteous, considerate and the best service to its patients at all times.

- ✚ Provide an on-going adequate level of training and education for doctors, nurses, assistant medical officers and other categories of staff.

iv) Objectives

The objective of out-patient department is to provide general out-patient and follow-up treatment despite giving medical check-up for candidates who take up job appointment, firearms, driving licenses and food handlers while maintaining a close and effective rapport with the public.

- Early detection, effective and efficient treatment to the general patient.
- Refer patient to the proper and appropriate discipline for further treatment.
- To establish a conducive and safe working environment for the staff, patients and public.

B) Scope of service

i) General Out-patient

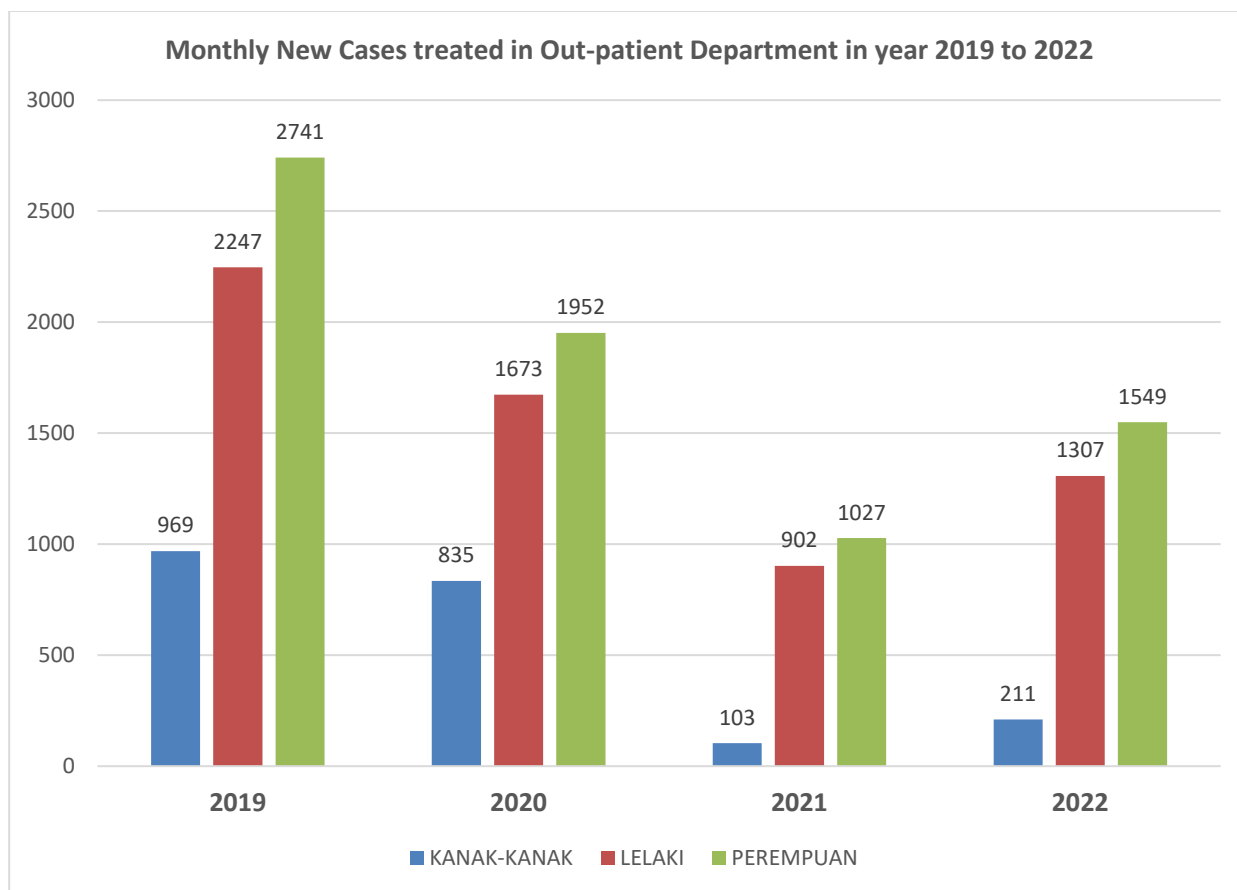
To provide care that is comprehensive and appropriate for a community hospital, which covers

- History taking,
- Physical examination & Investigations,
- Diagnosis and treatment
- Health education
- Referral to Medical Officer.

Statistic Out-patient Department Source: AMRO Hospital Kanowit

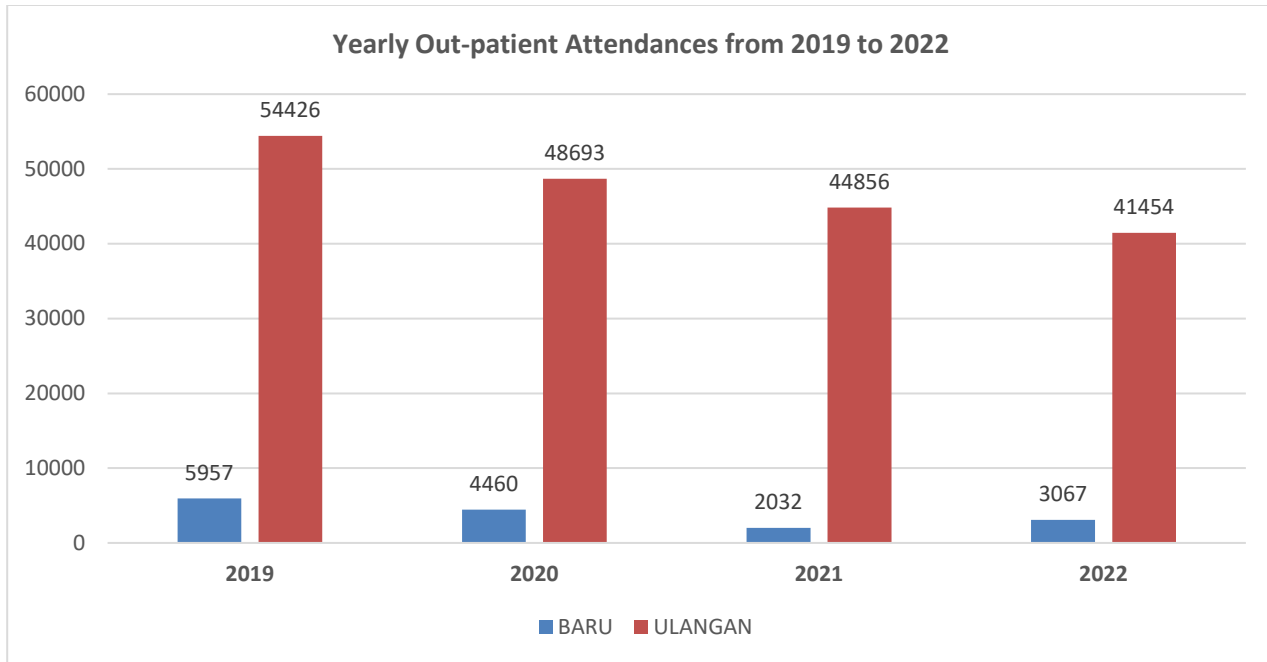
Monthly New Cases treated in Out-patient Department in year 2019 to 2022

BULAN	2019			2020			2021			2022		
	KANAK-KANAK	LELAKI	PEREMPUAN	KANAK-KANAK	LELAKI	PEREMPUAN	KANAK-KANAK	LELAKI	PEREMPUAN	KANAK-KANAK	LELAKI	PEREMPUAN
JAN	103	263	300	212	229	247	3	61	84	8	104	93
FEB	80	179	200	234	224	276	4	69	70	6	99	94
MAC	78	195	209	167	225	266	13	76	121	10	94	116
APR	65	190	266	25	86	81	10	107	75	11	79	122
MAY	55	151	211	17	55	87	6	64	58	20	74	73
JUN	68	173	187	16	85	103	14	81	105	32	106	101
JUL	124	212	270	31	108	149	13	78	119	23	149	132
AUG	58	192	241	49	134	153	11	90	72	24	159	220
SEPT	62	193	212	18	110	152	6	75	97	20	113	144
OCT	66	172	247	22	146	146	5	69	77	20	107	159
NOV	127	187	220	20	90	122	6	65	72	13	135	164
DEC	83	140	178	24	181	170	12	67	77	24	88	131
TOTAL	969	2247	2741	835	1673	1952	103	902	1027	211	1307	1549



2. Yearly Out-patient Attendances from 2019 to 2022

	2019			2020			2021			2022		
	BARU	ULANGAN	JUMLAH	BARU	ULANGAN	JUMLAH	BARU	ULANGAN	JUMLAH	BARU	ULANGAN	JUMLAH
JANUARI	666	5734	6400	688	4785	5473	148	3702	3850	205	3752	3957
FEBUARI	459	3992	4451	734	4389	5123	143	3105	3248	199	3535	3734
MAC	482	4826	5308	658	4444	5102	210	4437	4647	220	4008	4228
APRIL	521	4770	5291	192	4049	4241	192	3735	3927	212	3605	3817
MAY	417	4325	4742	159	3383	3542	128	3315	3443	167	3561	3728
JUN	428	3750	4178	204	3499	3703	200	3712	3912	239	3350	3589
JULAI	606	5159	5765	288	4249	4537	210	3995	4205	304	2822	3126
OGOS	491	4497	4988	336	3780	4116	173	3352	3525	403	3347	3750
SEPTEMBER	467	3852	4319	280	4236	4516	178	3893	4071	277	3294	3571
OKTOBER	485	4946	5431	314	3922	4236	151	3585	3736	286	3370	3656
NOVEMBER	534	4510	5044	232	3753	3985	143	3624	3767	312	3306	3618
DISEMBER	401	4065	4466	375	4204	4579	156	4401	4557	243	3504	3747
JUMLAH	5957	54426	60383	4460	48693	53153	2032	44856	46888	3067	41454	44521



Source: AMRO Statistic Medical Record Department

ii) Medical check-up

The service will be provided for candidates who take up job appointment, firearms, driving licenses and food handler's base on appointment dates.

C) Organizational and management

- I) The staff organization for the out-patient department is shown in organization chart below.
 - a. The department shall be headed by the Hospital Director.
 - b. The management of the Clinic shall be the responsibility of the nursing sister who will be in-charge as a supervisor.

II) Role of the Head of Out-patient Department

- (1) The head of department is responsible for the day to day operation of the department.
- (2) Responsible for manpower planning and deployment, such that to ensure the most optimal use of department personnel and department activities are delegated appropriately according to the level of staff education, skills and abilities.
- (3) Planning and development of the department (physical and services)

- (4) Human resource planning and development (training, CME etc.)
- (5) Plan and implement the budget for out-patient department.
- (6) Conduct periodic internal department meeting with heads of units.
- (7) Quality assurance and auditing.

III) Relationship With Other Department /Unit / Agencies

The department shall interact or relate with other department/unit in the hospital concerning clinical areas, finance, procurement and supply of consumable items.

2) HUMAN RESOURCE

A. Staffing

- i. The work force of the out-patient department shall be organized and managed in a manner that leads to an efficient and desirable work output based on the current available staff strength.
- ii. Middle level management list:
 - a) Head of Out-patient Department (Nursing Sister U32)

B. Staff Requirement

- 1) Head of Department – 1
- 2) Medical Officer – Minimum of 8 Medical Officers per working day.
- 3) Assistant Medical Officer – 2 AMOs running non communicable disease (NCD) clinic per working days.
- 4) Community Nurse (JM) – Minimum of 5 JM will be deployed to assist Medical Officer on working days.
- 5) At least 2 Administrative Clerk (*Pembantu Tadbir*) to run the OPD revenue unit.
- 6) Minimum 3 *Pembantu Perawatan Kesehatan* to assist Assistant Medical Officer per working hours.

C. Staff Discipline

- i) All out-patient personnel shall adhere strictly to official working hours and document attendance using the face scan machine.
- ii) All leave applications must be approved by the head of the department or the supervisor before taking leave.
- iii) All staff shall follow accepted dress code and a standard identification or name tag.

D. Training / CME Activities

- i)** All new personnel will undergo an introduction and department orientation program by the Head of department or Supervisors.
 - ii)** CME activities shall be categorized into general and specific. General type shall be open to all clinical categories (Doctors, Paramedical and Nursing). Specific types shall be focused on programs for different categories.
 - iii)** All doctors, assistant medical officers and nurses should attend the minimum requirement continuing professional development (CPD) points annually as specified by the Ministry of Health. This information will be documented in personal logbook for credentialing and assessment of the Annual Appraisal.
- (1) The staff shall be encouraged to use educational facilities available in the hospital include using of internet research.
 - (2) Staff shall be notified of any workshop and seminar. Selection of staff to attend internal or hospital level activities will be done by their immediate supervisor or Head of Department.
 - (3) For external workshop, seminar and conference, selection of appropriate personnel shall be done by the Head of Department, who will decide based on the availability of slot or seat and funds and also the approval by the Hospital Director.

3) FACILITIES AND EQUIPMENT

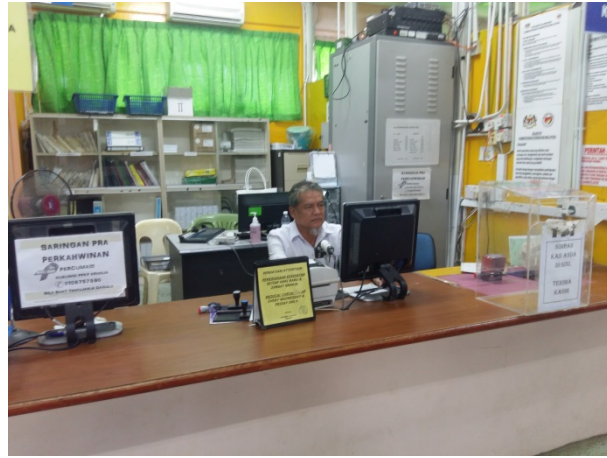
A) Facilities

The department shall provide facilities for patient's management as follows:

- i) General Waiting Area**
There shall be adequate and comfortable waiting seats with Queue Management System available with clean public toilet.
- ii) Registration Counter**
This counter shall function for out-patient registration and collection of OPD charges with public friendly concept.
- iii) Queue Calling System**
Queue Calling System is used with extension to every examination rooms of Out-Patient Department.



Out-Patient Department General Waiting Area during peak hours



Out-patient Department Registration Counter

iv) Triage Counter

Triage Counter at Out-patient Department has been set up mainly to assess patient's vital signs prior undergo examination and further consultation with Medical Officers. Patients' assessment is done by JM while *Pembantu Perawatan Kesihatan* assist their job.

Out-patient Department Waiting Area.



Wheelchair Provided for Disable and ill Patients.



Television at Out-patient Department Waiting Area.

iv) Examination Rooms

Every examination room shall be equipped with at least 1 table & 2 chairs, examination beds with diagnostic equipment such as electronic Blood pressure monitor/stethoscope, thermometer, diagnostic set, torchlight, tendon hammer/tuning fork, x-ray viewer, and other standard equipment.



Triage Counter assess patient vital signs



Medical Officer attending to patient assisted by Jururawat Masyarakat

B) Maintenance and disposal

- i) All office equipment is recorded into department inventory registration, in accordance with government circular – *Pekeliling Perbendaharaan Bilangan 2 Tahun 1991*.
(1) *Kew 312, 312A, Inventory Kew 313, Kew 315 (Pergerakan Harta Modal)*
- ii) The care, maintenance or repair of the departmental infrastructure and assets shall follow standard procedure guidelines already in place for any government facility and assets.
- iii) Any physical expansion or additional asset procurement will be dictated by the needs of service and in compliance with established guidelines.
- iv) Each of the entire department workforces shall be responsible to safeguard and ensure that all assets are in excellent working order so as not to cause untoward effect on the delivery of medical care.
- v) All equipment and facilities in the out-patient department shall be maintained and serviced by the concession company in scheduled basis and when required.
- vi) Maintenance and any changes of inventory have to be updated and the Head of Department shall be regularly informed.
- vii) Damaged assets shall be listed for disposal through the process of BER.

4) POLICIES AND PROCEDURES

- Operating hours
The department is open from 0730 - 1700 hours daily. A staff from registration counter and at least a JM is requested to do flexi hours 0730 – 1630 hours daily.
- General
 1. General out-patient
 - i) Patients might be walk in cases with minor ailments, follow-up or referred case from Health centre, ward, and private practitioner or transferred in from other hospital.
 - ii) All registrations for treatment in out-patient department will be considered as outpatient treatment and the registration is carried out at the Registration Counter located next to main entrance.
 - iii) All patients seeking treatment will be registered at the registration counter.
 - iv) Patients shall be seen on first come first serve basis with privilege given to “Warga Emas” on wheelchair, pensioners and disable patients placed under **R-Lane or rapid lane.****
 - v) Jururawat Masyarakat assisting the Medical Officers will register all patients seeking treatment into the Out-Patient Registration Book (Per PL-10.21(Pind. 1/2003).
 - vi) All urgent cases that need urgent attention will be sent to Department of Emergency & Trauma for immediate and prompt treatment.
 - vii) Admission to wards shall require in-patient registration at Emergency & Trauma Department. Registration will be recorded in the admission registration book (PER-PO 101(Pind.1/2003)
 - viii) Medical Officer shall see all referred patient.
 - ix) Patients that require specialist care shall be refered to Sibuhospital.
 - x) Injection and minor procedures shall be carried out in the treatment room of Emergency & Trauma Department.
 - xi) All examination on patients must be chaperoned by a female staff.
 - xii) Record of medicolegal cases shall be kept in the Medical Record Unit.
 - xiii) Patients shall collect their medications from the pharmacy unit with a prescription slip issued, signed and chopped.
 - xiv) The hospital support service contactor shall do all cleaning and house keeping of premises including supply of linen.

2. Medical Check-up

The service will be provided for candidates who take up job appointment, firearms, driving licenses and food handler’s base on appointment dates.

The Medical Officer will attend to all cases related to medical check-up.

3. NCD Clinic

i) Follow-up Diabetes / Hypertension Patients

- Assistant Medical Officer will do patient assessment regularly. Newly diagnosed diabetes patient to be registered into National Diabetes registry system(NDR)
- All follow-up treatment shall be done by Medical Officers and assisted by assistant medical officers.

i) Quit Smoking Clinic(QSC)

- Manned by a Medical Officer, assisted by an assistant medical officer. Active smokers associated with co-morbid would be registered under Quit Smoking Programme upon discharged from respective ward. Criteria for selection patients into this programme are those smokers being diagnosed with hypertension, stroke and admitted due to Myocardial Infarction.
- Medical Officer would prescribed Narcotine Replacement therapy(NRT) to selected narcotine high dependency patient while stock available at hospital pharmacy.

ii) Wellness Clinic.

- At least 70% of staffs aged 40 and above has their medical check done per year.

4. Fees

a) Fees shall be charged accordingly for all the services rendered as per Medical Fee Act 1982 and others regulations in force.

b) A fee of RM 1.00 shall be charged to general out-patients for Malaysian citizen and RM 15.00 for non citizen (Pindaan fee 2003)

c) A medical check-up fee RM 100.00 shall be charged to Food Handlers, Firearms and driving Licences candidates.

d) Refer case from private clinic shall be charged RM 30.00 accordingly to medical fee act 1982

e) For related medical check-up and request shall be charged accordingly as per Medical Fee Act 1982 and other regulations enforced.

5. Disaster Management

Shall be available to provide and coordinate the management of casualties in internal and external disasters Department of Accident & Emergency.

6. General Hospital Policy

Relevant aspects of the General Hospital Policies shall be observed and review from time to time.

5) QUALITY IMPROVEMENT

Quality improvement activities in the out-patient department shall be guided by service needs, aspirations and set standards. These activities will include the following areas:

- i) Quality indicators
- ii) Client satisfaction and complaint management
- iii) Personnel satisfaction

A. Quality Indicators

- i) The department shall subscribe to quality assurance programs (QAP) and quality indicators deemed relevant to the service provided.
- ii) Quality Assurance Program shall be implemented to ensure the services provided are safe, efficient, effective and of high quality.
- iii) All out-patient department personnel shall be made familiar with the QAP.
- iv) CPGs booklet will be place in each of the examination room as source of reference.
- v) This includes:

1) Key Performance Indicators (KPIs) using National Indicator Approach. (*Pekeliling Kemajuan Pentadbiran Awam (PKPA) 2/2005*)

- (a) Waiting Time to Consult Doctor - ≤ 90 minutes for at least 90% of patients for General OPD, MO F/up Clinics and Visiting Specialist Clinics
- (b) Waiting Time to Consult Assistant Medical Officer- ≤ 30 minutes for at least 90% of patients for General OPD.
- (c) Percentage of Customers Dissatisfied with the Hospital's Services- $<8\%$ of hospital's in-patients and out-patient are dissatisfied with the hospital's services.
- (d) Percentage of Staff over 40 who had Undergone Routine Medical Check-ups- At least 70% of their eligible staff have had a medical check-up in the year.
- (e) Percentage of clinical personnel(paramedics) in acute care areas (ETD,OT, HDU, OPD) – 60% of personnel to be trained in Basic Life Support(BLS) in a year.

B. Health Research and Development

The department shall be an advocate for research and development activities. It will provide a productive environment for its personnel to pursue such activities and also integrate these elements into its day-to-day operations.

C. Client satisfaction

It will also conduct audits of various facets of the client services with integrated feedback management.

- 1) Client satisfaction/feedback survey

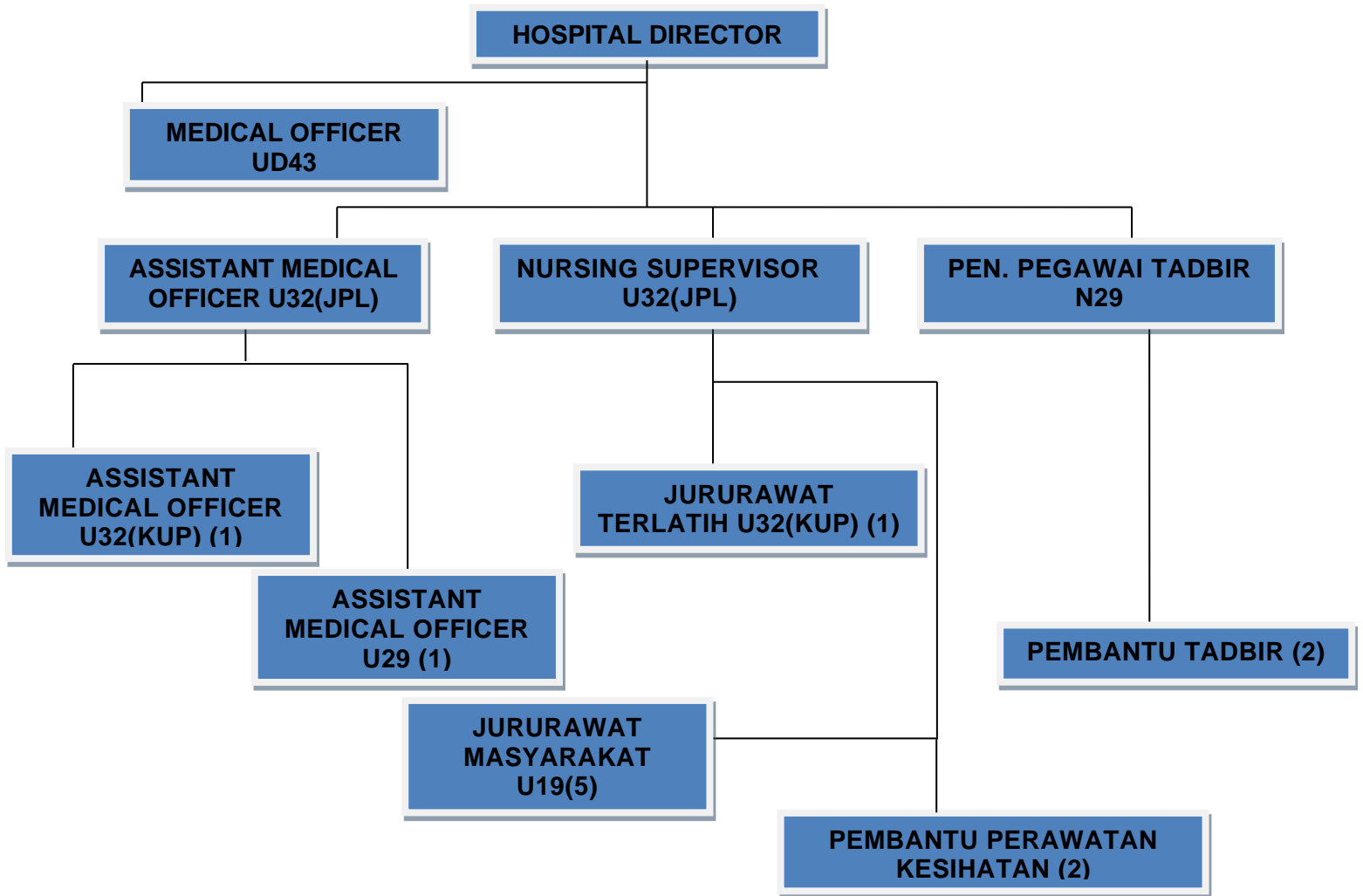
Random internal and external surveys shall be conducted to identify strong and weak points in this service.

