

SIBU HOSPITAL

PROFILE

2024



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DIRECTOR
HOSPITAL SIBU
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SHARED PROSPERITY VISION 2030

Shared Prosperity Vision 2030 is a commitment to make Malaysia a nation that achieves sustainable growth along with fair and equitable distribution, across income groups, ethnicities, regions and supply chains. The commitment is aimed at strengthening political stability, enhancing the nation's