2) Complaint management

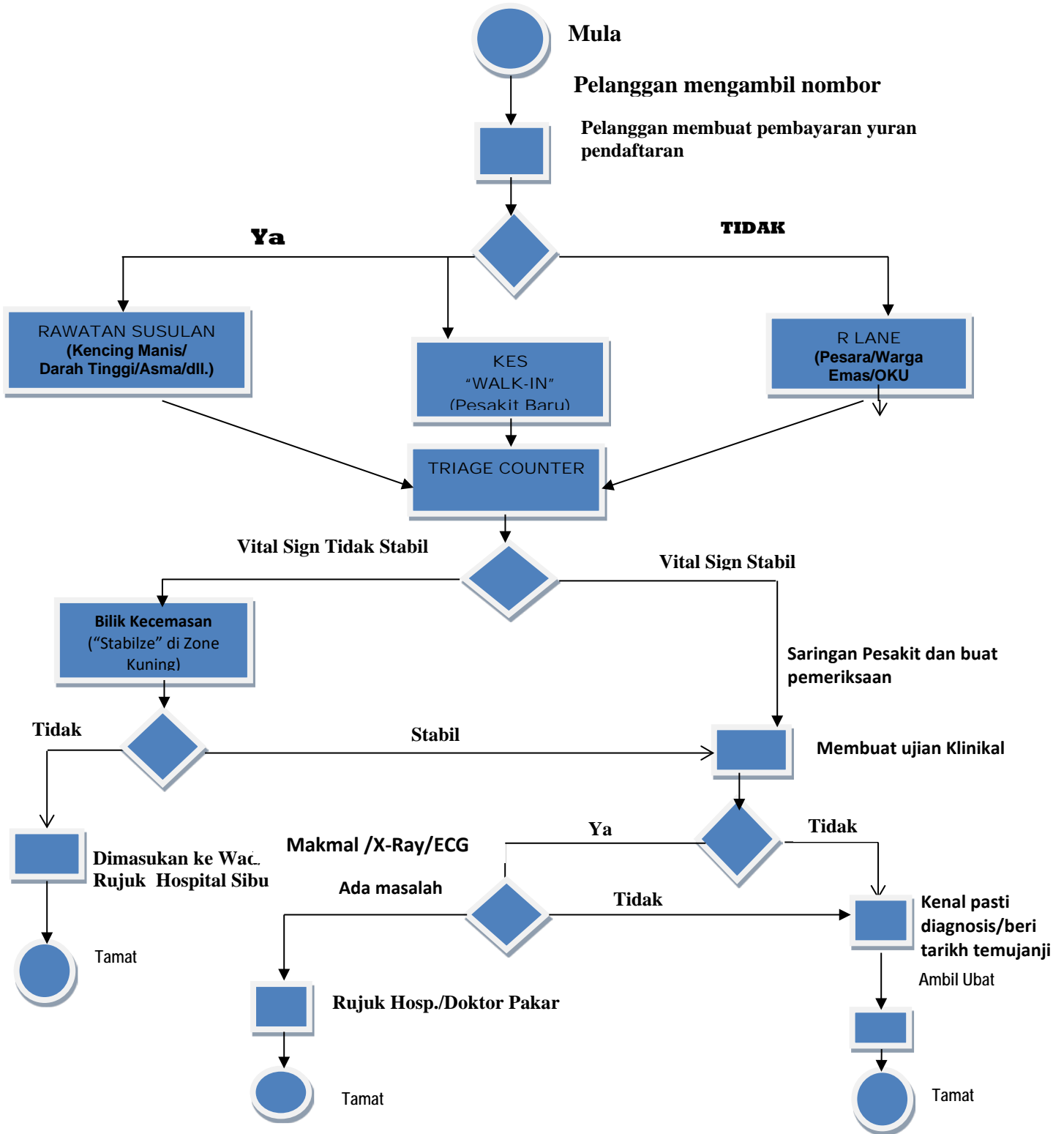
- a. Complaints shall be categorized according to implication and seriousness. All complaints will be investigated and a written report shall be forwarded to Head of Department and Hospital Director within 2 weeks.
- b. Action will be taken accordingly. For high impact and serious complaints immediate investigation and action will be taken within 24 hours.

ORGANIZATIONAL CHART

OUT-PATIENT DEPARTMENT



CARTA ALIRAN KERJA PERKHIDMATAN RAWATAN PESAKIT LUAR



EMERGENCY AND TRAUMA UNIT(ETU) HOSPITAL KANOWIT

INTRODUCTION

The Emergency and Trauma Unit is situated directly at the main entrance of the Hospital. Signage indicating the emergency and trauma unit entrance is visible during the day and well lighted at night. The Unit shares the same vicinity as the Outpatient Department (OPD).

The ETU Unit provides 24 hour service to the public. The unit is manned by Assistant medical officers (AMOs) along with supporting staff round the clock. The AMOs and team works in 3 shifts. The department provides 24 hours ambulance service with three ambulances and 4 drivers working on shift and on call basis.

The Medical Officers of the hospital provides clinical care to both in-patients, outpatients and ETU cases. After their morning rounds, the MOs are then required to see patients in the OPD. There will be one active MO and one passive MO on call on any given day. The active MO on call is responsible for all ETU cases and ward cases after office-hours. The passive MO on call is responsible in escorting of critically ill patients to the referral centre. All MOs and the Hospital Director stay in the quarters within hospital compound (less than five minutes' walk).

Being a non-specialist district hospital with limited facilities and trained human resources, Kanowit Hospital can only manage two critical cases and five semi critical cases at any given time in the ETU. Therefore, in case of any large scale disaster which is beyond the capacity of Hospital Kanowit to manage, cases will be sent to Sibu Hospital for further management.

MISSION

To render a high quality service in collaboration with our corporate values which are caring, teamwork and professionalism.

VISION

To be a centre of excellence with staffs who are responsible, capable and committed in discharging their duties.

OBJECTIVES

- ▶ To manage all serious illness, injuries and trauma.
- ▶ To serve as the coordinating centre in the hospital for handling disaster and major accident in Kanowit district.
- ▶ To refer all serious cases that cannot be managed to relevant specialist in Sibu Hospital.

2. STAFF ACCORDING TO POSTS

CATEGORY	POST	FILLED	VACANT
Penolong Pegawai Perubatan U32	1	1	0
Penolong Pegawai Perubatan U29	7	10	-3
Ketua Jururawat U32	1	1	0
Jururawat U29/ U32(KUP)	7	10	-3
Pembantu Perawatan Kesihatan H11/14	4	9	-5
Ambulance Driver H11/14	5	5	0

3. FACILITIES AND EQUIPMENTS

1. AED Monitor (Automated External Defibrillator Machine)
AED Monitor is now available ETU
One unit is used for ambulance calls while the other 2 units are stationed at ETU.
2. Ambulance
There is a total of 5 ambulances in the hospital.

4. QUALITY IMPROVEMENT EFFORTS.

The ETU will be trying to have a meeting on how to improve and upgrade some quality efforts aim at improving the standards procedures of work in ETU.

5. TRAINING PROGRAMME

All categories of staff are encouraged to attend relevant in-house or external courses.

Training Attended by ETU staff in year 2019 TO 2022

Year 2019

BIL	NAME OF TRAINING	YEAR	LOCATION TRAINING	ATTENDED BY
1	BASIC LIFE SUPPORT	2019	HOSPITAL KANOWIT	PPP - 4 SN - 9 JM - 7 JTMP -3 PPK - 11 PKB - 1 PT - 4
2	PAEDIATRIC REFRESHER COURSE	2019	HOSPITAL SIBU	SN - 1
3	LEPTO, DENGUE & MALARIA MANAGEMENT	2019	HOSPITAL SIBU	SN - 1
4	EMERGENCY MEDICINE REFRESHER	2019	HOSPITAL SIBU	SN-1
5	INFECTION CONTROL	2019	HOSPITAL KANOWIT	SN-2

6	1ST RESPONDER COURSE	2019	HOSPITAL SIBU	SN- 1
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Year 2020

BIL	NAME OF TRAINING	YEAR	LOCATION TRAINING	ATTENDED BY
1	BASIC LIFE SUPPORT	OKT 2020	HOSPITAL KANOWIT	PPP - 3 SN - 17 JM - 5 PPK -6 JTMP - 2 FISIO: 1 PT - 3
2	SIBU ASSISTANT MEDICAL OFFICER (SAMOC) 2020	OKT 2020	HOSPITAL SIBU	PPP - 3 SN- 1
3	DENGUE MALARIA & LEPTO MANAGEMENT COURSE	2020	HOSPITAL SIBU	PPP- 1 SN: 2
4	POP COURSE		HOSPITAL SIBU	PPP- 2
5	TRANSBORNEO ENT CONFERENCE		HOSPITAL SIBU	PPP - 1
6	PROGRAM MINDA SIHAT		HOSPITAL SIBU	SN: 1
7	INFECTION CONTROL		HOSPITAL SIBU	SN: 2

Year 2021

BIL	NAME OF TRAINING	YEAR	LOCATION TRAINING	ATTENDED BY
1	BASIC LIFE SUPPORT	Nov 2021	HOSPITAL KANOWIT	PPP - 6 SN - 20 JM - 2
No other course due to the start of the COVID Pandemic				

Year 2022

BIL	NAME OF TRAINING	YEAR	LOCATION TRAINING	ATTENDED BY
1	BASIC LIFE SUPPORT	Sep-22	HOSPITAL KANOWIT	PPP - 5 SN - 16 JM: 15 PPK :4 PKB: 1 PT: 2
2	SARAWAK ORTHOPAEDIC TRAUMA WORKSHOP	OGOS 2022	HOSPITAL SIBU	PPP: 2
3	POP WORKSHOP	2022	HOSPITAL KAPIT	PPP: 2

4	ADVANCE CARE RESPONDER IN PHC	2022	KUCHING	PPP: 1
5	KURSUS ASAS ECG	2022	HOSPITAL SIBU	PPP: 1 SN: 1
6	BUDAYA KORPORAT	2022	HOSPITAL KANOWIT	PPP: 2 SN: 1 PKB: 1
7	OSCC COURSE	2022	HOSPITAL SIBU	PPP: 1
8	AMOSH UPDATE	2022	HOSPITAL SIBU	PPP: 1
9	FORENSIC MEDICAL RESPONSE COURSE		KUCHING SGH	PPP: 1
10	MALARIA, LEPTO & DENGUE MANAGEMENT COURSE	2022	HOSPITAL SIBU	SN: 2
11	BREASTFEEDING REFRESHER COURSE		HOSPITAL KANOWIT	SN: 5
12	WOUND DRESSING COURSE		HOSPITAL KANOWIT	SN: 3
13	KURSUS KESELAMTAN UBAT		HOSPITAL KANOWIT	SN: 1

6. IMPROVEMENT

The ETU have been renovated and extended with more space which provide good working environment for the staff.

The management of patient is improved with the introduction of three (3) triage Zones for sorting of patient that is Green/Yellow/Red Zone

The ETU has seen an increase in the workload over the years. Total attendances have been on a steady increase.

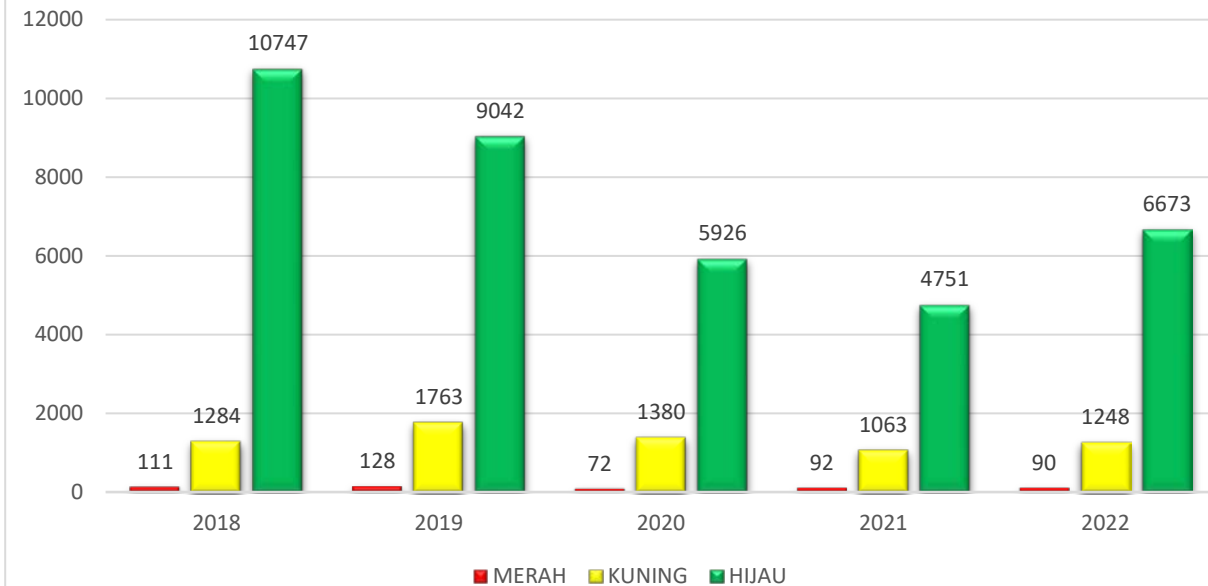
Referrals to the nearest referral centre, Sibu Hospital has increased as the referral centre is about 45 mins to 1 hour by road, thus all critical cases will be referred early.

7. WORKLOAD

WORKLOAD ACTIVITY FROM 2019 TO 2022

JUMLAH KEDATANGAN TAHUNAN PESAKIT MENGIKUT ZON DI UNIT KECEMASAN DAN TRAUMA HOSPITAL KANOWIT					
ZON/ TAHUN	2018	2019	2020	2021	2022
MERAH	111	128	72	92	90
KUNING	1284	1763	1380	1063	1248
HIJAU	10747	9042	5926	4751	6673

**JUMLAH KEDATANGAN TAHUNAN PESAKIT
MENGIKUT ZON DI UNIT KECEMASAN DAN TRAUMA
HOSPITAL KANOWIT
(2018-2022)**

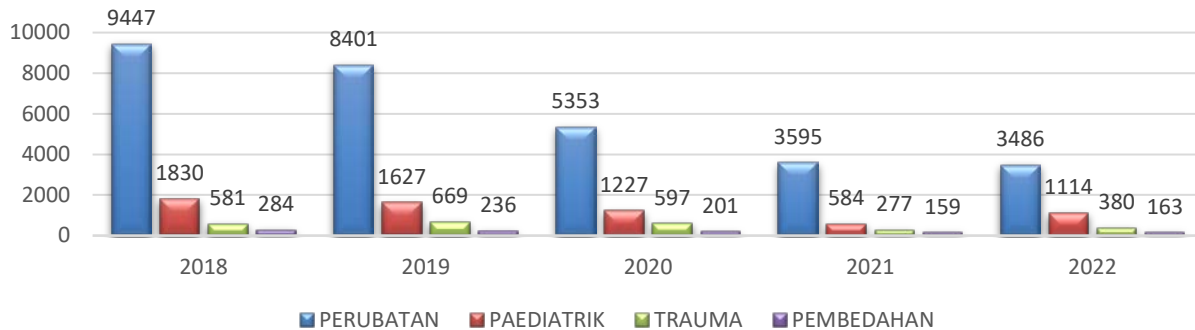


Annual number of visits to the ETU according to zones from 2018 – 2022

**CARTA KEDATANGAN PESAKIT MENGIKUT JENIS KES DI UNIT KECEMASAN DAN
TRAUMA HOSPITAL KANOWIT**

TAHUN	2018	2019	2020	2021	2022
PERUBATAN	9447	8401	5353	3595	3486
PAEDIATRIK	1830	1627	1227	584	1114
TRAUMA	581	669	597	277	380
PEMBEDAHAN	284	236	201	159	163

STATISTIK KEDATANGAN PESAKIT MENGIKUT JENIS KES DI UNIT KECEMASAN DAN TRAUMA HOSPITAL KANOWIT (2018-2023)



Total number of cases according to type of cases from 2018 – 2022

YEAR	Hospital	Perkhidmatan Ambulans											Status Ambulans Terkini									
		Jumlah Panggilan Kecemasan (a)				Jumlah Rujukan (b)				Jumlah Pasukan Perubatan (c)	AOR /Discaj/ Lain-lain (d)	Jumlah (a+b+c+d)	Jumlah Ambulans terlibat kemalangan	Jumlah Kematian dalam Ambulans	Melebihi 5 tahun	Kategori	Berfungsi (e)	Tidak Berfungsi (f)	Proses BER	BER	Jumlah Ambulans (e)+ (f)	
		Pagi	Petang	Malam	Jumlah	Pagi	Petang	Malam	Jumlah					A	B							
2021	Kanowit	69	45	10	124	153	149	44	346	3	275	748	0	0	6	0	7	5	2	1	0	7
2022	Kanowit	70	32	10	112	167	164	55	386	0	164	662	0	0	6	3	4	5	2	1	1	7

Total number of ambulance usage in 2021 and 2022

NO	ACTIVITY	YEAR				TOTAL
		2019	2020	2021	2022	
1	NEW CASES	9711	6420	4461	5145	25737
2	REPEAT CASES	1222	957	1445	2866	6490
3	TOTAL ATTENDANCE	10933	7378	5906	8011	32228
4	TOTAL ADMISSION TO WARD	1206	725			1931
5	REFERRALS TO HOSPITAL SIBU	302	309	346	386	1343
6	REFERRALS RECEIVED FROM DISTRICT CLINIC	65	47			112
7	NO. OF AMBULANCE CALLS	48	66	124	112	350
8	MINOR PROCEDURES	14145	10665			24810

ETU Workload from 2019 to 2022

Please be noted that the grey area in the table above is an indication that the data was not available as it was not collected due to the COVID-19 pandemic that had hit our country during those years.

8. COURSES NECESSARY FOR STAFF TO ATTEND ACCORDING TO CATEGORY

No.	Name of Courses	Post
1.	Basic Life Support	All Category
2.	First Responder Life Support (FRLS)	AMO/SN/JM
3.	Cardiopulmonary Resuscitation (CPR)	All Category
4.	Advance Life Support (ALS)	MO/AMO/SN
5.	Paediatric Advance Life Support (PALS)	MO/AMO/SN
6.	Advance Trauma Care Life Support (ATCLS)	MO/AMO/SN
7.	Basic Trauma Life Support (BTLS)	MO/AMO/SN/JM
8.	Post Basic Trauma Care (PBTC)	AMO/SN
9.	Call Taker	AMO/SN/JM/Driver
10.	Latihan Pemanduan Ambulans	Driver

NURSING DIVISION

1. Introduction

The Nursing Administrative office is situated at the General Administration Office block. It is the first room on the left of the main entrance and next to the engineering unit. Opposite of the room is the ICT Unit.

Vision

To be the unit of excellence in delivering safe quality nursing care.

Mission

To incorporate the values of Corporate Culture in caring for the sick, mainly Teamwork, Caring and Professionalism.

Objectives

- To emphasize the nursing care delivered to the patient is cost-effective, efficient, safe and quality standards.
- To provide quality nursing care by the committed nurses who have good knowledge and skills through continuous education and post-basic training.
- To adopt the practice of safe care in the safe environment by having the right person to do the right thing at the right time.
- To achieve a high standard in the provision of quality nursing care by applying the core values in nursing, promote health, prevent illness, restore health and to alleviate sufferings.

Goals

The nurses have the hands to care and the heart to serve all the time in order to help the patient to achieve and sustain their best functional health.

2. Scope of Service

- i. Manage the human resource for Nursing and Auxiliary staff with regards to their orientation, training, professional registration and deployment.
- ii. Promoting professional development and continuing education for all nurses and auxiliary staff.
- iii. Providing and delivering good quality nursing care with high standard of nursing practice and professional conduct.
- iv. Representing the nurses' views and opinions in various issues pertaining to their service and welfare in the various committees of the Hospital.
- v. Supervise the overall administration and management of nursing accommodation and hostel of the Hospital.

- vi. Monitor and ensure the delivery of high quality linen and laundry services provided by the concession holder.
- vii. Monitor and ensure the delivery of high quality cleansing services provided by the concession holder.
- viii. Ensure timely and adequate supply of sterile products and consumables for delivery of patient care activities
- ix. Ensure compliance to disinfection and sterilization policy and procedures of Central Sterile Supply Services.
- x. Ensure the provision and delivery of high standard of nursing services to the community both for in-patients and out-patients.
- xi. Coordinate and assist the Hospital Infection Control Unit to ensure compliance to the policies and procedures in the prevention and control of hospital acquired infection.

3 ORGANISATION & MANAGEMENT

- i. The Chief Matron assisted by the Nursing Sisters shall manage all aspects of nursing services in the Hospital.
- ii. The matron shall also be responsible for other services such as CSSS, linen and laundry services, cleanliness within wards, infection control services and quality activities of the Hospital.

4 HUMAN RESOURCE DEVELOPMENT & MANAGEMENT

4.1 Human Resource Planning

- i. The Nursing Services shall ensure there is a system to provide appropriate numbers of nursing staff with required skills in the hospital at all times.
- ii. The Nursing Services shall be responsible for training of nursing and auxiliary staff to meet service needs and expansion plan of the Hospital.

4.2 Orientation

- i. Newly appointed nursing and auxiliary staff shall be informed about the terms and conditions of their appointment as in the General Order, *PKPA (Perintah-Perintah Am) and Peraturan-Peraturan Pegawai Awam (Perlantikan, Kenaikan Pangkat dan Penamatan Perkhidmatan)*.
- ii. Orientation programme shall be organized for all new nursing staff within the first month of their reporting for duty. The orientation programme shall include overall briefing on the hospital; nursing policies and procedures; rules and regulations; and their roles and responsibilities.

- iii. Specific briefing shall be given by the various departments and units.
- iv. All the newly qualified nurses shall undergo a six month mentorship programme and are required to pass the allocated competency examinations.

4.3 Placement

- i. Placement of nursing staff to wards or units shall be based on qualification, specialized training received and service needs.
- ii. The ward/ unit head shall be responsible for the placement and job description within the ward/ unit.
- iii. Deployment and rotation of nursing staff to another ward and unit may be carried out as and when necessary.
- iv. The Nursing Services shall be responsible for the deployment of the nursing and auxiliary staff. The priority and emphasis on staff strength shall be given to all the critical areas.
- v. An up-to-date registry of all the nursing and auxiliary staff shall be kept and maintained by the Nursing Services.
- vi. A report on the hospital nursing staff strength shall be sent to the State Matron's office on a monthly basis.
- vii. The Nursing Services shall review the hospital's nursing staff strength and needs annually. The application for the additional nursing manpower shall be sent to the Health Office annually and when instructed.
- viii. The Nursing Services shall ensure that all the nurses have a current and valid annual practicing certificate (APC).
- ix. The Nursing Sister of each respective discipline shall provide counselling to the nursing and auxiliary staff when the need arises.

4.4 Staff Deployment

Nursing shortages affect the workload of existing staff and pose a potential threat to the continuity of care and patients' safety

- i. Short-term deployment of nurses is usually used within the hospital units in order to 'balance the numbers' or to cover the shortage of staff in the different units.
- ii. Nurses in other unit are sent to go and assist in another unit, where there is not enough nursing staff or when their own unit is not busy.
- iii. The aim of deployment is to cover the shortage of nurses in the particular unit for a duty shift.
- iv. Deployment of staff shall be arranged by the ward Sister or Sister on call.

Decisions will be made rapidly and communication with staff conducted verbally rather than in writing.

4.5 Professional Training & Development

- i. The Nursing Services shall plan and encourage all the nurses and auxiliary staff to undergo appropriate training programs to improve their professional knowledge and skills as well as to fulfil the needs of the hospital.
- ii. The Nursing Services' office shall coordinate and assist in the application of Post-Basic Nursing Training for all nurses in the hospital.
- iii. The Nursing Services shall promote continuing professional educational activities through organization of Continuing Nursing Education (CNE) session done weekly and other in-house training activities.
- iv. The Nursing Services shall promote, coordinate and encourage the nurses to participate in continuing professional educational activities organized by the hospital or other professional bodies.
- v. The Nursing Services shall encourage all nursing staff to participate in research and audit activities.
- vi. The Nursing Services' office shall act as a secretariat for organization of Annual Nurses Day Celebration for the Hospital.

Staff post in Nursing Division in 2023 (as of October 2023)

Category	Post	Filled	Vacant
Jururawat U36	1	1	0
Jururawat U32	7	7	0
Jururawat U29	43	42	1
Jururawat Masyarakat Gred U19 (TBK1 dan TBK2), Jururawat, Gred U29 (TBK 1 dan TBK 2)	6	5	1
Jururawat U26	1	0	1
Jururawat U24	3	2	1
Jururawat U19	43	22	21

Staff with Post Basic Courses

NURSES WITH POS BASIC IN KANOWIT HOSPITAL 2023

No	Names	IC Number	Post	Grade	Post Basic	Year	Job placement
1	PJ Eni Anak Entri	720305-13-5586	Penyelia Jururawat	U36	Paediatric	2009	Unit Kejururawatan
2	KJ Sabina Anak James	810125-13-5174	Ketua Jururawat	U32	Kecemasan & Trauma	2013	Unit Kecemasan
3	KJ Jita Ak Nanggai	730722-13-5404	Ketua Jururawat	U32	Kebidanan	2009	Wad Bersalin
4	KJ Kong Siu king	700319-13-5466	Ketua Jururawat	U32	Kebidanan	2004	Kejururawatan
5	KJ Veronica Ejah Ak Akam	740208-13-5902	Ketua Jururawat	U32	1.Kebidanan	2004	HDU
					2. Renal	2014	
6	KJ Rosita Bt Lekar	671228-13-5110	Jururawat	U32	Perioperatif	2002	OT/ CSSS
7	KJ Hairuniza Bt Khamis	750306-13-6086	Jururawat	U32	Kebidanan	2013	Wad Perempuan/Paed
8	KJ Kong Muk Thei	670901-13-5504	Jururawat	U32	Renal	2010	Wad Lelaki
9	SN Lau Ung Yew	720218-13-5502	Jururawat	U32 TBK1	Kebidanan	2012	Wad Bersalin
10	SN Nurmalia Rajeman	811211-13-6178	Jururawat	U32 TBK1	Kebidanan	2014	Wad Bersalin
11	SN Chai Choon Hong	820218-13-5552	Jururawat	U32 TBK1	Kebidanan	2011	Wad Bersalin
12	SN Lily anak Jetie	810913-13-5650	Jururawat	U29	Ophthalmology	2022	OT/ CSSS
13	SN Santia Jalan	790308-13-5174	Jururawat	U29	Kebidanan	2014	Wad Bersalin
14	SN Suzy Ak Radin	791120-12-5208	Jururawat	U29	Kebidanan	2019	Wad Bersalin
15	SN Pauline Gundi	770216-13-8002	Jururawat	U32 TBK1	Kawalan Infeksi	2011	Unit Kawalan Infeksi
16	SN Kong Siew Yiing	730929-13-5276	Jururawat	U32 TBK1	Kecemasan & Trauma	2007	Unit Kecemasan
17	SN Maria Chabo	810610-13-6082	Jururawat	U32 TBK1	Pengurusan Diabetik	2012	Klinik NCD

18	SN (KUP) Dorothy Surai	751119-13-5584	Jururawat	U32 KUP	Renal	2009	HDU
19	SN Dina Sani	831106-13-5622	Jururawat	U32 TBK1	Renal	2016	HDU
20	SN Andylin Albert	860225-52-5570	Jururawat	U29	Pediatrik	2016	Wad Pediatrik
21	SN Sweelyn Yvonne Alli	840417-13-5026	Jururawat	U32 TBK1	Pediatrik	2018	Wad Pediatrik
22	SN Tracie Connillia Ak Noyaw	920813-13-5458	Jururawat	U29	Kecemasan & Trauma	2021	Unit Kecemasan
23	SN Rosita Anak Belili	800528-13-5890	Jururawat	U29	Renal	2022	HDU

PSL (*Perkhidmatan secara Lantikan*) Diploma in Nursing

1. There are 7 PSL SNs working in various disciplines in this hospital.

SENARAI PSL YANG TELAH TAMAT LATIHAN DAN BERTUGAS DI HOSPITAL KANOWIT 2023

Bil	NAMA	NO.KAD PENGENALAN	TARIKH MULA LATIHAN	TARIKH TAMAT LATIHAN	TARIKH LANTIKAN	PENEMPATAN SEKARANG	LULUS TETAPI BELUM MENDAPAT LANTIKAN KE U29
1	Marylin Noah	850423-13-6032	02.01.2018	30.12.2018	09.09.2020	ETD	
2	Sasila binti Usop	880121-13-5760	02.07.2018	30.06.2019	05.08.2020	PEDIATRIK	
3	Siew Shu Jen	880805-13-5620	03.07.2017	30.06.3018	05.08.2020	FEMALE WARD	
4	Melinda anak Alli	800823-13-5092	01.01.2017	31.12.2017	30.06.2020	ETD	
5	Roskiah anak Renggan	871115-13-5436	01.01.2017	31.12.2017	30.06.2020	ETD	
6	Dorris anak Henry	750905-13-5712	02.01.2019	31.12.2019	02.10.2023	PEDIATRIK	

7	Jessica anak Anthony Jarau	791218-13-5092	01.07.2019	30.06.2020	02.10.2023	PEDIATRIK	
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2. Currently another 2 JMs who had completed their training are waiting for their SN U29 appointment.

SENARAI JURURAWAT MASYARAKAT YANG TELAH TAMAT LATIHA(PSL) TETAPI BELUM MENDAPAT LANTIKAN KE U29

BIL	NAMA	No. KAD PENGENALAN	TARIKH MULA LATIHAN	TARIKH TAMAT LATIHAN	TEMPAT KURSUS	PENEMPATAN SEKARANG
1	Sandra anak Jernang	790926-13-5056	02.01.2020	30.06.2022	ILKKM SIBU	FEMALE WARD
2	Loretta anak Titek	860307-135146	03.01.2022	03.01.2023	ILKKM SIBU	PEDIATRIK

3. Another 3 JMs are still undergoing training.

SENARAI JURURAWAT MASYARAKAT YANG SEDANG MENGIKUT LATIHAN

BIL	NAMA	No. KAD PENGENALAN	TEMPAT BERTUGAS	PELEPASAN KETUA JABATAN	ALASAN JIKA JM TIDAK DILEPASKAN
1	Patricia anak Manjan	910421-13-6102	Male Ward	Ya	

5. FACILITIES & EQUIPMENTS

- i. The ward sister in-charge shall maintain an updated inventory of all ward equipment and assets. She shall ensure all equipment are regularly maintained in good functioning condition by the concession company.
- ii. The contents of the emergency trolley shall be checked every shift and replenished accordingly.
- iii. The Chief Matron shall ensure that all services provided by the concession company are of acceptable standards and quality as stipulated in the concession agreement. Regular meetings shall be held with concession company to discuss any issues pertaining to the level of services given and to validate that appropriate services been given.

- iv. Plan for more equipment such as ECG machine, 5 parameters vital sign monitor, Entonox pain relief system, phototherapy lamp, patient transport trolley and replacement for all beds, lockers and cardiac tables in stages.

6 SAFETY & PERFORMANCE IMPROVEMENT ACTIVITIES

The following shall be used to appraise and ensure the safety and quality of nursing services in this hospital:

- i. 2 Monthly nursing management meetings
- ii. 2 monthly monitoring and evaluation of nursing practices through Clinical Skills Assessment by nursing sisters in all clinical areas
- iii. 6 monthly National Nursing Audits on nursing practice
- iv. Regular evaluation of compliance to standards of good nursing practice by the nursing sister during general call duty via targeted objective rounds
- v. 6 monthly annual client satisfaction survey using SERQUAL Methodology for both in-patients and out-patients in the hospital
- vi. Monthly monitoring, tracking and trending on rate of pressure ulcers, thrombophlebitis and fall with appropriate analysis and evaluation done on SIQ factors using Root Cause Analysis concept.
- vii. Monthly monitoring tracking and trending on Hospital Performance Indicator for accountability (HPIA)
- viii. Quality Improvement Projects (QI) & Quality Assurance Projects (QAP)
- ix. All relevant performance indicators of MSQH & the Ministry of Health
- x. Hospital Specific Approach Indicators on performances of nursing services specific to this hospital
- xi. Regular reviews on incident reports pertaining to patient safety and nursing services via root cause analysis and risk management meetings.
- xii. Each unit is encouraged to carry out quality service project, innovation and other project pertaining to improvement of patient care.
- xiii. Each staff is required to have their health screened (staff who are above 40 years old with no medical follow-up).

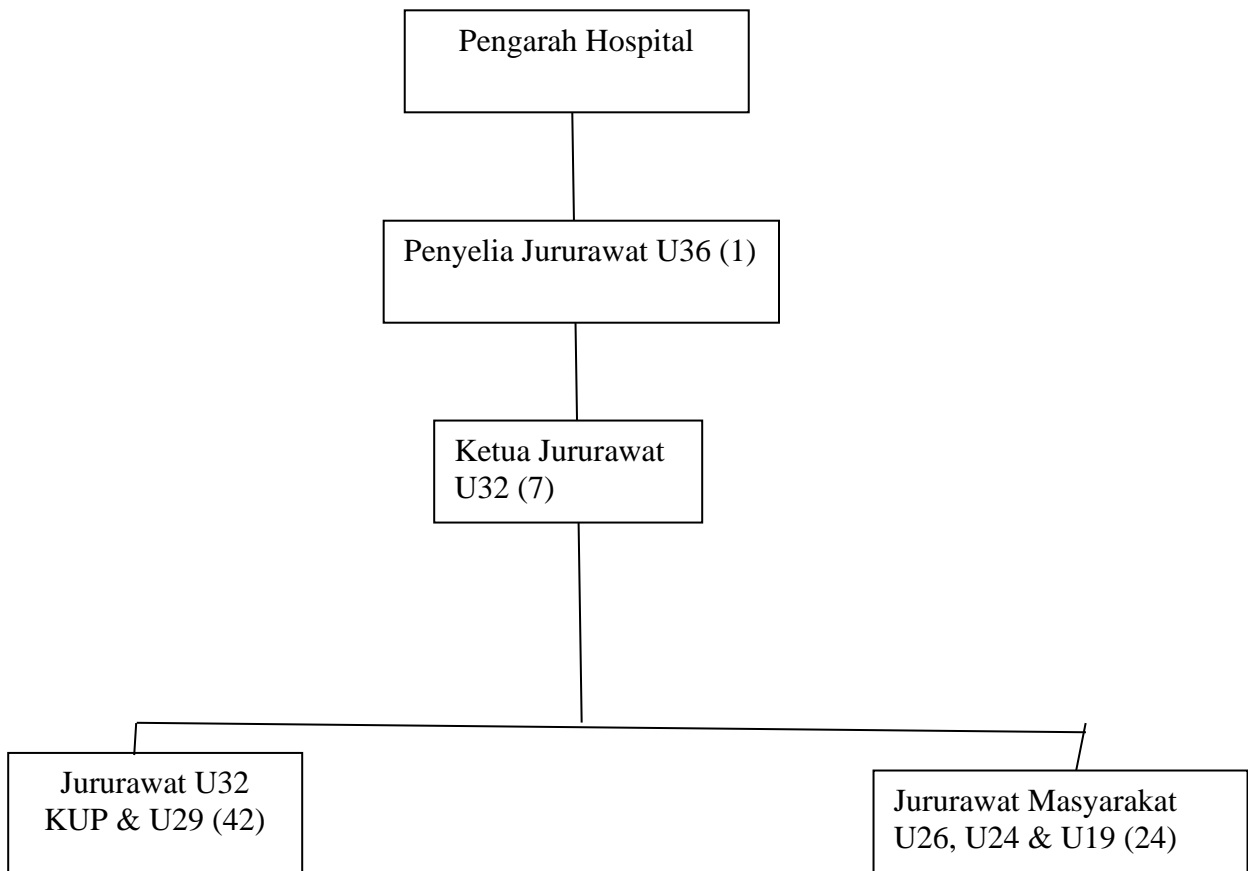
Future Plan of the unit

- i. To have more U36 nurses for the clinical areas and one U42 in charge of administration.
- ii. To train more nursing and auxiliary staff to meet service needs and expansion plan of the hospital
- iii. To train more staff in Post basic in Emergency & Trauma, Paediatric, Peri-operative.

7. In –patient Bed

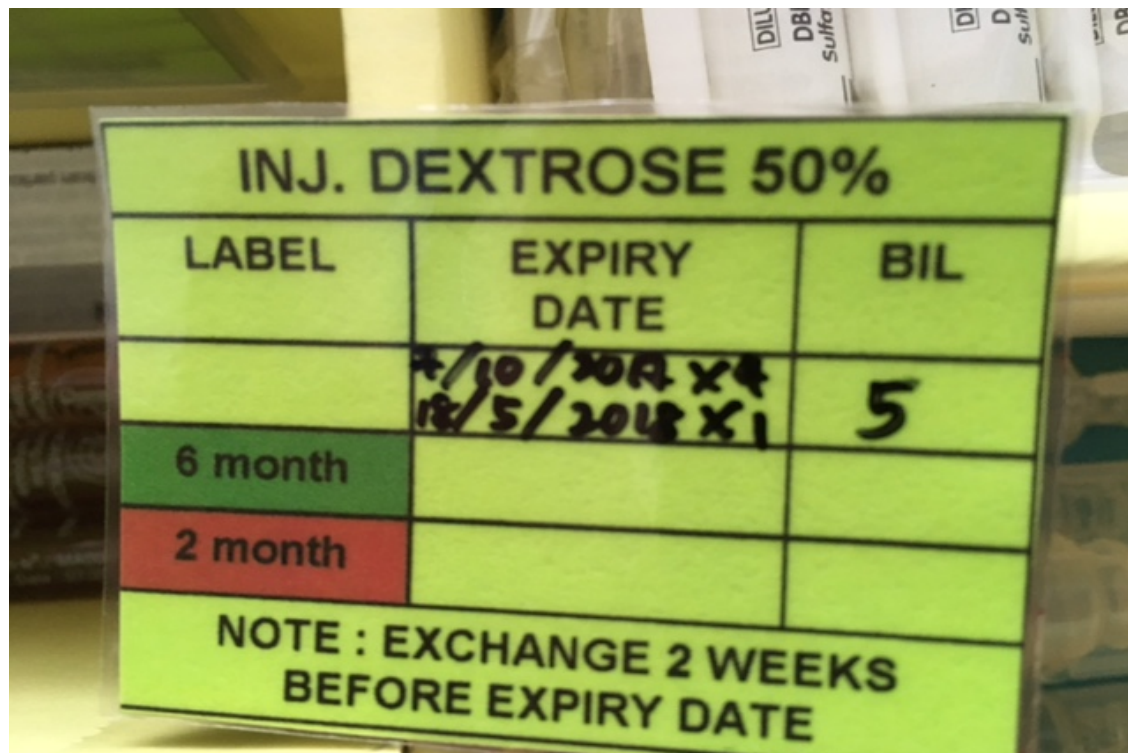
WARD	DISCIPLINE	TOTAL NO. OF BEDS
Maternity (Melor 1)	Obstetric	16
	Nursery	3
Total number of beds		19
Male Ward (Melor 2)	General Medicine	11
	Chest (TB)	8
	General Surgery	4
	Orthopaedic	2
Total number of beds		25
Female Ward (Melor 3)	General Medicine	11
	Chest (TB)	8
	General Surgery	4
	Orthopaedic	2
	Gynaecology	3
Total number of beds		28
Paediatric Ward (Melor 4)	Paediatric	28
Total number of beds		28
TOTAL NUMBER OF BEDS		100

8. Organisation chart of the nursing division



9. INNOVATION PROJECTS

Emergency Drugs label standardise in all wards



1. Items are stored neatly in the drawers, utilizing used IVD bottles that are refashioned to be holders.
2. Items and equipment are stored in an organized and systematic manner in this way.



1. Using old detergent bottles that are refashioned into pamphlet/brochure or item holders. These are places around each cubicle in the male ward.



MALE WARD

Introduction

It is a single storey block located on the ground floor in between Operation Theatre and Haemodialysis Unit block. It is a 25 bedded ward. The ward started operation beginning of 1984.

Vision

To be the unit of excellence in delivering safe quality nursing care.

Mission

To incorporate the values of Corporate Culture in caring of the sick, mainly Teamwork, Caring and Professionalism.

Objectives

1. To provide quality care to patients in general medicine & surgery
2. To provide the skills & level of quality care to patients.
3. To promote patients' participation in decision making in health care & treatment.

Goals:

Ensuring comprehensive care that considers the patient's social, emotional, cultural and physical needs.

Scope of service:

1. The main function of the adult Male Ward is to provide facilities for the assessment, treatment, nursing care and rehabilitation of acutely ill patients aged 12 years and above.
2. When circumstances arise (shortage of bed) the Hospital Director may use his/her discretion to allow additional canvas beds to be added.

Organisation and Human Resource

The general management of Male Ward is under a Nursing Sister (Ketua Jururawat U32)

One Medical Officer is in-charge of the ward.

Bed distribution by discipline:

General Medicine: 11 beds

Chest (TB) : 8 beds

General Surgery : 4 beds

Orthopaedic : 2 beds

Total beds: 25 beds

Position Logistic

Catagory	Post	Filled	Vacant
Jururawat U32	1	1	0
Jururawat U29	7	6	1
Jururawat U19	6	4	2
PPK	1	5	4

Workload

	2019	2020	2021	2022
Admission	598	425	397	323
Discharge	596	375	310	275
Deaths	17	10	16	9
Referrals	60	34	37	30
BOR	49.78%	29.53%	43.66%	38.43%
ALOS	7.6	6.31	10.83	10.82

Quality Activities

- i) Monitoring of National Indicator Approach, HPIA, National Nursing Audit, Hospital Specific Audit, Nursing process Audit in the ward.
- ii) Client Satisfactory Survey which is being done twice a year.
- iii) Coordinate Infection Control activities in the ward.
- iv) Carry out reporting as per Incident Reporting Guideline
- v) Basic Life Support done 2 times per year to prepare staff for more knowledge and skill in doing resuscitation.

Plan/ Strategy

- 1) To upgrade all bathrooms and toilets in the ward.
- 2) Budget for more equipment such as ECG machine, Infusion pump and 5 parameters vital sign monitor

FEMALE WARD

Introduction

Female Ward is a single storey block situated in between Maternity Ward and the Kitchen. It is a 28 bedded ward and started operation in 1984.

Vision

Female Ward is to be the unit of excellent in nursing care, treatment and health education to all patients and their relatives.

Mission

Female Ward staff are committed in providing quality service with full dedication, responsibilities and to practice Corporate Culture by being Caring, Teamwork and Professionalism.

Objective

- 1). To provide inpatient care to patients in general medicine & surgery.
- 2). To provide the skills and level of quality care to patients.
- 3). To promote patient participation in decision making in health care and treatment.

Scope of service

The main function of the adult Female Ward is to provide facilities for assessment, treatment, nursing care and rehabilitation of acutely ill patients aged 12 years and above. When circumstances arise (shortage of bed) the Hospital Director may use his/her discretion to allow additional canvas beds to be added. This female ward is a multi-disciplinary ward and it is a third class ward.

Organisation and Human Resource

The general management of Female Ward is under the Nursing Sister (Jururawat U32) Bed distribution by discipline:

General Medicine	: 11 beds
Chest (TB)	: 8 beds
General Surgery	: 4 beds
Orthopaedic	: 2 beds
Gynaecology	: 3 beds

Total : 28 beds

Post Logistic for Female Ward (as of October 2023)

Category	Post	Filled	Vacant
Nursing sister U32	1	1	0
Staff nurses U29	2	4	-2
Community Nurses U19	9	4	5
Attendants U11	0	5	-5

Workload

Activity	2019	2020	2021	2022
Admission	545	405	374	290
Discharge	479	359	356	261
Death	12	12	15	7
Referral	50	50	26	16
BOR	24.08	24.08	19.99	12.50
ALOS	4.52	4.52	5.74	4.42

Quality Activities

- i) Monitoring of National Indicator Approach, HPIA, National Nursing Audit, Hospital Specific Audit, Nursing process Audit in the ward.
- ii) Coordinate Infection Control in the ward
- iii) Carry out as per Incident Reporting guidelines
- iv) Client Satisfaction Survey which is being done twice yearly.
- v) Basic Life Support done 2 times per year to prepare staff for more knowledge and skill in doing resuscitation.

Plan/ Strategy

- 1) To upgrade all bathrooms and toilets in the ward.
- 2) Budget for more equipment such as 5 parameters vital sign monitor.

MATERNITY WARD

INTRODUCTION

The Maternity Ward is situated in between the Administration Block and Female Ward. It is a 19 bedded ward, 16 Obstetric beds for ante and postnatal and 3 Nursery beds. Before entering the main Maternity Ward, the labour Room is situated at the second door on the left hand. It is air conditioned and has 3 delivery beds. The baby examination room is adjacent to it. It started operation in December 1983.

Mission

Maternity ward staffs are committed in providing safe delivery by being caring, compassionate, and efficient with effective nursing care.

Vision

To be the unit of excellence in delivering safe quality nursing care to mother and baby.

Objectives

- i. To manage all patients the fairly, regardless of their age, race, status and religions.
- ii. To ensure the environment is safe and all the equipment are in good functioning order.
- iii. To be able to detect early and initiate prompt referral and effective management of maternal and complication.
- iv. To initiate breastfeeding and bonding as per Baby Friendly Hospital Initiative policies.
- v. To ensure the safety of mother and baby during delivery.
- vi. To ensure the delivery of a child is happy and enriching experience for mother.

Goals

The nurses have the hands to care and the heart to serve all the time in order to help the patient to achieve and sustain their best functional health.

Scope of Service

1. The ward has been designed to provide facilities for the assessment, treatment and nursing care of antenatal and postnatal mothers and their babies immediately after delivery.
2. Service shall be provided 24 hours a day with nursing personnel working on shifts.
3. A Baby-Friendly policy shall be observed and maintained.

Staff Development (Human Resource)

Maternity	Post	Filled	Vacant
Jururawat U32	1	1	0
Jururawat U29	8	6	2
Jururawat U19	10	4	6
Medical Attendant	0	6	-6

Workload in Maternity Ward from 2018 to 2022

Item	2018	2019	2020	2021	2022
Admissions	233	143	114	98	85
Normal delivery	113	86	60	52	36
Caesarean section	0	1	0	0	0
Forceps	0	0	0	0	0
Vaccum	0	0	0	0	0
Others (Complications eg. PPH, MRP)	0	0	0	0	0
Total	113	230	174	150	121
Live Birth	113	87	59	52	36
Fresh still birth	0	0	1	0	0
Macerated still birth	0	0	0	0	0
CLUSTER EYE OPERATION	-	51	35	0	0
DAY CARE PATIENT	-	-	176	153	88
TOTAL WORKLOAD	346	281	385	303	209

Facilities/Equipment

- i. Bio Medical Equipment: - Both the Labour Suite and the Ante/Postnatal Wards are equipped with equipment for the diagnosis and monitoring of patients. They are maintained and repaired by the Hospital Support Service (HSS) on an agreed schedule or upon request.
- ii. The ward has a reception counter where the patient are received, registered and later examined by the nurse or doctor at the examination room or at the bed site.
- iii. The labour suite has portable sucker, oxygen, patient vital sign monitor, SpO2 monitor, resuscitation trolley, radiant warmer, CTG machine and Ultrasound scan.

Training

All categories of staff are encouraged to attend relevant in-house or external courses or CME/CNE in the hospital. Points were documented in the CPD logbook.

Quality Improvement Effort

1. We sent our staff for Neonatal Resuscitation Program in Sibu Hospital 3 times per year and Basic Life Support done 2 times per year to prepare them for more knowledge and skills in doing resuscitation.
2. Obstetric Drill is done 2 times a year.
3. Staffs were sent for SALSO (Sarawak Advance Life Support Obstetric). The aim is to consolidate the staff in applying their knowledge in managing similar obstetric emergencies in the future.
4. Orientation of mothers coming to the Maternity Ward is based on the agreed check list provided by the hospital and signed by the patient and witnessed by the nurse.
5. Standard Precaution of Infection Control is practiced and clinical Skill Assessment is done 2 monthly for all categories of staff in the Maternity Ward.
6. Nursing Process Documentation is done is for every patient.
7. Kanowit Hospital is Baby Friendly hospital and breast feeding is implemented to all mothers and their newborn. 100% of the staff of Maternity Ward has been trained for the 20 hours breastfeeding course.
8. Client satisfaction survey is done twice a year.
9. All patients are counselled for family planning.

Plan/Strategies for the Unit

We planned for minor work project to upgrade all the bathrooms and toilets in the ward.

Budget for more equipment such as Ultrasound scan, T- piece resuscitator, Entonox pain relief system.

PAEDIATRIC UNIT

Introduction

The general Paediatric Ward is located at the back of Female Ward, near the playground. It is a single storey building. It is a 28 bedded ward and start operation in late 1983.

Vision

Paediatric Ward will be a unit of excellence in nursing care, high quality standard with responsible and committed staff in delivering their duties for the comfort of the patients.

Mission

To give quality service and to practice Corporate Culture, mainly Teamwork, Caring and Professionalism to meet the needs and satisfaction to the clients.

Objective

1. To develop rapport, understanding and trust in a helping relationships.
2. To provide the skills and level of quality care to patients.
3. To educate parents participation in decision making in health care and treatment.

Goal

Ensuring comprehensive care that considers the patient's social, emotional, cultural and physical needs.

Functions

The main function of the ward is to provide facilities for the assessment, diagnosis, treatment, nursing care and rehabilitation of ill children aged 0 to 12 years of age.

The ward shall also provide counselling and health education to parents/ guardians on the care of their children.

Service shall be provided 24 hours a day, with nursing personal working on 3 shifts.

All beds in the paediatric ward are third class beds and cater for both males and females and is a multidisciplinary ward.

It is also a Baby Friendly ward.

Organisation and Human Resource

The general management of Paediatric Ward is under the Nursing Sister (Jururawat U32)

It is a 28 bedded ward.

Staff Development (Human Resource)

Category	Post	Filled	Vacant
Jururawat U32	1	1	0
Jururawat U29	9	6	3
Jururawat U19/ 24	9	6	3
PPK U11	0	4	-4

Workload

Activity	2019	2020	2021	2022
Admission	717	372	127	250
Discharge	717	350	113	243
Death	0	0	0	1
Referrals	45	20	4	8
BOR	19.84	8.5	3.61	6.45
ALOS	4.52	2.37	3.15	2.62

Quality Activities

1. Monitoring of National Indicator Approach, HPIA, National Nursing Audit, Hospital Specific Audit, Nursing process Audit in the ward.
2. Coordinate Infection Control activities in the ward.
3. Carry out reporting as per Incident Reporting Guideline.
4. Client Satisfaction Survey
5. Basic Life Support done 2 times per year to prepare staff for more knowledge and skill in doing resuscitation.

Plan/ Strategy

1. Upgrading of ceiling, lighting and wiring.
2. Upgrading of all bathrooms and toilets.
3. Budget for more equipment such as Defibrillator, Infusion pump and Spo2 monitor.
4. To encourage and train more staff in Paediatric Post basic

HEMODIALYSIS UNIT

Introduction

Kanowit Hospital Haemodialysis Unit (HDU) offers haemodialysis service and medical treatment to End Stage Renal Failure (ESRF) patients in the area of Kanowit district.

HDU Kanowit Hospital, Sarawak is one of the haemodialysis service under the Ministry of Health Malaysia. All the haemodialysis unit under the ministry provides quality services and shared the same vision and mission.

History

HDU Kanowit Hospital started its operation since 16th of October 2005 to meet the demand of dialysis by the ever increasing number of end stage renal failure patients. In less than a decade, the number of dialysis patients increased from one (1) in year 2005 to the current number of 53 patients. In the meantime, we have 10 dialysis machines and only 9 running with 1 machine on standby.

Mission

To provide quality and professional services with good values

Vision

To achieve excellent standard and quality service

OBJECTIVES

- To provide haemodialysis services to patients referred by central unit
- To provide treatment for the end stage renal failure patients around the haemodialysis satellite unit according to rules and regulations set

SCOPE OF SERVICES

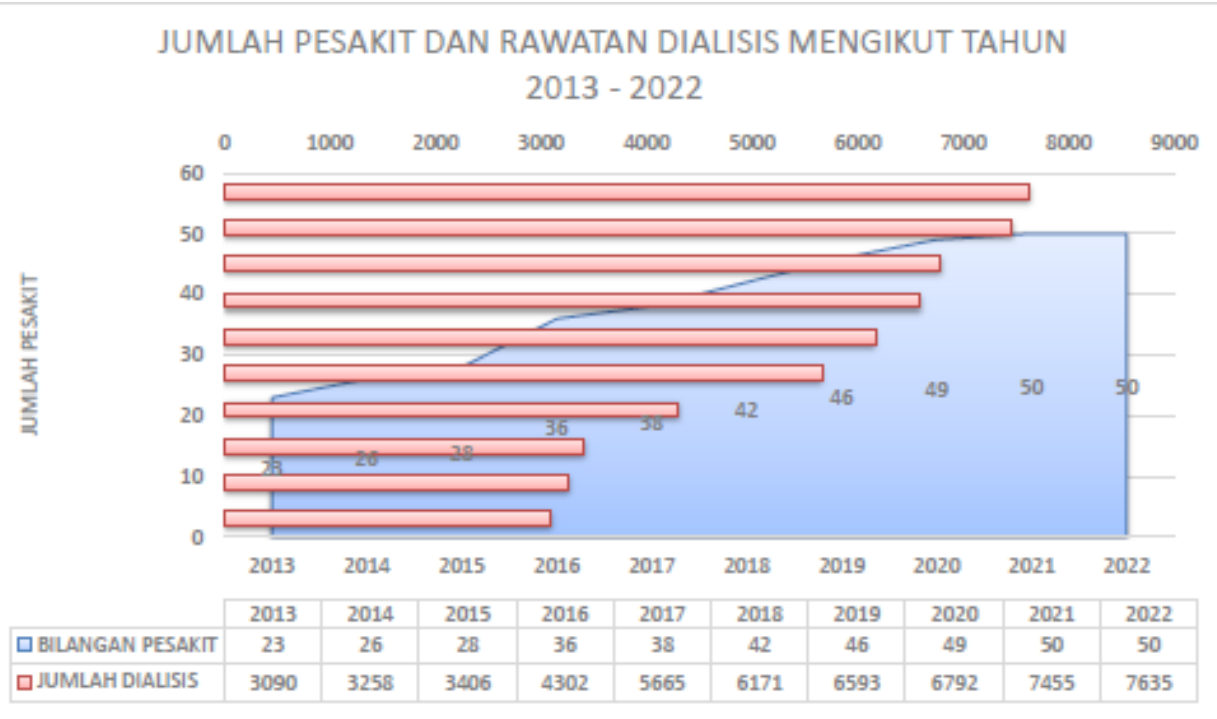
- Regular Haemodialysis services to patients diagnosed with End Stage Renal Failure (ESRF)
- All ESRF patients must dialysed for four (4) hours, three (3) times a week
- Haemodialysis Unit also provide medication and treatment, e.g.: Imferon, Infusion Desferioxamine (D.F.O), blood transfusion and sequential ultrafiltration.
- Haemodialysis unit also operating on weekend.

1. All the decisions on management of haemodialysis treatment for all ESRF patients will be managed by the nephrologist.
2. Medical Officers are required to refer to nephrologist for ESRF patients requiring haemodialysis.
3. Kanowit Hospital haemodialysis Unit can cater up to 54 patients at the full functioning capability of ten units of haemodialysis machines.
4. Guidelines for management of ESRF patients are available for all regular cases. The haemodialysis unit is managed by the State Nephrologist.
5. Patients are not allowed to choose haemodialysis machine in order to avoid misunderstanding among patients as well as staffs.
6. Haemodialysis unit can receive temporary case/ acute cases as long as HIV and hepatitis screen are negative.
7. All patients planned for Imferon test dose have to be admitted for observation in case of reactions or complications.
8. Radiographs of haemodialysis patients for follow up will be kept in HDU Kanowit Hospital.
9. Medical records of patients transferred to other hospital will be kept in HDU Kanowit Hospital
10. Disinfection and cleaning of dialyser will be done by Dialyser Reprocessor System (Renatron) automatically.
11. Maintenance and repair of haemodialysis machine, reverse osmosis system, dialyser reprocessing system as well as raw water pump are the responsibility of Hospital Support Service

HUMAN RESOURCE / STAFFING

1. Trained Assistant Medical Officer U32 - 1
2. Head Nurse U32 - 1
3. Trained Assistant Medical Officer (KUP) U32 - 1
4. Trained Staff Nurse (KUP)U32 – 3
5. Trained Assistant Medical Officer U29 - 2
6. Trained Staff Nurse U29 - 0
7. Medical Attendant U11 - 3

Annual workload in HDU from 2015 – 2022



SAFETY GUIDELINES FOR HEMODIALYSIS UNIT HOSPITAL KANOWIT

STAFF

Staffs diagnosed with Hepatitis B and C are not allowed to work in haemodialysis unit.

- Staffs are required to use disposable plastic apron and three ply face mask provided in order to prevent contamination
- All HDU staff must undergo hepatitis B screening annually, and for vaccination if antibody is below protected level.
- All staffs must be post basic renal trained and equipped with personal protective equipment while doing procedures.
- Aseptic technique must be maintained during all procedures.

PATIENTS

- All patients must be screened for VDRL, hepatitis B & C, HIV as well as haemoglobin level and blood group screening prior to dialysis in haemodialysis unit.
- Patients must be given vaccination if antibody for hepatitis B is negative

EQUIPMENTS

Haemodialysis Machine (Fresenius), Dialyser Reprocessing System and R.O System

Haemodialysis Machine:

- All haemodialysis machines must pass the self-test before haemodialysis treatment.
- Bloodlines must be primed correctly before haemodialysis treatment in order to ensure no microbubbles can free from chemicals
- Ensure reverse water system and reserve tank of reverse osmosis is turned on before haemodialysis treatment begins.
- All haemodialysis machines must be disinfected immediately before haemodialysis treatment ends.

Dialyser Reprocessing System (DRS)

- DRS machine shall be calibrated in the morning and sanitation before shutting down of machine during every operational day.
- Dialyser Reprocessor System must be cleaned using soap and water by medical attendant during every operational day.
- All dialyser used must be cleaned and disinfected using renalin.
- Ensure dialyser is filled with renalin in order to maintain its sterility.

Reverse Osmosis System

- Guard Filter must be changed every month or if PSI level is less than 15.
- Bacterial filter must be changed every 6 months or when PSI level is less than 25.
- Refill 10kg of salt to brine the sanitation tank.
- RO water must be tested every 6 months to ensure bacteria free.

Dialyser

- To check the percentage of germicide using per assay 500 before rinsing dialyser.
- Residual test must be done to all dialyser reused.

Renalin

- Test strip must be done to ensure no chemicals in dialyser.

Environment

- Air conditioner must be turned on when patient is undergoing dialysis.
- Doors and grills must be locked when haemodialysis unit is not operating.
- Regular bin, clinical and sharp bins must be placed near all machines.
- Haemodialysis machine must be 6 feet apart from another haemodialysis machine.

FACILITIES AND EQUIPMENT

- Non- Hep B room
- 10 units of haemodialysis machines
- Renatron RO water machine, emergency switch BP set, fire extinguisher, emergency trolley, beds, oxygen, plugs, tv, DVD player, air conditioner unit, sharp pack, clinical waste bin, Fresenius machine, key box, computer, toilet, HDU store (inside), HDU store (outside), treatment room, reprocessing room, pantry, waiting room.
- Planned preventive maintenance (PPM) must be done from time to time in order to ensure machines and equipment are functioning well.
- Haemodialysis must be kept clean and neat in order to ensure comfortable and friendly workplace. On top of that, fire extinguisher must be available at the unit in case of fire.

QUALITY IMPROVEMENT ACTIVITIES

- Daily test for haemodialysis machines before operation by staff on duty.
- After each haemodialysis machine usage, hot disinfection must be carried out to kill bacteria resistant to chemicals.
- Daily test of log on to RO water system – in order to detect any abnormality of RO water system in order to make sure optimal level of RO water for haemodialysis treatment
- To replace guard filter of RO water system each month or below 15psi.
- Replace 10kg of salt each week into brine tank for regenerating of column softener to ensure water conductivity is permissible.

- Water samples must be tested every 6 months to ensure RO water quality comply to AAMI standards.
- Monthly test for chloramines, chlorine, water pH, microbiology and culture and sensitivity.
- Daily calibration only for dialyser reprocessing machine to ensure its function and safety.
- Sanitation to be carried out daily for disinfection
- Checking of renalin level in dialyser to ensure good disinfection and reprocessing
- Residual renalin must be checked after priming blood lines to ensure free from microbubbles, industrial chemicals and renalin. This step is crucial before each haemodialysis to ensure patient safety.
- Blood testing every three months for Hepatitis B, HIV, Hepatitis C and VDRL to ensure status of each patients.
- HDU staff must be screened yearly for hepatitis B infections
- Patient satisfaction survey to be done twice a year
- To check temperature of refrigerator twice a day

LONG TERM PLAN

1. Upgrading of consumable store in order to cope with the ever rising number of dialysis patients
2. Upgrading of current facility to accommodate the increased number of patients and to reduce congestions
3. Application for additional assets and equipment

PHYSIOTHERAPY UNIT AND OCCUPATIONAL THERAPY UNIT

INTRODUCTION:

The setting up of the Physiotherapy Unit Hospital Kanowit Sarawak started from October 2007 with the renovation to convert part of the hospital laundry service area to a Physiotherapy room. It is located in between the hospital kitchen (BB09) and Kanowit Hospital's Medical Store.

The Physiotherapy service since then started operation with in-patient ward physiotherapy first (as the physiotherapist reporting for duty) as of 18.2.2008 and the Unit only passed testing cum commissioning procedures on 15.5.2008, therefore allowing out-patient physiotherapy to commence. The providence of physiotherapy services in Kanowit has help fulfil the needs of the local population (most of which are from the rural interior) that needs to travel 104km to the nearest Physiotherapy Department which is located in Sibuloh Hospital.

Initially, the Physiotherapy Unit was just a room next to the Linen and Laundry Service area without a waiting room. Congestion of patients left standing while awaiting treatment or for their family seeking treatment, has led to the renovation works of the Linen Sorting area next door into a new space for Physiotherapy through allocation of the phase 1 of the Economic Stimulus Project or 'Projek Ransangan Ekonomi Fasa 1' in 2009.

This has enabled the Physiotherapy Unit to acquire (fully airconditioned) 1 waiting area with waiting seats, 1 electrotherapy area (with 4 curtained treatment cubicles to ensure the privacy of patients while having to expose themselves for treatment, 1 small pantry for the welfare of staff, 1 linen store, 1 equipment store as well as a handicapped toilet to cater to the need of patients.

The renovation started in March of 2009 was monitored to completion in July 2009 with the testing and commissioning done on 29.7.2009. Officially the new area started to be used in August 2009.

The Physiotherapy Services is provided during office hours only with the operating schedule as stated below and shall be closed on Saturdays, Sundays as well as Public Holidays.

OUTPATIENT PHYSIOTHERAPY SERVICE:

8.00 AM -1 PM & 2.00 PM - 5.00 PM

INPATIENT PHYSIOTHERAPY SERVICE:

10.30 AM -1.00 PM &

2.00 PM - 5.00 PM

(inclusive of: Paediatric ward, Male and Female Wards, Maternity Ward)

COMMUNITY HEALTH REHABILITATION (MCH KANOWIT):

8.00 AM -10.00 AM

PAEDIATRIC MULTIDICLINARY TEAM CLINIC

Every 3 months.

Physiotherapy Unit Hospital Kanowit Sarawak

1. MISSION STATEMENT

The providence of physiotherapy service shall be based on the corporate values of caring services, teamwork and professionalism in ensuring the delivery of quality services by qualified physiotherapists to fulfil clients' needs in attaining optimal functional independence.

2. VISION

To become an ideal model centre in committing to attain high level of continued competency in deliverance of the best Physiotherapy services.

3. OBJECTIVES

3.1 General Objective:

3.1.1 To provide optimal patient care based on the analysis of movement and the use of physical approaches for the promotion of health, and the prevention, treatment and management of the sequel of diseases.

3.1.2 To help the patients to achieve optimal functional recovery and independence in order to regain optimal living condition as well as re-integration into the society.

3.2 Specific Objectives:

- 3.2.1 To provide condition-specific rehabilitation for the patients in order to assist them to achieve maximal functional recovery
- 3.2.2 To help the patients to achieve physical independence despite their residual disabilities.
- 3.2.3 To provide guidance to the patients on the means to cope with their physical disabilities
- 3.2.4 To prevent and to alleviate physical manifestation of somatic and psychological diseases
- 3.2.5 To co-ordinate the patients' care plans with other multidisciplinary team members for optimal therapeutic benefit.

4. ORGANISATION

- 4.1 A senior physiotherapist shall head the department. The head shall be responsible for the overall management of the Physiotherapy Department. He/she shall be assisted by the other senior physiotherapists in the day-to-day operation of the department as well as clinical supervision of the junior physiotherapists.
- 4.2 The organization chart is shown below:



5. HUMAN RESOURCES

Category	Approved Posts	Filled Posts	Vacant Posts
Jurupulih Perubatan (Fisioterapi) U29	2	2	0
Pembantu Perawatan Kesihatan U11	0	1	-1

OCCUPATIONAL THERAPY UNIT

INTRODUCTION

In 2013, an Occupational Therapy Unit began its services when one Jurupulih Perubatan Carakerja U29 was posted here. The post remains the same up to this day.

The organization chart for Occupational Therapy Unit is as below.



6. SCOPE OF SERVICES

The provision of the following types of physiotherapy treatments to:

- i. In-patients
- ii. Out-patients (Inclusive but not exclusive to Rehabilitation in: Stroke, spinal, cardiac rehabilitation phase2/3, musculoskeletal injury, women's and men's health management of incontinence, lymphedema)
- iii. Networking with MCH Kanowit for Clinic based rehabilitation for children with special needs (assessment for custom-made wheelchair/equipment)

The provision of the following types of occupational therapy treatments to:

- i. In-patients
- ii. Out-patients (Orthopedic, Psychiatric and Mental Health, Paediatric, Medical)
- iii. Networking with MCH Kanowit for Clinic based rehabilitation for children with special needs.
- iv. Program Pusat Dalam Komuniti

6.1 Service Provider

PHYSIOTHERAPY UNIT

- 6.1.1 The physiotherapy service shall be provided by qualified physiotherapists.
- 6.1.2 The physiotherapists shall maintain and improve their knowledge and skills through continuing medical education and professional development.
- 6.1.3 The attendant(S) in the Physiotherapy Department shall be trained to assist the physiotherapists in their work. They shall undergo “*Kursus Peningkatan Pembantu Perawatan Kesehatan Tahap III*” and be trained based on the module for physiotherapy attendants.

OCCUPATIONAL THERAPY UNIT

- 6.1.4 The occupational therapy service shall be provided by qualified occupational therapist.
- 6.1.5 The occupational therapist shall maintain and improve their knowledge and skills through continuing medical education and professional development.

6.2 PHYSIOTHERAPY UNIT MODALITIES:

- 6.2.1 **Electrotherapy**
 - 6.2.1.1 TENS
- 6.2.2 **Light Therapy**
 - 6.2.2.1 Infra-Red Therapy
- 6.2.3 **Exercise Therapy**
- 6.2.4 **Cryotherapy**
- 6.2.5 **Support**
 - 6.2.5.1 Taping

- 6.2.5.2 Bandaging
- 6.2.6 **Special Techniques**
 - 6.2.6.1 Joint Mobilisation / Manipulation
 - 6.2.6.2 McKenzie Techniques
 - 6.2.6.3 Proprioceptive Neuromuscular Facilitation
 - 6.2.6.4 Soft Tissue Manipulation
 - 6.2.6.5 Myofascial Release
 - 6.2.6.6 Neuromuscular Developmental Techniques
 - 6.2.6.7 Motor Relearning Program
 - 6.2.6.8 Optimising Motor Performance
 - 6.2.6.9 Bobath Techniques
- 6.2.7 **Chest Physiotherapy**
- 6.2.8 **Special Tests / Diagnostic Procedure**
- 6.2.9 **Education**

6.3 OCCUPATIONAL THERAPY UNIT MODALITIES:

- 6.3.1 Activities of Daily Living Assessment and Training
- 6.3.2 Instrumental Activities Daily Living Assessment and Training
- 6.3.3 Motor and Functional Assessment and Training
- 6.3.4 Cognitive and Perceptual Assessment and Training
- 6.3.5 Developmental Assessment and Training
- 6.3.6 Sensory Assessment and Training
- 6.3.7 Wheelchair Assessment and Training
- 6.3.8 Behavior Assessment and Management
- 6.3.9 Aids and Adaptation
- 6.3.10 Social Skill Assessment and Training
- 6.3.11 Patients' and Carers' Education
- 6.3.12 Play and Leisure (Exploration & Training)
- 6.3.13 Relaxation Therapy
- 6.3.14 Splint and Orthotics
- 6.3.15 Preschool Assessment and Training

6.4 CONTINUOUS PROFESSIONAL DEVELOPMENT

6.4.1 The physiotherapists maintain and upgrade medical knowledge and professional skills through:

6.4.1.1 Departmental Continuous Medical Education

Teaching Courses e.g., Updates in Physiotherapy Management

6.4.1.2 Echo-training to other physiotherapists in the unit after attending a teaching course (theory and practical

6.4.1.3 Other educational materials:

- i. Mini Library (Books, journals and research articles)
- ii. Online Journals and resources

7 TREATMENT CHARGES

7.1 All patients shall be charged according to the: AKTA Fi 1951 – PERINTAH Fi (PERUBATAN) 1982

7.2 The out-patients shall make the payment at the Out-patient Payment Counter prior to the treatment.

8 EQUIPMENT

8.1 All equipment in the department shall be maintained in good working conditions by the concession holder.

8.2 Maintenance and safety test shall be carried out by the concession holder according to schedule.

8.3 Downtime for all machines (owing to malfunction) shall not exceed two weeks.

8.4 All specialized equipment shall only be operated by the physiotherapists or physiotherapy staffs who have undergone the relevant user-training.

QUALITY PLANNING & IMPROVEMENT DEVELOPMENT ACTIVITY

9.1 NATIONAL INDICATOR APPROACH (NIA)

- The following NIA for physiotherapy unit shall be monitored:

- NIA 1: Burns during the delivery of electro-therapeutic

modalities and thermal agents.

Standard: NO CASE of burns

- NIA 2: Not less than eighty seven percent of backache patients shall achieve highest level of function within 24 visits (or 6 months period) during a single continuous episode of care.

Standard: Not less than 87%

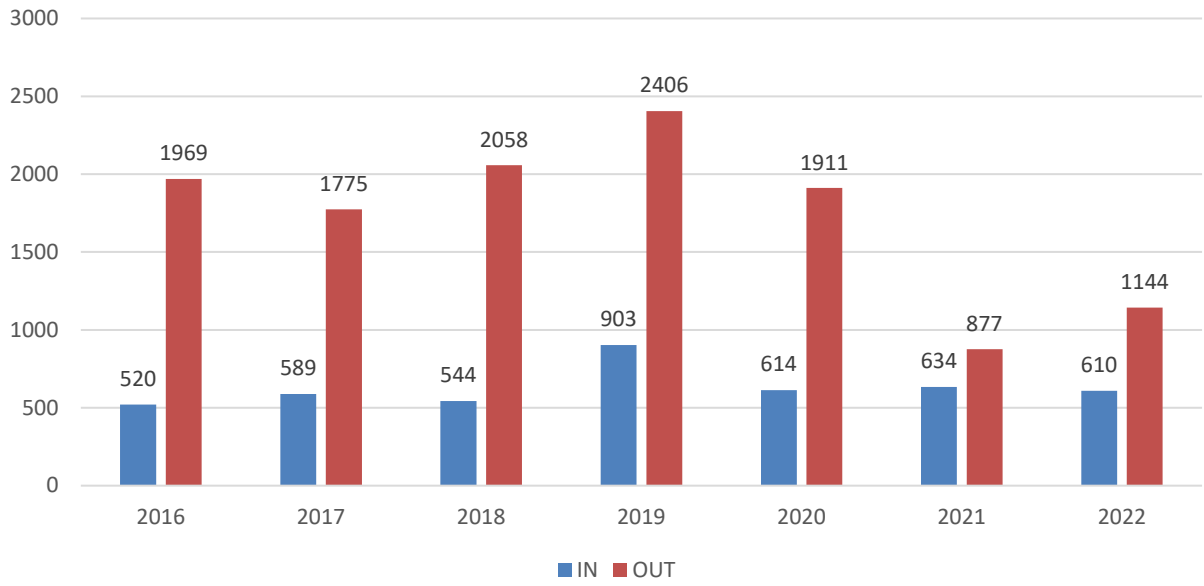
9.2 CLIENT SATISFACTION SURVEY

Done twice in a year.

Physiotherapy Unit Workload for In-Patient and Out-Patient Statistics 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
JAN	29	158	52	110	26	163	66	205	50	215	39	54	62	91
FEB	20	177	68	101	52	167	55	187	63	182	10	50	62	98
MAC	64	169	73	220	58	161	55	216	50	159	82	83	62	106
APR	76	181	119	115	62	172	57	176	56	46	71	72	76	94
MAY	39	180	52	142	18	89	111	196	53	122	33	47	79	72
JUN	58	174	65	143	42	179	123	163	45	148	28	65	61	95
JUL	48	185	41	157	54	193	95	196	46	177	57	77	21	94
OGOS	21	138	22	158	31	208	67	216	46	153	43	90	15	102
SEPT	19	138	6	133	24	166	75	187	69	175	49	75	29	99
OKT	26	162	21	164	66	224	87	242	54	179	77	64	46	105
NOV	57	176	26	177	58	207	71	200	50	185	74	91	30	106
DIS	63	131	44	155	53	158	41	222	52	170	71	107	67	82
	520	1969	589	1775	544	2058	903	2406	614	1911	634	877	610	1144
	2489		2364		2602		3309		2525		1511		1754	

Annual Total Workload for In-Patient and Out-Patient in Physiotherapy Unit from 2016 - 2022



Occupational Therapy Unit Workload for In-Patient and Out-Patient Statistics 2016 to 2022

	2016			2017			2018			2019			2020			2021			2022		
	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL	IN	OUT	TOTAL
JAN	0	45	388	28	33	222	0	27	114	26	60	344	0	61	244	0	13	52	8	44	208
FEB	0	33	291	0	50	176	0	49	206	0	44	176	8	65	292	6	12	72	31	36	268
MAC	0	50	437	11	61	296	0	51	220	4	54	232	7	47	216	12	27	156	19	27	184
APR	7	24	277	10	37	176	0	22	83	12	47	236	1	17	72	2	21	92	24	33	228
MAY	0	44	395	0	40	158	0	43	172	16	40	224	1	20	84	11	15	104	14	36	200
JUN	1	23	215	2	47	211	7	60	268	1	17	72	1	26	108	0	11	44	9	32	164
JUL	0	26	236	0	58	238	26	60	344	0	40	160	4	32	144	0	28	112	5	52	228
OGOS	0	44	190	0	62	258	20	76	384	1	69	280	0	43	172	5	23	112	0	55	220
SEPT	0	23	104	0	49	209	15	54	276	12	56	272	0	46	184	2	30	128	0	53	212
OKT	37	51	365	6	62	282	11	49	240	5	59	265	0	39	156	4	32	144	0	62	248
NOV	30	50	308	0	60	253	26	70	384	2	75	308	0	51	204	8	43	204	0	67	268
DIS	36	51	352	0	28	117	36	40	304	0	53	212	0	37	148	14	35	196	0	57	228
	111	464	3558	57	587	2596	141	601	2995	79	614	2781	22	484	2024	64	290	1416	110	554	2656
	575			644			742			694			506			354			664		

FUTURE PLANNING FOR THE DEVELOPMENT OF PHYSIOTHERAPY UNIT

1. Procurement of medical assets

- Most needed in acute pain management e.g., interferential machine, therapeutic ultrasound machine, and wax. Application for these also has been placed forward on a yearly basis.

2. Set up specialized health program

- To set up other program such as a specific Obesity Program but due to logistics issues (patients unable to come in one specific time) and limited space in our department, we are unable to start the programme. Currently obesity programme are being done within our gymnasium as outpatient setting.

PHARMACY DEPARTMENT

1. Introduction



Picture 1 Front Entrance of Outpatient Pharmacy

The Pharmacy Unit is located in between Mother and Children Health (MCH) Clinic and Radiology Department. It is divided into 11 areas namely:

- 1) Out-patient
- 2) In-patient
- 3) Counselling room
- 4) Tablet pre-packing room
- 5) Internal extemporaneous room
- 6) External extemporaneous room
- 7) Drug storeroom
- 8) Staff restroom
- 9) Head of Pharmacists' room
- 10) Pharmacists' room

11) Storeroom for prepacked medicine

The Medical Store is at a separate building located at the back of the hospital next to the mortuary.

2. Mission

“Menerajui perkhidmatan farmasi yang dynamic dengan memberi penekanan pada tahap kewibawaan yang tinggi, profesionalisme dan kecemerlangan, sejajar dengan aspirasi dan cabaran Negara”.

3. Vision

“Untuk memberikan perkhidmatan farmasi yang terbaik demi kesihatan dan kesejahteraan Negara”

4. Functions

The pharmaceutical services provided by the Pharmacy Department, in general, have the following functions:

- Effective and efficient management of the department
- Provision of drug information
- Drug supply management
- Educational activities

These functions are carried out in cooperation with other hospital departments and programmes.

5. Objectives

- 5.1 To provide efficient and effective pharmacy service to the patient and clients in the hospital.
- 5.2 To ensure that patients are supplied with appropriate number of medications that is safe and efficacious. Clear instructions will be given to patients regarding dosage of medications.
- 5.3 Procure and supply medications which are of high quality, effective, safe and at appropriate time.
- 5.4 To plan, manage, monitor and assess the services provided by pharmacy department.
- 5.5 To supply the latest information regarding drugs which are available in this hospital whenever required.

6. History

The Pharmacy Department of Kanowit Hospital was established in 1984 when the hospital start to operate. The new Pharmacy building was completed in year 2006 and officially started operated on 25th September 2006. It was headed by a Pharmacy Assistant U32 before and was handed over to a Pharmacist U41 in October 2006.

7. Human Resources Development

The quantity and quality of personnel are important factors in achieving the objectives of the department. There should be a sufficient and competent personnel and support staff in order to provide efficient pharmaceutical services and total pharmaceutical care.

Position	Post	Filled	Vacant
Chief Pharmacist U48/52/54	1	1	0
Pharmacist U41/44/48	8	7	1
Pharmacy Assistant U32	1	1	0
Pharmacy Assistant U29/ U32	6	6	0
Storekeeper N19	1	0	1
Pembantu Awam H11/ H14	4	5	-1
Total	21	20	1

Table 1 Human Resource Development

8.0 Scope of Services

8.1 PHARMACY SUPPLY SERVICE

The Hospital Integrated Store will procure the standard items approved under the MOH drug list from Pharmaniaga Logistics (M) Sdn. Bhd. and Pejabat Farmasi Bahagian Sibul (PFB Sibul), as well as supplies pharmaceutical, medical, and surgical requirement to all units within the hospital.

8.2 OUT-PATIENT PHARMACY SERVICE

Dispensing services to out-patients from clinics, E&T Department and discharged patients from the wards. All prescriptions received will be screened, filled, counterchecked and dispensed to the patients by Pharmacy Assistants or Pharmacists. It will also provide counselling and supplementary information regarding drug usage to patients and prescribers if needed.

OPD Pharmacy has expanded another service which is Warfarin MTAC in 2013 and Diabetes MTAC in 2015. Both MTAC is run by a trained pharmacist. Warfarin clinic has 45 patients and Diabetes clinic has 48 patients until now.

8.3 IN-PATIENT PHARMACY SERVICE

The supply of drugs to all wards and units using either Complete Floor Stock System or the "unit-of-dose" System.

8.4 DRUG INFORMATION SERVICE

The service provides precise and accurate information to the medical practitioner in order to assist them in prescribing drug more accurately.

8.5 PATIENT COUNSELLING SERVICE

The processes to advice and resolved problems that patients encountered on drug usage and administration or anything related to drug.

8.6 WARD PHARMACY SERVICE

A service provided by pharmacist for assisting medical officers to incorporate specific drug information into patient drug regimen, and also to plan for related clinical pharmacy services, as mentioned previously in order to optimize pharmacology treatment in a particular patient. Patient Own Medication activity for

8.7 CLINICAL PHARMACOKINETIC SERVICE

This service involves measurement of the concentration of drug in the serum to provide better healthcare to the patients. Pharmacist could recommend the most suitable drug regimen for the particular patient to the doctor based on the pharmacokinetic parameters of drugs.

8.8 MANUFACTURING SERVICE

This service involves the internal and external galenical, extemporaneous and prepacking of products. All products shall be properly and adequately labelled, including date of manufacture and expiry date.

8.9 ONCALL SERVICE

Pharmacist will be on handphone call for Drug Information and supplying Dangerous Drug. Pharmacist Assistant will be rotated to do calls for supplying emergency drug only.

8.10 CYTOTOXIC DRUG RECONSTITUTION SERVICE

Cytotoxic drugs are reconstituted by Hospital Sibu and transportation of Cytotoxic drugs are by this hospital. Authorized personnel are assigned to transport reconstituted cytotoxic from Hospital Sibu. Reconstitute cytotoxic drugs are done in the Female ward using phasal system for emergency case only.

9. Facilities & Equipment

Civil Facilities

Staff toilet, computer, telephone, fax, calling system, drug store, pharmacy store, general store, inflammable store, and oxygen store

Equipment

Mixer, sterilizer, Water distiller, microwave, digital weighing machine, tablet counting machine, chairs, fridge thermometer, domestic fridge, distiller

10. Quality Improvement Development

- New Pharmacy Building (Completed 2006)
- Hospital Integrated Store Brick wall Fencing, New Tiling Pathway, And Metal Deck Roofing (Completed 2006)
- Polycarbonate Roofing for New Pharmacy Building (Completed 2006)
- Inflammable Store (Completed 2007)
- Partition To Separate Oxygen Store and General Store (Completed 2007)
- Exit Door For Pharmacy Store (Completed 2007)
- New roller shutter grill For Pharmacy Store
- Brand new glass door was installed to replace old wooden door
- Galenical wooden workbenches were tile up
- Two-Tiered Open Counter Dispensing
- Open Counter was framed with painted wood and attached with extension bench
- Pharmacy signage and working hours are displayed
- Extension for pharmacy (Completed 2013)
- Oxygen gas cylinder delivery trolley
- Extension of working hour for pharmacy on Weekend and public holiday (2014)
- Numbering system for prescription at OPD pharmacy (2013)
- Installation of speaker at outside OPD pharmacy (2014)

- Quality Assurance program for Insu-route (2016)
- Quality Assurance program for Asthma Counselling (2017)

Activities

- ✚ Accreditation
- ✚ QAP reports
- ✚ Pharmacy Performance reports
- ✚ Waiting time survey
- ✚ Generic Name survey
- ✚ Customer Satisfaction survey
- ✚ Drug Counselling services
- ✚ Infectious control
- ✚ Client complaints committee
- ✚ Sarawak State Health Department Counter Service Competition 2010
- ✚ Sarawak Chief Minister Counter Service Competition, 6th June 2011
- ✚ “Know Your Medicine Campaign” in I Want Sihat activity
- ✚ NBOS Competition Hospital Kanowit
- ✚ 5S Activity
- ✚ EKSA Activity

11. Training Program

Continuous Professional Development (CPD) / Continuous Medical Education

This unit has organised multiple CMEs and trainings for both clinical and non-clinical staff of Hospital Kanowit.

12. Pharmacy Workload & Statistics

Number of prescriptions received from 2016 - 2022

	2016	2017	2018	2019	2020	2021	2022
JAN	3925	5073	4919	5786	6183	6275	6310
FEB	3863	4832	4319	4859	5517	5192	4935
MAC	4823	6400	5280	4960	5477	5080	4927
APR	4184	5192	6203	5319	4221	4648	4864
MAY	4906	6060	5165	5257	4344	4341	4254
JUN	5324	5530	5043	4233	4178	3851	4731
JUL	4850	6504	5065	5424	4436	4148	4674
OGOS	5275	6006	5400	5373	4448	4460	4756
SEPT	5184	5060	3828	4638	4648	4644	4614
OKT	5662	5757	5758	5740	5028	4694	4500
NOV	6203	5335	5293	6109	6341	6348	4776
DIS	5675	4321	5163	6082	7120	5594	4420
	59874	66070	61436	63780	61941	59275	57761

Table 2 Pharmacy Workload and Statistic

13. Future Plan for the Development of Pharmacy Department

With the sufficient manpower, the pharmacy department will focus on the practice of clinical pharmacy service in order to carry out the pharmaceutical care to the patients efficiently. Clinical pharmacy service is defined as where all the patients that receiving the treatment in the hospital will be given optimal pharmaceutical care based in the individual requirements. Thus, few areas would be the focus in the future if there are sufficient facilities and human resources support. The few areas are:

- **FULL TIME PHARMACIST IN COUNSELING ROOM**
 - To have a full time pharmacist in the counselling room for Outpatient Pharmacy. Counselling is very important to improve patient compliance towards medication.

- **TOTAL PARENTERAL NUTRITION SERVICE**
 - Nutritional preparation containing essential nutrients which to be administered to patient parenterally due to unable to consume orally because of digestive problems or in post-operative cases.

- **HOME MEDICATION REVIEW PROGRAM**

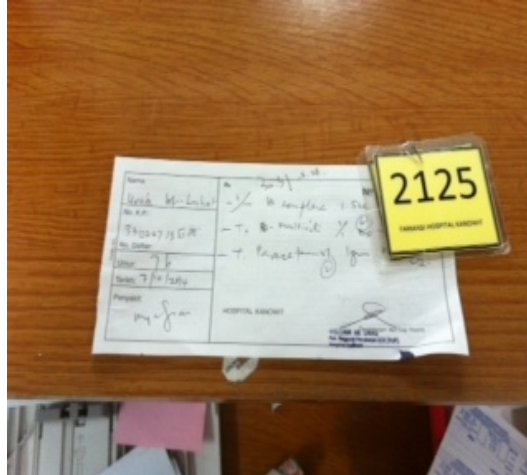
- To start Home Medication Review program in future if have enough pharmacist. This program is important to monitor the compliance of the patient, storage of the medication and counselling to be done together with the family member.

Quality Improvement Activities

1. Numbering system at OPD counter



Before



After

4. Extension works in Pharmacy Unit



Before extension



After Extension



After Extension

3. Installation of Speaker at OPD Pharmacy



Before installation of speaker



After installation of speaker

4. Corridor Pharmacy



Before: Boxes on the floor at the corridor



After: Corridor is clear

4. EKSA Activity



Before EKSA



Before EKSA



Before EKSA

CARTA PERGERAKAN PEGAWAI

NAAMA	GRUP	ADA	MESI/PEKAT	BUKUK	CHIFFETTO	BAJANGAN	BAKSIKAN
TING CHEE LIN	1988						
RENE SO	1988						
BITI NUR ROSIDAH BT JAMAL	1988						19-30/8
YESOH CHEW SHANG	1988						
NGO SHWE SAN	1988						
LO CHENG TING	1988						29-30/8
DORIS LING	1988						
LINA AK OTIUS	1988						
BITI ROZANAH	1988						
SHAZWAN SHAMIM BT ALI	1988						
KING SHEAU YUNG	1988						
HUI YIN YEN	1988						
MORAZELA BT OTMAN	1988						
SILA AK TUNGA	1988						
BASIL AK BLAU	1988						
PETER AK JANTING	1988						
SILVESTER BIN SANG	1988						
DANNY BIN DYI KESTER BOHAR	1988						
DONNY JALIN BAYANG	1988						

After EKSA



After EKSA



After EKSA



Before EKSA



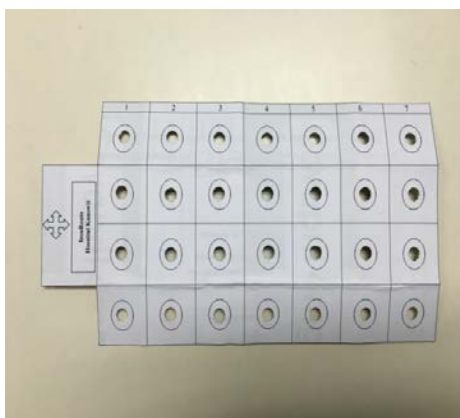
After EKSA

6. Know Your Medicine campaign



Know Your Medicine Campaign at Outpatient Department, Kanowit Hospital

7. Quality Assurance Program for InsuRoute



Cardboard for patient to inject insulin



Patient using cardboard to inject insulin



Tempat Kedua dalam Inovasi Peringkat Kebangsaan 2017

Medical Laboratory Services

Introduction

Medical Laboratory plays an essential role in screening and diagnosis disease among hospitals. The Medical Laboratory/Pathology Unit is located at the end building next to X-Ray Unit.

The Pathology Unit consists of 5 sections as shown below:

- (a) Clinical Pathology for outpatient (OPD)
- (b) Biochemistry
- (c) Haematology
- (d) Bacteriology
- (e) Parasitology / Serology / Virology

Mission

To create a reliable and efficient pathology services with available equipment, knowledge staffs that are aware of the client's needs based on the quality system, teamwork and professionalism towards achieving excellence in patient care.

Vision

To provide an efficient, reliable and innovative service based on the quality system which fulfils the client's expectation.

Objectives

- a) To provide accurate, fast and reliable result as well as to fulfil the standard given.
- b) To provide comprehensive and effective diagnostic.
- c) To ensure a good quality laboratory service is adhering to the Code of Ethics by professional of Medical Laboratory Technology and other related standards.
- d) To ensure every staff continues in medical laboratory training as an effort toward upgrading the professionalism in the pathology service.

Staff Establishment

The total number of staffs in pathology services

No	Position	Post	Filled	Vacant
1	Scientific Officer (C41/44)	1	0	1
2	Medical Laboratory Technologist (U32)	1	1	1
3	Medical Laboratory Technologist (U29/U32)	10	9	1
4	Medical Attendant (U11)	0	1	-1

QUALITY IMPROVEMENT ACTIVITIES

Technical Specifications Hospital Performance Indicators for Accountability (HPIA) is conducted by Ministry of Health, 2014.

The KPI is conducted in year 2022.

Section	HPIA	KPI	EQA Program
Biochemistry		Notification of neonatal serum bilirubin result >300µmol/L within 30 minutes	EQAS Monthly Clinical Chemistry QA
Hematology	Laboratory Turnaround Time (TAT) for urgent FBC within 45 minutes	Laboratory Turnaround Time (TAT) for urgent FBC within 45 minutes	EQAS Hematology QA
Parasitology		Percentage of correct identification of malaria parasites	
Microbiology			- EQA Panel Test For AFB-TB Smear, MKAK Sabah - EQA Slide AFB For Examination Quarterly, State Tuberculosis Control Programme Laboratory, Kuching

TRAINING PROGRAMS

The programs consist of courses, CME (Continuous Medical Education), CNE (Continuous Nursing Education) and Echo Training within Lab.

This program was conducted throughout each year.

All topics related to medical and non – medical were presented by each unit in this hospital.

Staff Development Program and Activities

Workshops, training courses, meeting, and attachment related to laboratory field are provided yearly.

WORKLOAD

Lab Workload from 2016 - 2022

	2016	2017	2018	2019	2020	2021	2022	2023
JAN	30824	28790	36557	36114	34836	23098	27407	24773
FEB	25790	29712	25961	33197	34682	21944	23884	27337
MAC	30430	32548	34535	32063	33460	27010	29327	32904
APR	27701	30051	31913	29480	25308	21861	30172	23717
MAY	27337	34316	31044	30741	23498	23170	31021	31982
JUN	26650	33115	31041	31074	30203	26720	27748	27759
JUL	25736	31419	25581	35180	27076	23368	33478	
OGOS	28718	35172	25760	32580	27076	25801	27571	
SEPT	32811	29040	26878	30505	28268	29863	26836	
OKT	30658	41092	31945	32907	29612	25185	27714	
NOV	28500	32016	26471	34388	28693	25638	24013	
DIS	29858	24482	30426	32549	23593	24263	21965	
JUMLAH	345013	381753	358112	390778	346305	297921	331136	168472

Blood Bank Services

Introduction

Blood Bank sometimes refers to the collection centre where the storage of blood products occurred and helps to sustain a patient's life. The Blood Bank Unit is located at the end of building next to Pathology Unit.

The Blood Bank consists of 25 sections as shown below:

- (a) Bleeding donors
- (b) Cross – matching

Mission

1. All members will work as a professional and caring team.
2. Provide quality and efficient services to achieve excellence care of donors.

Vision

To supply safe, adequate, and compatible blood and blood products to meet the quality needs of the community.

Objectives

To maintain / provide safe and adequate blood and blood products from voluntary and non-remunerated donors.

Staff Establishment

The total number of staffs in transfusion services

NO	POST	Number of post
1	Scientific Officer (C41)	1
2	Medical Laboratory Technologist (U32)	1
3	Medical Laboratory Technologist (U32 TBK)	1
4	Medical Laboratory Technologist (U29)	1
5	Medical Attendant (U11)	1
	TOTAL	5

QUALITY IMPROVEMENT ACTIVITIES

Indicator	NIA	HPIA	EQA
CT Ratio	√	√	NEQAPP
Expiry Rate of Red Cell	√		
Transfusion Error Rate	√		

REFLECTION OF WORKLOAD

	Total Number of	2019	2020	2021	2022
1	Specimens received				
2	Tests performed				

TRAINING PROGRAMS

CMEs and other training activities has been done by this unit together with other units.

Activities Participated

NO	Activities
1	Blood Donation Campaign -SMK Durin
2	Blood Donation Campaign – Balai Bomba & Penyelamat
3	Blood Donation Campaign – St. Francis Xavier Parish
4	Blood Donation Campaign – SMK Kanowit
5	Blood Donation Campaign – KK Machan
6	Blood Donation Campaign – Pesta Kanowit
7	Blood Donation Campaign – Pesta Kanowit



Figure: Blood Donation Campaign at SMK Durin in 2018

RADIOLOGY UNIT

Introduction

This unit is located in the same block with the Lab and the Operation theatre. It can be accessed through ETU and from the main lobby. This unit gives its best contribution for the patient's benefit and commitment towards achieving hospital accreditation.

All compulsory requirements and standards are met within our capacity, manpower and available equipment. To achieve our goal, we set our vision, mission and objectives as follows:

VISION

"Unit radiologi kanowit akan menjadi sebuah pusat pengimejan diagnostik yang memainkan peranan utama dalam bidang pengimejan di sekitar daerah Kanowit "

MISSION

"Memberi perkhidmatan yang mesra dan professional kepada pelanggan serta menghasilkan imej x-ray yang mempunyai nilai diagnostik yang berkualiti "

OBJECTIVE

"Menyediakan perkhidmatan Radiologi yang berkesan, cekap dan bermutu tinggi dengan mencapai pengliputan 100% pesakit yang memerlukan pemeriksaan x-ray biasa dan khas "

History

The Kanowit Hospital was built in the year 1982 and fully operated officially on the 16th of February 1984, so as the Radiology Department. At that time, there was only 2 staff available, a Radiographer and the X-Ray Developer. Even though the Radiology Unit are now more than 20 years old, it is still functioning quite well providing services to the people of Kanowi district. Other than this Radiology Unit, so far until now, there is no other private radiology facility available in this town. Therefore, the function and our service is very crucial to the people of Kanowit.

Human Resource

Position	Post	Filled	Vacant
Juru X- Ray (Diagnostik) U32	1	1	0
Juru X- Ray (Diagnostik) U29/32	2	3	-1
Pembantu Perawatan Kesihatan (TBK 13 TAHUN)	0	1	-1

Facilities and Equipment

There is only one examination room, since this is a district hospital, then it is compatible with the number of patient for x-ray. Our department has only 1 x-ray machine and 2 x-ray film processor.

X-RAY MACHINE MODEL SHIMADZU UD 150B-30

For general and special examination, equipped with a ceiling suspension tube, a floating tabletop with adjustable height, including a standard erect bucky. Maximum capacity is 150 Kvp and 800 mAs. Complete with a standard fine and broad focus for better image detail. Additional capability is to do Automatic Exposure Control (AEC).

MOBILE MACHINE MODEL SHIMADZU/MUX 100

For critical case only especially for A&E. Only used for chest x-ray and abdomen. Maximum capacity is 125Kvp and 320 mAs.

AUTOMATIC FILM PROCESSOR MODEL KONICA SRX 101A

Our department has 2 automatic film processor (same model) with the capability to process a standard size x-ray film 14x17 inch for a length of 60 second. This automatic processor is a standard issue tabletop.

Quality Activities

- ❖ In this year we manage to carry out a Client Satisfaction Survey for our yearly quality programme. It is an ongoing process to make sure that patient satisfaction is achieved.
- ❖ Our x-ray machine and film processor are tested every year, making sure that this equipment is functioning to its fullest potential.
- ❖ Our unit took part in the innovation competition on March 27, 2014
- ❖ Our unit also took part in the cheerful toilet competition (*Tandas Ceria*) in June 2014.

INOVATION COMPETION "KIDDO FRIENDLY"



Picture: Before Innovation



Picture: After Innovation competition

The innovation project title "kiddo friendly" means a child-friendly environment. We created a room that delights children with cartoon images so they can be distracted during an X-ray examination.

The results are very satisfactory because children love cartoons and do not need a long time to persuade them because they will be looking at the picture on the wall and do not feel intimidated by the X-ray machines and radiology staff.

CHEERFUL TOILET COMPETITION



Training Programme

- ❖ Staff are encouraged to attend training and courses that are available, so that their knowledge are being keep up to date from time to time.
- ❖ Staff are always encouraged to attend CME organized by Kanowit Hospital, which consist of speakers from other unit or Sibul Hospital, including from Radiology Unit.
- ❖ Annual General Meeting and Technical Session for Malaysian Society Of Radiographers are conducted annually, radiographer take turn to attend.
- ❖ CME makes every year about radiation safety to Kanowit Hospital staff.

Strategies Planned for Improvement Towards Achieving Goals

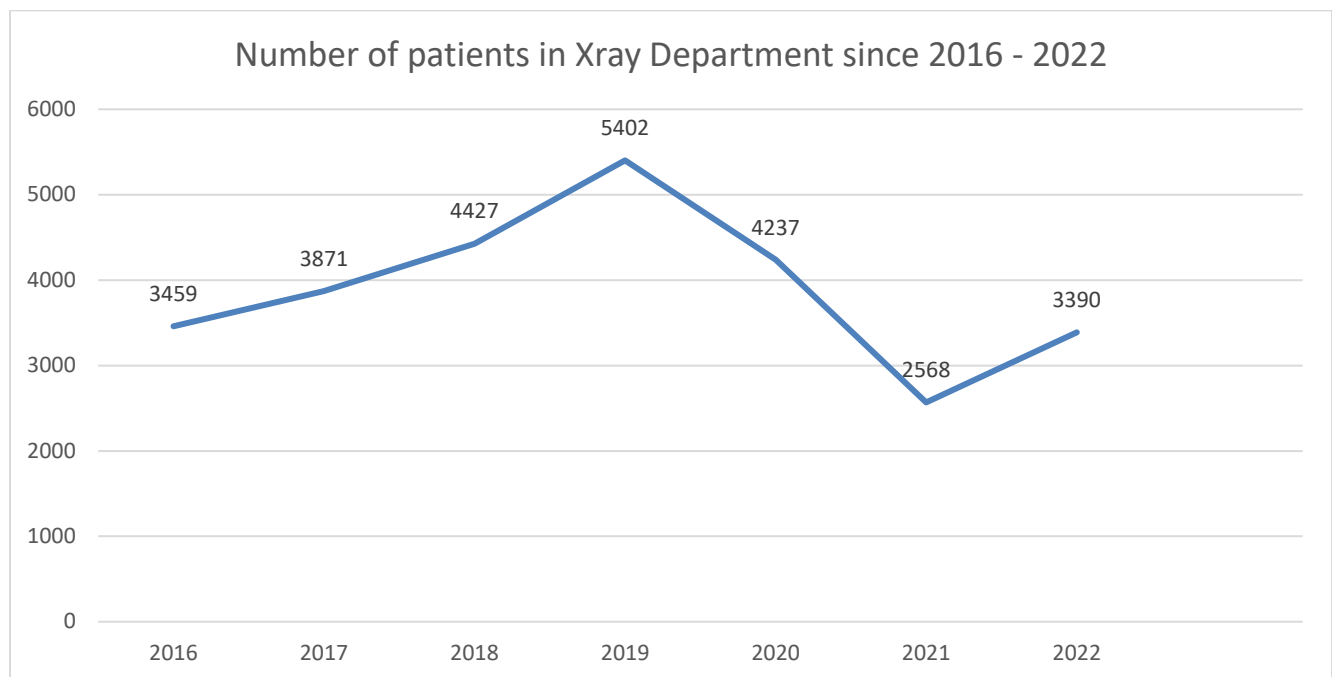
- ❖ Attending talks, seminars, courses and other improvement activities in order to upgrade the knowledge and skills.
- ❖ Keeping in touch with current technology through technical session, courses and others.
- ❖ Maintaining all equipment in the Radiology Department are in good working order.
- ❖ Client Satisfaction Survey – to get feedback and recommendation.

Workload

Number of patients screened from 2016 - 2022

	2016	2017	2018	2019	2020	2021	2022
JAN	321	255	391	461	427	207	291
FEB	314	280	326	468	430	155	253
MAC	326	330	386	483	329	201	262
APR	313	277	385	412	274	179	236
MAY	351	326	360	484	285	205	224
JUN	335	352	411	410	282	235	322
JUL	236	334	364	446	390	275	313
OGOS	291	410	374	494	429	225	324
SEPT	196	264	346	389	354	287	287
OKT	232	329	325	399	567	199	362
NOV	302	360	375	529	157	211	246
DIS	242	354	384	427	313	189	270
JUMLAH	3459	3871	4427	5402	4237	2568	3390

A graph showing Radiology Department workload from 2016 - 2022



1. Other Services

- ❖ TPC - Teleprimary Care - This service was made available since 2001.
- ❖ TC –Teleconsultation – This services was made available since May 2010 - September 2018

2. Future Planning

- ❖ To request for one Hospital Attendant U11 post.
- ❖ A position for Radiographer U29
- ❖ To install lead line door between X-ray room to Film store.
- ❖ To upgrade the general x-ray machine to the Computer Radiography (CR) or Digital Radiography (DR).

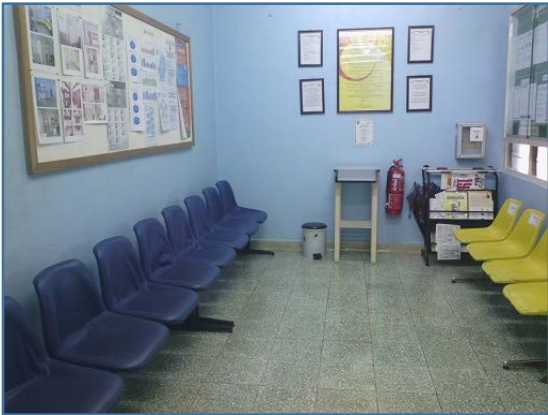
Renovation Works

Radiology unit development project for film store has been started at the end of September 2010 and already used at December 2010. All x-ray film in waiting area has been moved to the storage area.

BEFORE RENOVATION



AFTER RENOVATION





Our unit also has upgraded sewage system x-ray processing chemicals with the installation of UPVC pipe by FABER on August 2014.



Picture: Before the installation of UPVC pipe, all chemical tank stored in dark room and produce ammonia odour.





Picture: After the installation of pipelines, all tanks are stored outside the X-ray room and can reduce ammonia odour.

OPERATING SUITE / CSSU & ANAESTHETIC UNIT

Introduction

- It is located in the same block with X- ray department and Laboratory. The operating suite was commissioned in 1984. There is one major theatre and one minor theatre. It caters for both elective and emergency minor operation only. All major and complicated cases will be referred to Sibu Hospital for further management.
- Staffing.
The staff strength for OT is as follows:

No.	Post	No. of Post approved	Filled	Vacant
1.	Assistant Medical Officer U32	1	1	0
2.	Assistant Medical Officer U29	2	1	1
3.	Nursing Sister U32	0	1	-1
4.	Staff nurse U29	3	3	0
5.	Jururawat Masyarakat U24	0	1	-1
6.	Jururawat Masyarakat U19	0	1	-1
7.	PPK U11/14	0	1	-1
8.	Autoclave Operator	1	1	0

Mission

- With full support from the hospital administration and use of modern technology, we are committed to provide optimal, patient-oriented, caring and friendly services to all patients with enthusiasm and professionalism.

Vision

- Operation Theatre shall at all time practice timely high quality, safe and efficient service to prevent further complication.

Objectives (OT & Anaesthetic Service)

- To provide optimal anaesthetic services and peri-operative care effectively and efficiently to patient undergoing both elective and emergency surgery.
- To provide an efficient and effective services in an optimum environment to patient undergoing elective and emergency surgery so as to relieve suffering, save lives and achieve early recovery
- To provide continuous training for paramedical personnel within the unit on safe and efficient peri-operative care.

SCOPE OF SERVICES

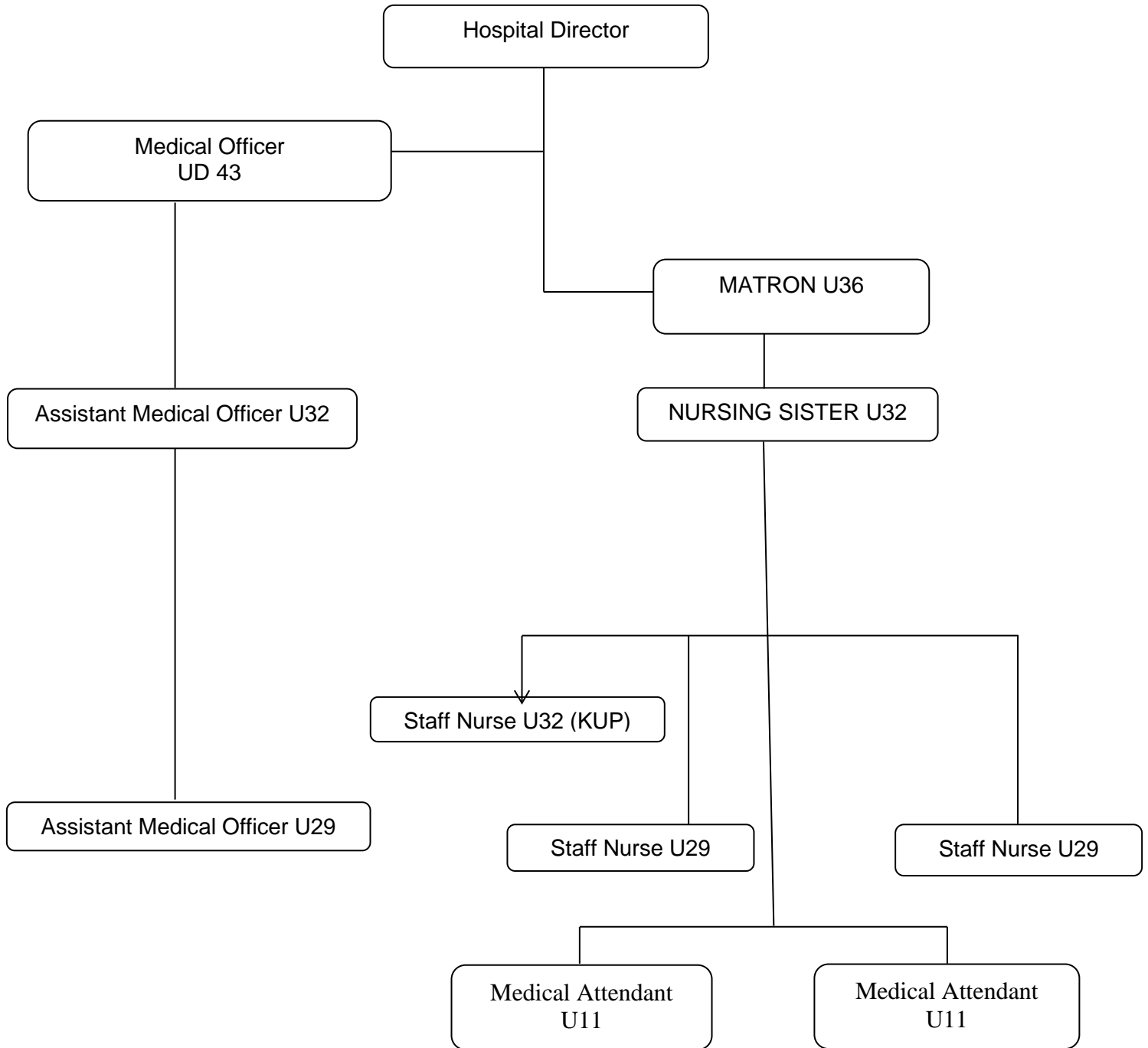
- There are two operating theatres within the operating suite for the performances of surgery and diagnostic procedures normally practiced at district Hospital level, involving the use of either local or general anaesthesia.
- Anaesthetic services to patient undergoing surgical procedures
- Visiting surgeon may carry out surgery and diagnostic procedures not routinely practised at District Hospital
- Minor surgery and diagnostic procedures on outpatient or day care basis are encouraged.
- Service is available during normal office hours (800 am -1700pm) On call arrangements/duties outside hours are being arranged for any emergency operation

ORGANISATIONAL STRUCTURE

- The Operating Theatre shall under the Hospital Director. The day to day running of the Operating Theatre shall be the responsibility of the Senior Medical Assistant U32. Staff Nurse, Jururawat Masyarakat in OT is under Nursing Sister U32. As for medical attendant, he will be under the supervision of a senior medical assistant in OT.
- Ideally only a personnel with OT training shall be posted here.

The Organisational Chart is as follow

Figure 1: Organization chart of operating suite.



OPERATIONAL POLICIES

- Reception

Patient coming for operation shall be received at reception/transfer area. The patient is checked according to the standard procedures (Operating checklist)

Operating Days / Schedules

- The Operating Days shall be on Monday to Friday.
- Surgical procedures either diagnostic or curative are generally scheduled to be done in the morning (1000am - 1300pm)
an afternoon (1400pm – 1700pm)

Operating Days / Scheduled

- Priority on the list shall be given for paediatric patient. Clean cases shall be done before infected or dirty cases.
- Emergency cases may be done in between elective or any other time. An on team is available outside normal office hours.

Code of press

- Doctors and staff entering the operating suite shall change to OT attire/slippers/boots, cap and mask.
- In the even staff and doctors escorting patient out from the operating suite or because of emergency in the ward, the staff and doctors shall be required to change to new OT attire before re-entering OT.

Discharges

- All patients must be checked by the Anaesthetic Medical Assistant before being transferred out of OT.
- Trained Nursing staff shall send and collect patient from OT.

Cleaning, disinfection and sterilization

- Exiting Regulation as Stated in the:

(i) Guidelines on control of Hospital Acquired Infection KPK, circular 2/90 Bil (33) dlm. KKM-87(49/5) dated 7.2.1990 Page 39-47.

(ii) Disinfection and sterilization Policy and Practice, Ministry of Health 2002 (Revised) shall be adhered to.

- Cleaning and Housekeeping of Premises including supply of clean linen shall be done by the Concession Company which are appointed by Ministry of Health Malaysia, according to schedules drawn up and agreed upon by the Hospital and Concession Company.
- All OT packs and sets shall be autoclaved by the CSSD.
- The routine culturing of air and equipment in OT shall be performed monthly.
- Shall the bed from the ward be taken into the operating suite in emergency cases such as when there is a case with cord prolapse, the bed's wheels need to be disinfected with cidel or precept prior to entering.
- Universal precautions shall always be observed and practiced.

Objectives CSSU

- To ensure sufficient sterile supplies to the hospital
- To provide sterilization service to the peripheral clinic
- To effectively control and prevent infection.

History in brief

- The Operation Theatre started its operation way back in 1984 upon its completion. It caters mainly for simple elective and emergency operation, general surgery or obstetrics and gynaecology from the four wards. Major and complicated cases were referred to Sibuh Hospital.

Staff Development (Human resource)

- Operation Theatre is a special area therefore staff working here must be qualified by education, training and experience. There should be sufficient number of qualified and support staff to carry out task in this area in accordance with their respective duty list. Staff performances shall be assessed and reflected accordingly in their "Sasaran Kerja Tahunan" (SKT).
- Beside that staff are also sent for courses at hospital or outside in relevant field. There is documentation of training attended kept. Continuous medical education program has been drawn up and being carried out for staff to attend.
- Table 1. Depicts the Continuous Education Program for OT. (Anaesthesia)

No.	Topics	Proposed date	Remarks
1.	Patient safety and minimal monitoring standards during anaesthesia and recovery	January 2019	

2.	Guidelines on pre-operative fasting or equivalent	February 2019	
3.	Recommendations on pre-anaesthetic assessment	March 2019	
4.	Guidelines on infection control in anaesthesia	April 2019	
5.	Total intravenous anaesthesia	May 2019	
6.	Recommendations for minimal standards for inter-facility transport of critically patient	June 2019	
7.	Guidelines for the management of obese patient coming for surgery	July 2019	
8.	Scavenging system	August 2019	
9.	Pain management	September 2019	
10.	Equipment used in anaesthesia	October 2019	
11.	Intubation	November 2019	
12.	Drugs used in anaesthesia	December 2019	

Facility and Equipment

Recovery bay

- All the facilities in this area good condition and well-functioning
- Right now, the OT is not yet built in with wall gases supply
- Hospital is still trying to upgrade this area and it's still under hospital planning

Waiting area for patient relatives

- There are some long benches placed along the walkway leading to the patient's entrance.

Equipment for minor OT

- There are two anaesthetic machines in the OT, one is of a newer model in the major OT while the other is of an obsolete model. The Unit is now trying to get replacement for the old model.
- Monitoring equipment – Efforts are being made to upgrade the minor OT existing monitoring gadgets.

Maintenance and Equipment

- The Medical Assistant shall maintain and update inventory of all equipment and assets.
- Trouble shooting, minor repairs and major breakdown when determined shall be referred to the concession company.

Departmental Meeting

- Departmental Meeting shall be held once in 4 monthly to discuss departmental problems and ways of improving productivity, quality, efficiency and effectiveness.
- Problems that cannot be solved at the departmental level shall be brought up with the Hospital Director.

Customer charter

- Every patient undergoing for surgery will be check according to 'save surgery save live' form. All this question will take less than 10 minutes
- Every patient must have confident and dedication. Duration of operation depend on type of operation and condition of patient.
- Patient that had gone through operation will be send to recovery room to stabilise them before returned to the ward. This procedure will take less than 30 minutes.
- The time for the staff ready for emergency is 45 minutes included after office hours
- Dignity of the patient will be kept secret

Customer responsibility

All patients must be sent according to the allocated timing.

Staff charter

- Provide a 'Occupational Safety and Health' personnel and determine environment of a safety workplace
- Provide a Health awareness clinic for every staff
- Counselling session for staff that needs it

ANAESTHETIC SERVICE

- (A) QUALITY IMPROVEMENT ACTIVITIES
 - i. Monitoring of air culture in OT only if there is a wound breakdown or renovation in OT.
 - ii. Client satisfaction survey post operative patients
 - iii. Elective operation cancellation rate
 - iv. Occurrence of adverse event during the recovery period
 - v. Wound breakdown

LIST OF FORM USED IN THE OPERATING THEATRE

- 1. Form KEW.PS-11for Stationary and Dry store Requisition
- 2. Requisition Form
- 3. *Borang Permohonan Pengeluaran Pesanan Kerajaan*
- 4. Duty Roster Form
- 5. Operation Bacteriological Surveillance
- 6. Kanowit Hospital Operation Checklist
- 7. Continuation sheet
- 8. Sarawak Government Sick Leave H.35

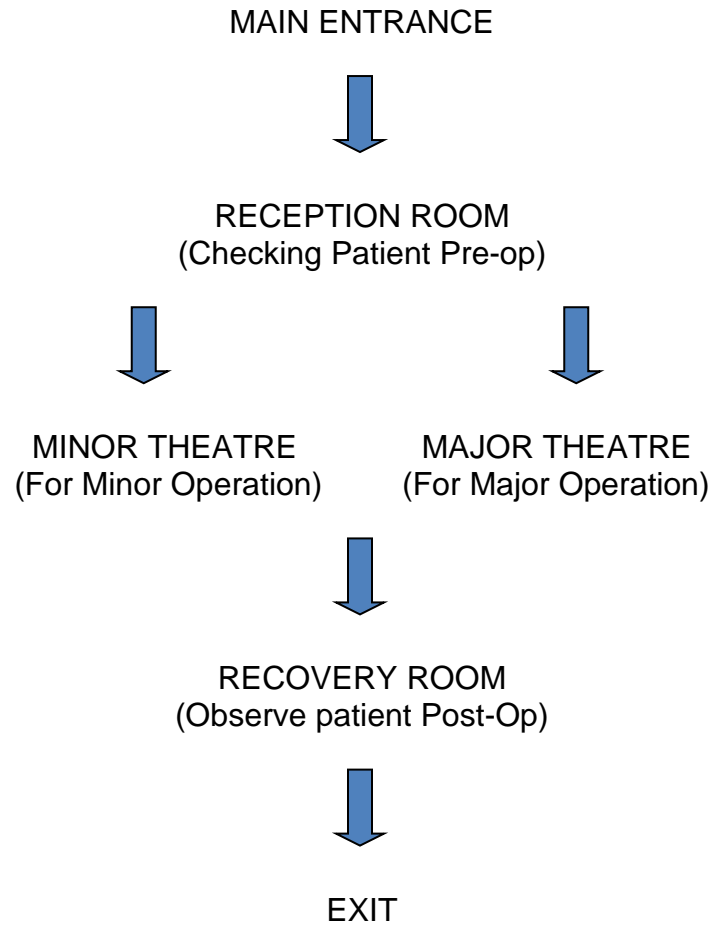
- 9. Dangerous Drug Indent Form
- 10. Case History Sheet H.13B
- 11. Cytology Request Form H429
- 12. Blood Transfusion Service Request Form
- 13. Allocated Store Requisition Voucher
- 14. DDA Book H310
- 15. Voluntary Sterilization Consent Form
- 16. *Tuntutan Elaun Lebih masa*
- 17. *Borang Baucer Berasingan /Penyelarasan*
- 18. *Permohonan Cuti Rehat Tahunan*
- 19. *Daftar Inventory Kew 313*
- 20. *Daftar Harta Modal kew 312*
- 21. Ward Requisition Voucher H416
- 22. OT Monthly/ Annual Return Form
- 23. Hospital Support Service/Service Request
- 24. *Perkhidmatan Patologi PER-PAT 301*
- 25. *Pemeriksaan Radiologi PER-SS-PA 301*
- 26. Anaesthetic Record PER-Anaes 301
- 27. Operative Procedure Forms PER-SUR 202
- 28. Swab And Instrument Count Form
- 29. Consent For Operation H227
- M30. Obs. Procedure Report PRT-OBST 305
- 31. *Borang Sistem Perakaunan Mikro (SPM)*
- 32. Observation Chart

LIST OF FILES AND DOCUMENTS IN OPERATING ROOM

SN	FILE NO	FILE TITLE	CODING
1.	A1	MONTHLY/ANNUAL REPORT	O&M
2.	A2	DASR BARU/ANGGARAN PERBELANJAAN	O&M
3.	A3	INCIDENT AND ACCIDENT REPORT	O&M
4.	A4	COMMITMENT/LPO/INVOICE/QUOTATION	O&M
5	A5	SURGICAL/DRY STORE/STATIONARY ORDERING	O&M
6.	A6	DDA	O&M
7.	A7	HOSPITAL MANAGEMENT MEETING	O&M
8.	A8	QAP/INFECTION CONTROL METING	O&M
9.	A9	OT MEETING	O&M
10.	A10	FIRE SAFETY/DISASTER/OSH MEETING	O&M
11	A11	HOSPITAL/VALIDATION MEETING	O&M
12.	A12	CIRCULARS (PKPA)	O&M
13	A13	CIRCULARS (KKM)	O&M
14	A14	CIRCULARS (HQ)	O&M
15	A15	CIRCULARS (MOH)	O&M

1.	BI	DUTY ROSTER (OT)	HRD & M
2.	B2	DUTY ROSTER (WARD)	HRD & M
3.	B3	ANNUAL CONFIDENTIAL REPORT (SKT)	HRD & M
4.	B4	ANNUAL LEAVE	HRD & M
5.	B5	STAFF DEVELOPMENT / TRAINING	HRD & M
6.	B6	ORIENTATION / MEDICAL CHECK UP	HRD & M
7.	B7	MOP	HRD & M
8.	B8	SOP	HRD & M
9.	B9	DESK FILE (GENERAL)	HRD & M
10.	B10	DESK FILE (SAMO)	HRD & M
11.	B11	DESK FILE (SR)	HRD & M
12.	B12	DESK FILE (SN KUP)	HRD & M
13.	B13	DESK FILE (SN)	HRD & M
14.	B14	DESK FILE (SN)	HRD & M
15.	B15	DESK FILE (PPK)	HRD & M
16.	B16	DESK FILE (PPK)	HRD & M
1.	C1	OPERATIONAL POLICIES / PROTOCOL	P&P
2.	C2	CONTINGENCY & DISASTER / FIRE SAFETY / OSH	P&P
3.	C3	INFECTION CONTROL	P&P
4.	C4	OPERATION LIST	P&P
5.	C5	ANAESTHETIC RECORD	P&P
6.	C6	INSTRUMENT CHECKLIST / LINEN LIST	P&P
1.	D1	KEW PA 2	F&E
2.	D2	KEW 312	F&E
3.	D3	KEW PA 4-7(ASET & PEROLEHAN)	F&E
4.	D4	PPM / BER	F&E
5.	D5	HOSPITAL SUPPORT SERVICE	F&E
6.	D6	KEW 313	F&E
7.	D7	ASEY & INVENTORY CHECKING	F&E
1.	E1	ACCREDITATION	QIA
2.	E2	CLIENT SATISFACTION SURVEY	QIA
3.	E3	ENVIRONMENTAL MONITORING	QIA
4.	E4	CORPORATE CULTURE / EKSA	QIA
5.	E5	FRIDGE TEMPERATURE CHART	QIA
6.	E6	ASSESSMENT / NURSING AUDIT	QIA
1.	F1	CHECKING DRUG / EMERGENCY TROLLEY	OTHERS
2.	F2	PUNCH CARD REPORT	OTHERS
3.	F3	OT FORM	OTHERS
4.	F4	MNA / MEDICAL CLUB / PERKIP / SNPA	OTHERS

5.	F5	MINUTE MEETING (2009-2014)	OTHERS
6.	F6	DELIVERY ORDER / INVOICE (2008-2014)	OTHERS
7.	F7	CIRCULAR HQ (2004-2008)	OTHERS
8.	F8	QUOTATION	OTHERS
9.	F9	QUOTATION	OTHERS
10.	F10	ASSESSMENT FORM	OTHERS



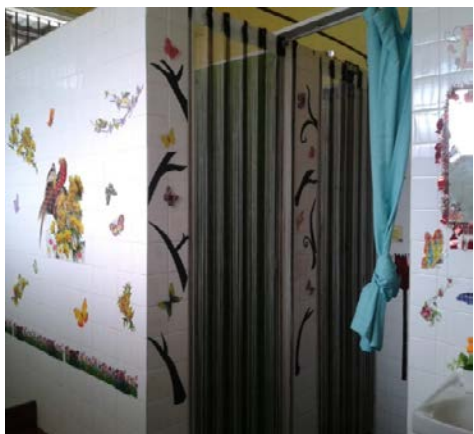


The 'Tandas Ceria' competition

Before



After



Nurses day



Fire drill



Health carnival program





Lain lain aktiviti



CENTRAL STERILE SERVICE UNIT (CSSU)

1. Introduction

The Central Sterile Supply Service Unit is located next to the operation theatre.



2. Mission

- Creating an efficient and capable staff through training and courses programmes.
- Provide quality sterile equipment to effective service.

3. Vision

- CSSU will always deliver quality, safe and effective service
- CSSU will ensure that all equipment is always in a sterile and safe to use.

4. Objectives

- Ensuring that hospital receive adequate sterile supplies.
- Providing sterilization services to peripheral clinic.

5. Scope of service

Packing and sterilizing the following items used in the hospital

- All surgical instruments
- All soft dressing and drapes
- All the linens used in the operating theatre, wards, units and clinics.
- Provision of sterilizing services to the following health facilities:
All peripheral health clinics in Kanowit district

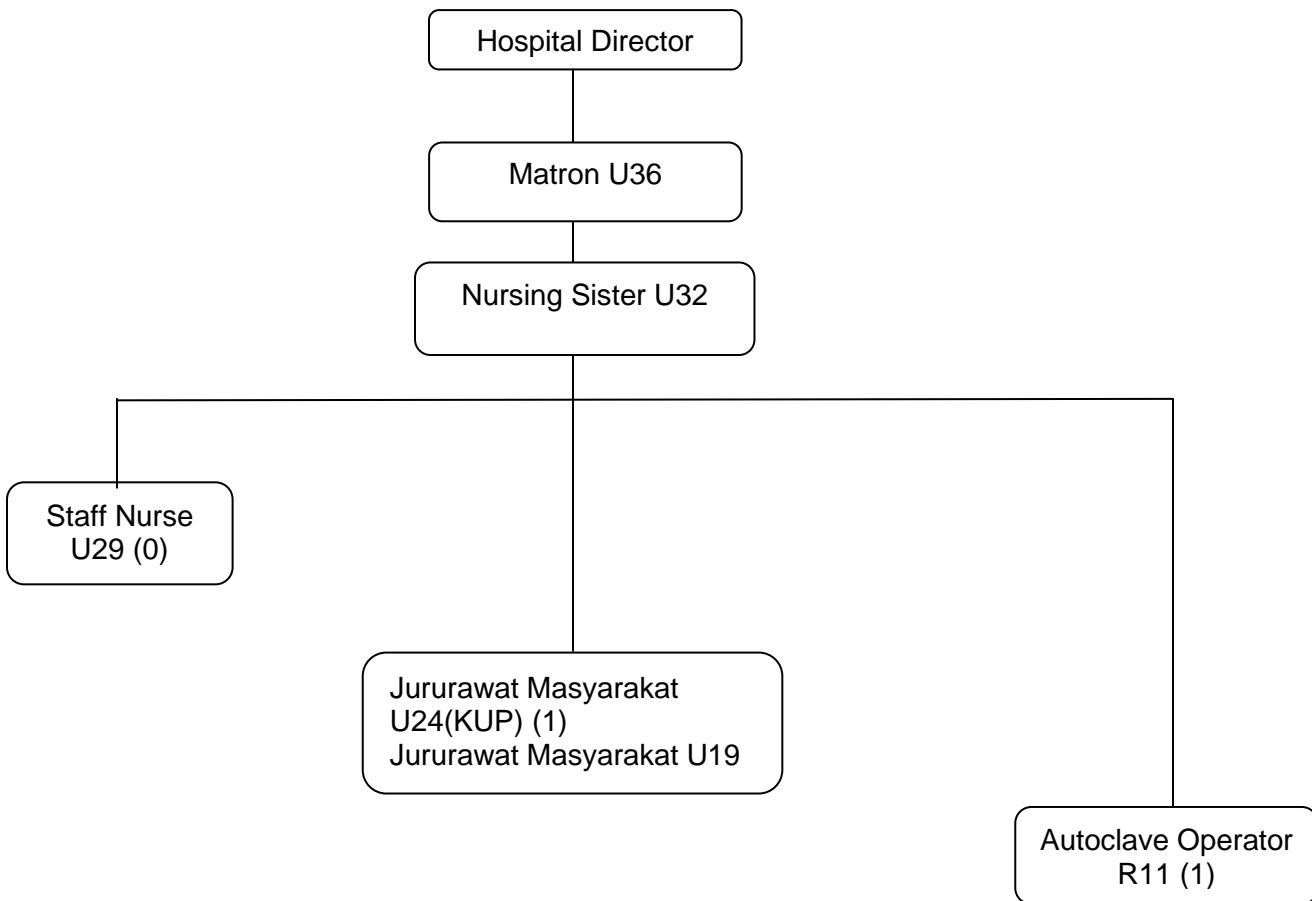
6. Organization.

The Hospital Director shall be responsible for the overall operation of the unit. He / She shall be assisted by the sister in charge who oversees the day – to – day operation of the unit.

Human Resources

- 1 Nursing Sister U32
- 1 JM U24(KUP)
- 1 JM U19
- 1 Autoclave Operator R11

The organization Chart of CSSU is as follows:



7. Working hours

CSSU shall operate at its full strength during office hours.

DAYS	WORKING HOURS
Monday – Thursday	8.00 am – 1.00 pm 2.00 pm – 5.00 pm
Friday	8.00 am – 11.45 am 2.15 pm – 5.00 pm
Saturday, Sunday and Public Holiday	OFF OR On request basis

The issuing counters are opened daily at the following time:

Day	Time
Monday to Friday	11.00 am to 12.30 pm
Monday to Friday	8.00 am – 8.30 am (for expired items)

8. Facilities and Equipment

There are four zone at CSSU,

- the clean packing area
- sterilizing area
- Soft dressing room
- the dirty washing area.

*Sterile area at the moment is still shared with OT.

Equipment

1. The autoclave machine has been upgraded to the new one with the latest technology while the old machine already stopped its operation.
2. Drying cabinet
3. Heat Sealer Machine
4. Gauze Cutter

9. Safety and Quality improvement activities

- KPI Report
- Infection control audit in CSSU done by infection control nurse
- Client Satisfaction Survey twice a year
- Hand soap and lotion surveillance
- Health screening for the staff who are above 40 years old with no medical follow up
- In house training – BLS, Soft Skill Course and Infection Control Course
- Unit meeting with staff 3 monthly

10. Staff Development / Training Program

- Staff sent for attachment at CSSU Sibuh Hospital. Staff also attend continuous education program. There is documentation of training attended kept.

11. CSSU Workload

12. Innovation in CSSU

Before



Old Autoclave Machine
(1984)

After



New Autoclave Machine
(2009)



No *air lock* at distribution area



Air lock at distribution area



Wipe dry the Instrument manually



Drying the instrument using the drying cabinet

14. Future Planning.

14.1 Budget for more equipment

- Washer Machine
At the moment no washer machine at CSSU. Staff cleaning the instruments manually.
- Autoclave Machine HVHT
Only one autoclave machine functioning at CSSU. One autoclave machine already BER. CSSU still need one more autoclave machine

INFECTION CONTROL UNIT

Infection Control Unit was first established in 1992.. Since March 2007, the unit is run by a full time Infection Control Nurse. The Infection Control Unit is located on the Administration Block of the hospital building, which is combined with QAP unit. While the unit is headed by the Hospital Director, the day-to-day running of the unit shall be the responsibility of the Infection Control Nurse (U32 KUP), whom shall be assisted by the Link Nurse. Both nurses shall report directly to Hospital Matron (U36) on all nursing issues.

MISSION

To provide and participate in the development and implementation of Infection Control Policies.

VISION

Excellence and safety in healthcare delivery in Kanowit Hospital to develop standard for the practices of Infection Control.

MOTTO

Infection Control is everybody business.

GOALS AND OBJECTIVES

- 5.1 To create a conducive and safe environment for patient, healthcare workers and visitors in the hospital.
- 5.2 To create and promote the awareness on nosocomial infection among the health care workers through orientation programmed and other educational activities.
- 5.3 To reduce the incidence of nosocomial infection by promoting cost-effective hospital infection control practices.
- 5.4 To reduce the incidence of needle and sharp injuries in the hospital by promoting good occupational safety practices.

6. STAFF DEVELOPMENT (HUMAN RESOURCE)

Infection Control Unit only have one Infection Control Nurse to manage the unit operational.

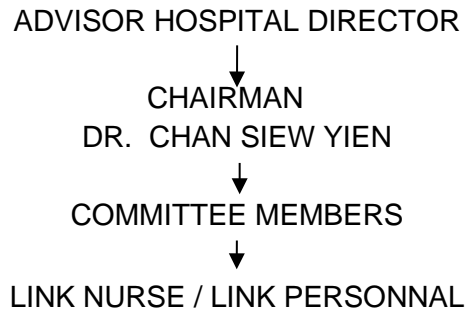
Post	Grade	Post Available	Post Filled	Vacant
Infection Control Nurses	SN U32 KUP	1	1	0

7. FACILITIES AND EQUIPMENT

The Infection Control Unit office is equipped with office facilities such as office table, chairs, files cabinet, computer and printers combined with QAP Unit.

Bil	Hardware/Server	Jumlah / Total
1.	Computer (Desktop)	1
2.	Printer	1

8. ORGANISATION CHART HOSPITAL INFECTION AND ANTIBIOTIC CONTROL COMMITTEE (HIACC) 2023 KANOWIT HOSPITAL



9. ESTABLISHMENT OF THE UNIT

10. TRAINING

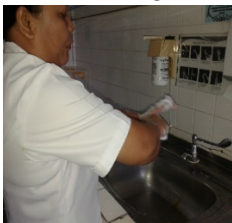
All committee members are encouraged to attend relevant in-house or external courses.

11. QUALITY IMPROVEMENT EFFORTS

- 11.1. Hand hygiene activities.
- 11.2. Carry out reporting as per Incident Reporting Flowchart for needle and sharp injury.
- 11.3. In-Use-Test for all lotion supplied from Pharmacy to all ward/unit. Shall be done 2 times per year.
- 11.4. Environment audit to all wards, operation theatre and kitchen shall be done 2 times per year.
- 11.5. Hand soap surveillance shall be done 2 times in a year to all section/unit/ward.
- 11.6. Orientation of patient and care givers is stressed on the general and clinical waste.
- 11.7. All unit/ward have their own Standard Precaution corner.
- 11.8. All wards are provided with PPEs container.
- 11.9. CNE/CME on Infection Control practices are carried out monthly.
- 11.10. Daily objective rounds to all areas/units.
- 11.11. Infection Control Course
- 11.12. Hand Hygiene poster.

12. INFECTION CONTROL ACTIVITIES (2017)

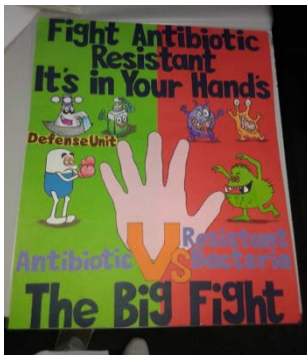
- 12.1. Hand washing demo on 16.1.17 for 4 PPK (Tahap 1)



12.2. Hand washing demo on 16.3.17 for Penyelia Asrama:1 and Tukang masak:3



12.3. Competition Hand Hygiene organised by JKNS(Inf. Cont) on 7.04.2017



12.4. Hand hygiene on 13.4.17. 25 person.



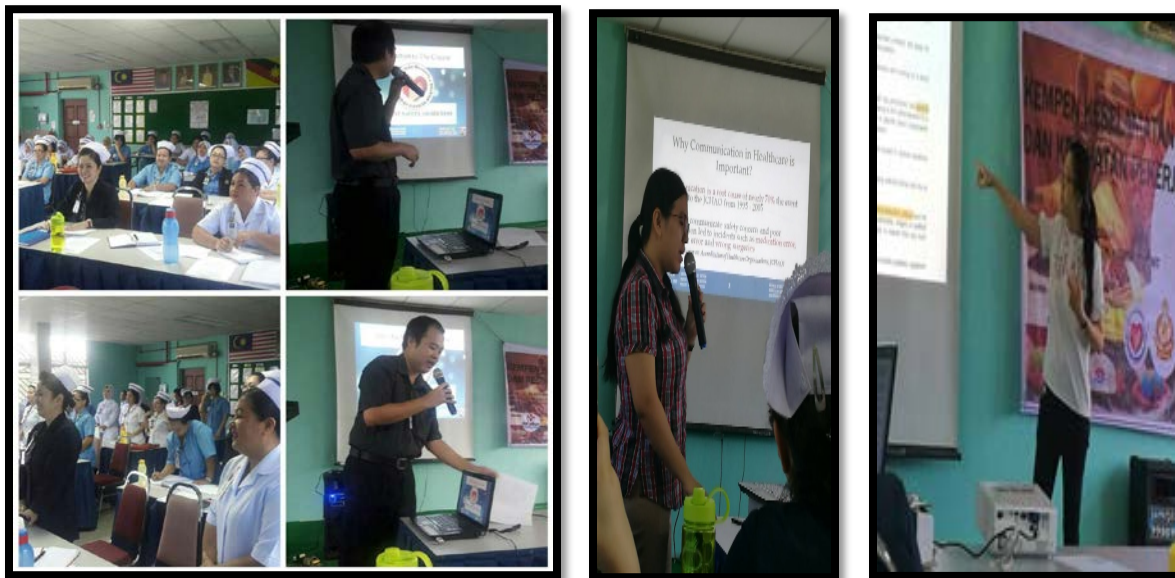
12.5. Hand hygiene & PPEs Course for One Medicare on 13.4.2017.



12.6. Hand hygiene section at OPD, Pharmacy and Lab



12.6. Patient safety awareness course on 26.7.17.



12.7. CME Medical Device – Nasofix.(23 person)

12.8 Hand Hygiene demonstration by PPK Tahap 1 on 5.9.17.(4 person)

12.9 Link Nurse course on 8.12.17.(16 person)

13. INFECTION CONTROL ACTIVITIES (2018)

13.1. Demonstration Hand Hygiene for PPK tahap 1. (3 person)

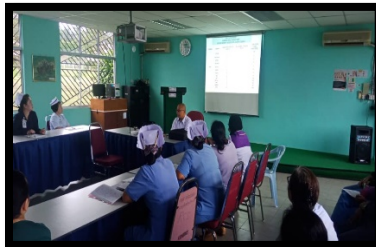
13.2. Courses for Link Nurses/Link personal on 20-23.3.18 (19 person)



13.3. Hand hygiene 9.8.18 at OPD & Pharmacy



13.4 Hand Hygiene during HFMD outbreak. (9.8.18)



13.5 Hand hygiene for Kitchen staff 25.7.18 & 11.12.18



13.6. Infection Control Course.



14. **INNOVATION PROJECT**

14.1 Hand Hygiene Video

14.2 Recycle box for decoration



15. **PLAN FOR UNIT / STRATEGIES PLANNED FOR INFECTION CONTROL UNIT**

- Maintain on ongoing educational programme for all hospital personnel in the use of such standards.
- To continue train and update Link Nurses/Link Personals more effectively, by sending them to courses that are related to infection control.
- To continue promoting more effectively on HCAI among the health care workers.
- To reduce or have zero defect of the incidence of needle and sharp injuries among health care workers through orientation programmed and educational activities.
- To continue promoting more effectively on hand hygiene to all category of staff.
- The immense need for extra manpower is need especially in due course of emergencies whereby the infection control is not available. Applications for staffing have been put forward to cover for this need. (good computer skills)
- To attend talks, seminars, courses etc. to upgrade knowledge and skill.
- Apply for more budget to attend more courses, training related to service and quality programmes.
- Ensuring all equipment is clean.

FOOD SERVICE UNIT

Introduction

The kitchen and food services unit is located toward the back of the Hospital, facing the female ward and male ward, next to the haemodialysis unit. This unit being operated since the opening of Hospital Kanowit, 16 February 1984.

Food and catering service is supplied by a private contractor for the patients' daily consumption as Kanowit Hospital does not have its own cooking staff. This private contractor is supervised by a 'Penolong Pegawai Penyediaan Makanan C29' of the hospital.

The catering unit always gives it utmost contribution for the benefit of the patient and committed towards achieving Hospital Accreditation.

Vision

Menjadi peneraju kecemerlangan dalam pengurusan perkhidmatan makanan yang bertaraf antarabangsa.

Mission

Menyediakan perkhidmatan makanan yang sihat, berkualiti dan dijamin selamat menepati keperluan pelanggan dengan mengutamakan inovasi, perkembangan teknologi terkini dan melaksanakan penyelidikan serta mempromosikan perkhidmatan makanan kepada komuniti.

Operating hours and Staffing

Posts	Working Hours	Days
Penolong Pegawai Penyediaan Makanan C29 (PPPM)	8.00 AM – 5.00 PM	ISNIN – JUMAAT
Cooks from Private Contractor (<i>Outsource</i>)	W1 - 6.00 AM – 7.30 AM W2 - 9.30 AM – 1.00 PM W3 - 3.00 PM – 6.30 PM	ISNIN - AHAD

Organizational Structure

This unit is led by a *Penolong Pegawai Penyediaan Makanan* that is in-charge in managing and coordinating with the private contractor for delivery of service. The private contractor provides 3 full time cooks that carry out the various food preparation and serving duties to the inpatients of the hospital.

Posts	Number of staff
Penolong Pegawai Penyediaan Makanan C29	1
Cooks from Private contractor	3
Cleaner from One Medicare Sdn.Bhd	1

Strategies Planned for Improvement towards Achieving Goals

- To attend talks / seminars / course to upgrade knowledge and skill.
- To maintain all equipment in good working condition.
- To improve workflow chart.
- Client satisfaction survey - to get feedback and recommendation.

Workload

Year	2019	2020	2021	2022
Normal Diet				
Therapeutic Diet				
Blended Diet				

FORENSIC MEDICINE / MORTUARY SERVICES

INTRODUCTION

Forensic medicine is one branch of medicine that assists the legal authorities in the adjudication of justice. The scope of services is to provide forensic medical expertise which covers forensic pathology and clinical forensic medicine, including providing mortuary services.

Normally, all hospitals will provide mortuary services for 24 hours. However, in contrast to Kanowit Hospital where operating hours are office hours and after hours, weekend and public holiday, the staff will work on call. This is due to the staff at the Forensic Medicine / Mortuary Services also worked in other units of common factors.

Forensic Medicine / Mortuary Services has its own separate building which is located near the hospital back gate adjacent to the medical stores. The unit perform the full function of the Mortuary Services and little touches work of Forensic Medicine. For Forensic Medicine, only low-profile cases will be handled due to the limited equipment and facilities and the autopsy / post-mortem will be carried out by medical personnel under the supervision of a state pathologist / forensic specialist. For high-profile cases and beyond the capacity of the hospital, understanding (MOU) made with Sibuh Hospital and the case will be sent there for further action.



Forensic Medicine / Mortuary Services building is located near hospital back gate adjacent to the medical store. The building is divided into 3 rooms; Admin Office, Autopsy Room and Grieving Room.

VISION

To provide an efficient Forensic Medicine / Mortuary Service that star quality time management and consistently high quality of work for the satisfaction of customers / beneficiaries as well as help ease the gloomy atmosphere in the family of the deceased.

MISSION

- To conduct corpse management for all cases of death (except for high risk death cases) in hospital.
- To conduct corpse management for natural death / police (medico-legal) cases where clinical autopsy / post-mortem procedure will be performed.

- To handle cases of deaths due to infectious disease as best as possible in accordance with standard operating procedures that have been given.

OBJECTIVES

- To release the correct bodies to the right claimant.
- To manage the claim and release of corpse / dead body to the right next of kin for non-medico legal cases within three (3) hours of corpse / body received at Forensic Medicine Unit.
- To receive the bodies / corpse from the wards and BID (brought in dead) cases of Emergency and Trauma Unit for temporary placement before claimed by next of kin.
- To release the bodies / corpse from the freezer to be claimed by the heirs.
- To perform a post-mortem for non-complicated cases within 24 hours from the time the Polis 61 Order is received.
- To assist in the process of identifying body / corpse by next of kin.
- To assist the forensic specialist / medical officer in conducting the clinical autopsy / post-mortem for police case.
- To send the specimen to pathology laboratory and submit post-mortem (medico-legal) specimen to the police.
- To assist medical officers in clinical autopsy / post-mortem report before being submitted to the medical record unit.

CUSTOMER CHARTER

- Help with sincerity and honesty in the Forensic Medicine / Mortuary services.
- Releasing the correct bodies to the right next of kin / claimant.
- Managing the release of bodies to the right claimant / next of kin for non-medico legal cases within three (3) hours from time bodies are received in the mortuary / Forensic Medicine Unit.
- The conduct of post-mortem for non-complicated cases within 24 hours from the time the Polis 61 Order is received (where applicable)



Forensic Medicine / Mortuary Services Logo with Motto.

MOTTO

“Truth and honesty”

SERVICE PROVIDER

- Forensic Medicine / Mortuary Services shall be provided by qualified staff.
- Assistant Medical Officers (AMOs) shall maintain and improve their knowledge and skills through continuing medical education and professional development. The AMOs are trained to assist MOs in their work.
- The medical assistant (PPK) in this unit shall be trained to assist the Medical Officers (MOs) / Assistant Medical Officers (AMOs) in their work. They shall undergo “Kursus Peningkatan Pembantu Perawatan Kesehatan Tahap III” and be trained based on the module for Forensic Medicine / Mortuary attendant.

STAFF ESTABLISHMENT

At the beginning of the operation, Forensic Medicine Unit / Mortuary staff is comprised of 2 people, one each: an Assistant Medical Officer and a Health Care Assistant.

NO	POST	NO. OF PERSON (PREVIOUS TILL AUG 2013)	NO. OF PERSON (AUG 2013 TILL NOW)
1	ASSISTANT MEDICAL OFFICER U29	1	1
2	HEALTH CARE ASSISTANT (PPK) U11	1	1

EQUIPMENT AND FACILITY

The unit building is divided into 3 rooms: admin office, autopsy room and grieving room.

i) Admin Office

Equipped with office desks, notice board, chairs, computer desk, file cabinet, ceiling fan and toilet with shower.

ii) Autopsy Room

Equipped with a body freezer with two compartment, autopsy equipment storage cupboard, autopsy table, air-conditioner, general and clinical waste bin and exhaust fan.

iii) Grieving Room

Equipped with ceiling fan and public toilet.



Picture 1. File cabinet, office desks, computer desk in admin office.



Picture 4. Exhaust fan which is located in autopsy room.



Picture 2. One air-conditioner in autopsy room.



Picture 3. Autopsy equipment that kept in storage cabinet in autopsy room



Picture 5. Body freezer with two compartment and autopsy table which is located in autopsy room.

LONG TERM PLANNING

Like any other unit, the unit is also planning to upgrade and renovate the mortuary building where it involves the addition of awnings in front of the building, proper drainage system, improved security systems, humidity and forensic medical equipment.

SHORT TERM PLANNING

- To send staff to attend specialised courses related to the field.
- To send staff to attend short attachment at big hospital (Forensic Medicine / Mortuary Services) in order to enhance the skills and knowledge.
- To request for additional of air-conditioner unit in admin office, autopsy room and grieving room due to high humidity.
- To request for tinted glasses in exchange with transparent glasses in autopsy room in order to keep privacy while doing post-mortem.

STAFF / UNIT DEVELOPMENT ACTIVITY

a) Training / CME Activities

Every new staff will undergo an orientation process regarding the unit by head of unit. As the beginning entering the unit, new staff will be sent for a short course / attachment at big hospital (Forensic Medicine / Mortuary Services) for enhancing the knowledge and skills improvement. For the senior staff, if interested will be sent to attend specialized courses related to the field.

As for CME activities, it categorised into general where it is open to all clinical categories (Medical Officers, Paramedic, Nursing, etc.). The unit will do the CMEs with the attendances of every clinical category without focusing to one specific unit. Since August 2013, CMEs already done and presented by the staff of the unit. The topics are as below:

b) Innovation / Unit Development Programme

Since August 2013, the unit has changed some interior settings actively in order to improve the quality of service. The changes are as shown below:



Picture 6. Filing System Management



Picture7. Disposal of Biohazard / General Waste System Management.



Picture 8. Manage the storage area of rubber shoes.



Picture 10. Alter the computer to the proper location (computer desk).



Picture 9. Modification of space behind the file cabinet to the changing room by installing a fabric curtain.



Picture 11. Office space more refinements and organized.



Picture 12. Death registration / Reception Counter.

MEDICAL RECORDS UNIT

1. LOCATION

Medical Records Unit is located at the ground floor of the Nurses Home building, which is located in front of the Administration Office building.



2. OBJECTIVES

Management of patient's medical records systematically and to be responsible in the keeping of the confidentiality of those records. Diligent handling of records and statistics and ensuring sensitive records are only allowed to be obtained for purposes of reference, analysis and planning. Handling of medicolegal cases according to the current laws and regulations.

3. MISSION

Kearah menyediakan maklumat Hospital yang berkualiti seiring dengan teknologi semasa. Menggunakan / menghasilkan kaedah pengurusan data yang lebih berkesan serta menggalakka tatacara perancangan yang boleh membawa kebaikan kepada Jabatan, pelanggan dan kakitangan secara keseluruhannya.

4. VISION

Pusat Maklumat Rawatan Perubatan yang berkualiti dan berintegriti

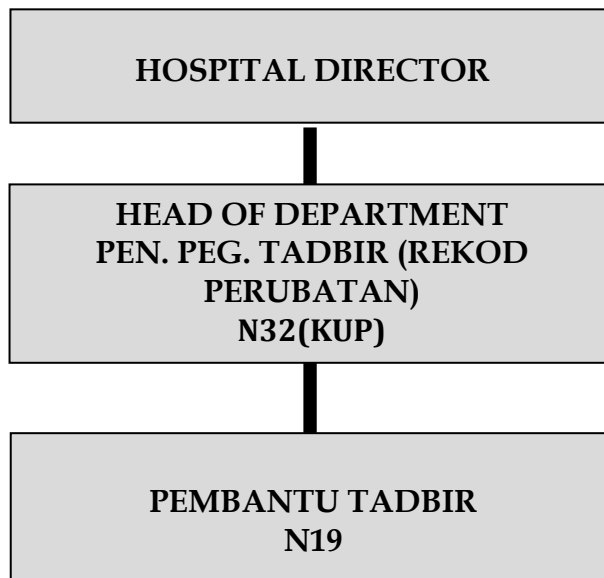
5. GOAL

Menyediakan / menyampaikan maklumat yang cepat dan tepat

6. SCOPE OF SERVICES

- A. Pentadbiran am
- B. Pengurusan Rekod Perubatan
- C. Pengurusan Permohonan Laporan Perubatan
- D. Pengurusan Kes Medico-Legal
- E. Pengurusan Statistik
- F. Koding Penyakit (ICD 10)
- G. Lain-Lain

7. ORGANISATION



8. OPERATING HOURS

	Office Operating Hours	Counter Operating Hours
Monday - Thursday	08:00 AM – 01:00 PM	08:00 AM – 01:00 PM
	Lunch Break	
	02:00 PM – 05:00 PM	02:00 PM – 05:00 PM
Friday	08:00 AM – 11:45 AM	08:00 AM – 11:45 AM
	Lunch Break	
	02:15 PM – 05:00 PM	02:15 PM – 05:00 PM
Saturday, Sunday and Public Holidays	Closed	

During out of office hours, medical records staff can be called back in cases where the medical records need to be obtained in an emergency, disease outbreaks or disaster situations.

9. POLICY DESCRIPTION

A. General Administration

- File management
- Asset and Inventory Management
- Human Resource Management
- Yearly Key Performance Index targets

B. Patient's Medical Records Management

- Inpatient Checklists
- Registration Number (RN)
- Sending of patient's medical records
- Storage of patient's medical records
- Disposal of patient's medical records



D. Medico-legal case management

- *Lembaga Perubatan*
- Potential Medico-legal case management

D. Management of Requests for Medical Reports

- Functions of medical reports
- Types and category of medical reports
- Payment of medical reports
- Timeline of medical report preparation
- Process of request of medical reports
- Responsibility of preparation of medical reports

E. Hospital's Statistics Analysis

- Gathering of statistics of the hospital
- ***Statistics reporting***
- ***Usage of SMRP 2.0 and MyHDW***

Bil	Module	Records
1	Inpatient	<ol style="list-style-type: none"> 1. Admissions to ward 2. Discharge from ward 3. Hospital Births 4. Deaths in ward
2	Daycare	<ol style="list-style-type: none"> 1. Management of daycare
3	Outpatient	<ol style="list-style-type: none"> 1. Specialist clinics 2. Accident and Emergency Unit 3. Outpatient department 4. Special clinics 5. Pregnancy Assessment Centre 6. Primary health care 7. Traditional and Complimentary medicine
4	Clinical Support	<ol style="list-style-type: none"> 1. Physiotherapy 2. Occupational Therapy 3. Auditory and Speech 4. Dietetic 5. Medical Social Welfare 6. Radiology 7. Pathology 8. Nuclear Medicine 9. Forensic Medicine
5	Procedures	<ol style="list-style-type: none"> 1. Procedures carried out in Operating Suites

F. Coding ICD 10 / ICD 9CM

- Kod Diagnosis ICD -10 coding

G. Other Functions

- Management of Medical Certificate of Death (MCD) and Post Mortem Certificates (PMC)
- Management of documents separated from patient's records
- Management of Inpatient Medical Record Store
- Key Management

10. SAFETY

- Safety of Medical Records Contents (Locked Bags)
- Safety of Medical Records Unit from:
 - Theft
 - Fire
 - Pests

11. QUALITY IMPROVEMENT EFFORTS

- Hospital Performance Indicator for Accountability (HPIA)
- Patient's Medical Records Audit
- Abbreviation List
- Medical Records Committee

12. GENERAL HOSPITAL POLICY

- New Staff Orientation
- MyCPD / Logbook
- Incident & Accident Report

13. PATIENT AND FAMILY RIGHTS

- Medical Reports
- Inpatient Medical Records

Administration Unit

Background

Kanowit Hospital was constructed in 1982 and started operational on 16th February 1984. At the time, the hospital has 182 staff. Kanowit hospital serves the local population of Kanowit district, who majority stays in villages and long houses scattered along the river.

Namelist of All Hospital Directors from 1984 until now

1	DR.WEE THIAN YIEW
2	DR. SIM TONG AIK
3	DR KUMARAJOTHY A/L SUBRAMANIAM
4	DR.CHIN ZIN HING
5	DR. INDERJIT SINGH
6	DR.ROSLI BIN RAHIM
7	DR. MARIAMA LOPEZ
8	DR.ROHANI MAT BAH (1995-JUNE 2001)
9	DR.MARILYN UMAR (JUN 2001-MAY 2003)
10	DR.ASWAN ISMAIL (JUN 2003-JULY 2004)
11	DR.ALI ANAK PUJI (JULY 2004-JUNE 2005)
12	DR.YUNG CHUN HIENG (JULY 2005 –JUNE 2006)
13	NGIENG KIONG KIONG (JULY 2006-JAN 2007)
14	PN. LING HEE CHOO (JAN – 2007-OGOS 2010)
15	DR. KIING JIU WEN (SEPT 2010-JAN 2011)
16	DR. EMMANUEL JOSEPH FONG (FEB 2011 – JULY 2012)
17	DR.TAN CHEN YONG (JULY 2012-MEI 2013)
18	DR. ALEX KIM REN JYE (JUN 2013-11 OCT 2015)
19	DR.POI JIA HWANG (12 OCT 2015 – 31 AUG 2016)
20	DR. LEE LIANG HOONG (01 SEPT 2016 – MEI 2017)
21	DR. LEE JUN YUAN (01 JUN 2017 – 18 APRIL 2021)
22	DR. BERNADETTE SYONNIA BINTI JARU SAWAT (19 APRIL 2021 – NOW)

Introduction

The administration department comprises of several sections:

- ✚ General Administration
- ✚ Human Resource
- ✚ Accounts and finance
- ✚ Asset and Inventory management
- ✚ Revenue unit
- ✚ Customer Service

The administration department is responsible for management of all governance of the hospital's different departments. The approach is centred around excellence in provision of service based on the qualities of caring, teamwork and professionalism.

Location

The administration department is located in the main administration building, where it shares facilities with Quality Assurance Program unit, Infection Control Unit and several other offices of hospital staff.

Organizational Structure

There is a total of 18 staff currently under the administration department.

Posts	Number of staff
Penolong Pegawai Tadbir N29	1
Pembantu Tadbir Kanan N22	1
Pembantu Tadbir N19/ N22 (KUP)	5
Pembantu Tadbir N19/N22 (KUP)	2
Pembantu Tadbir Kewangan W22	1
Pembantu Tadbir Kewangan W19	2
Pegawai Khidmat Pelanggan N19/ N22 (KUP)	3
Pembantu Operasi N11	2
Penyelia Asrama N22 (KUP)	1

Objectives and Goals

To ensure all work processes and governance activities are carried out that satisfies the requirements of the customers and also staff, in the services of administration, human resource management, finance and accounting, asset and inventory management and customer service.

Mission

Memberi perkhidmatan yang berkualiti dengan menerapkan nilai-nilai perkhidmatan penyayang, kerja berpasukan dan profesionalisme untuk memenuhi kehendak pelanggan

Vision

Hospital Kanowit akan menjadi sebuah pusat rawatan yang berkualiti dengan anggota kakitangan yang bertanggungjawab dan komited dalam melakukan tugas.

Administrative Structure

Administrative responsibilities of Kanowit Hospital are led by Dr Bernadette Syonnia binti Jaru Sawat, as the current Hospital Director. She is assisted by a total of 207 staff including clinical and non-clinical staff.

As a whole, Kanowit Hospital has 14 individual units comprising of the following:

- i. Administration department
- ii. Medical Records department
- iii. Inpatient department
- iv. Engineering department
- v. ICT department
- vi. Quality Assurance Program unit
- vii. Food Services department
- viii. Outpatient department
- ix. Haemodialysis unit
- x. Radiology unit
- xi. Pharmacy department
- xii. Operating Suite and CSSU unit
- xiii. Rehabilitation: Physiotherapy and Occupational Therapy units
- xiv. Medical Laboratory department

Innovation Projects

1. Recycling Corner



2. Projek Tandas Ceria

SEBELUM	SELEPAS
	
	

3. EKOSISTEM KONDUSIF SEKTOR AWAM (EKSA)

SEBELUM



SELEPAS



Certifications Awarded





AKREDITASI – 2008-2011 / 2011-2014 / 2014-2018

Human resources for Kanowit Hospital

BI L	AKT.	JAWATAN	KOD GAJI SSB/SSM	JUMLAH		
				JW T	ISI	KOS ONG
1	2.2.2	Pengarah Hospital , Pegawai Perubatan, Gred UD43/44/UD47/48/UD51/52/UD53/54	UD43/44/UD47/48/UD51/52/UD53/54	1	1	0
2	2.2.2,2.3.2,2.4.2,2.5.2,2.7.2	Pegawai Perubatan, Gred UD43/44/UD47/48/UD51/52/UD53/54	UD43/44/UD47/48/UD51/52/UD53/54	16	6	10
3	2.22.2	Pegawai Farmasi, Gred UF41/UF44/UF48/UF52/UF54	UF41/44/48/52/54	9	8	1
4	2.21.2	Pegawai Sains (Kimia Hayat), Pegawai Sains Gred C41/C44	C41/C44	1	0	1
5	2.2.2	Jururawat , Gred U36	U36	1	1	0
6	2.22.2	Penolong Pegawai Farmasi, Gred U32	U32	1	1	0
7	2.22.2	Penolong Pegawai Farmasi, Gred U29/U32 (TBK1 dan TBK2)	U29/U32	6	6	0
8	2.10.2,2.15.2,2.2.2, 2.3.2	Penolong Pegawai Perubatan Gred U32 (TBK2)	U32/U36	4	4	0
9	2.10.2,2.15.2,2.2.2, 2.3.2	Penolong Pegawai Perubatan, Gred U29 (TBK1 dan TBK2)	U29/U32/U36	14	14	0
10	2.21.2	Juruteknologi Makmal Perubatan, Gred U32	U32	1	1	0
11	2.21.2	Juruteknologi Makmal Perubatan, Gred U29 (TBK1 dan TBK2)	U29/U32/U36	10	9	1
12	2.20.2	Juru X-Ray Diagnostik, Juru X-Ray Gred U32	U32	1	1	0
13	2.15.2,2.2.2,2.3.2,2.4.2,2.7.2,2.8.2	Jururawat Gred U32 (TBK2)	U32/U36	7	7	0
14	2.15.2,2.2.2,2.3.2, 2.4.2,2.5.2,2.6.2,2.7.2,2.8.2	Jururawat Gred U29 Gred (TBK1 dan TBK2)	U29/U32/U36	43	42	1

15	2.3.2, 2.4.2, 2.5.2, 2.8.2	Jururawat Masyarakat Gred U19 (TBK1 dan TBK2), Jururawat , Gred U29 (TBK 1 dan TBK 2)	U19/U24/U26/U29/U32/ U36	6	5	1
16	2.7.2	Jururawat Masyarakat Gred U26	U26	1	0	1
17	2.2.2,2.7.2	Jururawat Masyarakat, Gred U24	U24	3	2	1
18	2.2.2,2.3.2,2.4.2,2.5.2,2.6.2,2.7.2,2.8.2	Jururawat Masyarakat, Gred U19(TBK1 dan TBK2)	U19/U24	43	22	21
19	2.2.2	Juru X-Ray (Diagnostik), Juru X-Ray, Gred U29 (TBK1 dan TBK2)	U29/U32/U36	2	3	-1
20	2.2.2	Pen. Pegawai Tadbir (Rekod Perubatan) Gred N29 (TBK1 dan TBK2)	N29/N32/N36	1	1	0
21	2.2.2,2.28.2	Jurupulih Perubatan Fisioterapi, Jurupulih Perubatan, Gred U29 (TBK1 dan TBK2)	U29/U32/U36	2	2	0
22	2.28.2	Jurupulih Perubatan Carakerja, Jurupulih Perubatan, Gred U29 (TBK1 dan TBK2)	U29/U32/U36	1	1	0
23	2.2.2	Penolong Jurutera, Gred JA29/JA30/JA36	JA29/JA30/ JA36	1	1	0
24	2.2.2	Pen. Peg. Teknologi Maklumat, Gred FA29 (TBK1 dan TBK2)	FA29/FA32/ FA36	1	1	0
25	2.23.2	Pen. Pegawai Penyediaan Makanan Gred C29 (TBK1 dan TBK2)	C29/C32	1	1	0
26	2.2.2	Pen. Pegawai Tadbir Gred N29 (TBK1 dan TBK2)	N29/N32/N36	1	1	0
27	2.2.2	Pembantu Tadbir (P/O) Gred N22	N22	1	1	0
28	2.2.2	Pembantu Tadbir (Rekod Perubatan) Gred N19/N22 (TBK1 dan TBK2)	N19/N22	1	0	1
29	2.22.2	Pembantu Tadbir (Penyelenggara Stor) Gred N19/N22 (TBK1 dan TBK2)	N19/N22	1	0	1
30	2.2.2	Pembantu Tadbir (P/O) Gred N19/N22 (TBK1 dan TBK2)	N19/N22	7	9	-2

31	2.2.2	Pembantu Tadbir (KEWANGAN) Gred W22	W22	1	1	0
32	2.2.2	Pembantu Tadbir (KEW) Gred W19/W22 (TBK1 dan TBK2)	W19/W22	2	2	0
33	2.23.2,2.2.2	Penyelia Asrama Gred N19/N22 (TBK1 dan TBK2)	N19/N22/N26	2	1	1
34	2.2.2	Pegawai Khidmat Pelanggan Gred N19/N22 (TBK1 dan TBK2)	N19/N22/N26	3	3	0
35	2.2.2	Pembantu Operasi, Gred N11/N14 (TBK1 dan TBK2)	N11/N14	2	2	0
36	2.22.2	Pembantu Awam, Gred H11, Khas Untuk Penyandang Jawatan Hakiki Pembantu Awam, Gred H14	H14	1	1	0
37	2.22.2	Pembantu Awam, Gred H11 (TBK1 dan TBK2)	H11/H14	4	4	0
38	2.2.2	Pemandu Kenderaan, Gred H11 (TBK1 dan TBK2)	H11/H14	5	4	1
39	2.2.2	Operator Otokleb, Pembantu Awam, Gred H11	H11/H14	1	1	0
40	2.15.2,2.2.2,2.21.2, 2.2.2,2.5.2	Pembantu Perawatan Kesihatan Gred U11 (TBK1 dan TBK2)	U11/U14	41	37	4
JUMLAH				250	207	43
JAWATAN PEGAWAI KONTRAK						
1	2.2.2, 2.3.2	Pegawai Perubatan	UD41/UD43/47/53	0	2	0
2	2.22.2	Pegawai Farmasi	UF41/UF43/47/53	0	1	0
3	2.3.2, 2.14.2	Penolong Pegawai Perubatan	U29	0	6	0
4	2.3.2, 2.4.2, 2.5.2, 2.8.2	Jururawat	U29	0	0	0
JUMLAH				0	9	0

Planning of the future

1. Fulfilling the empty post for 'Penolong Pegawai Teknologi Maklumat FA29'
2. Requesting of additional posts to cover specific tasks and duties:
 - Addition of one (1) post for N19/22 – to be in charge of Registry Unit
 - Addition of one (1) post for Vehicle Driver for administration department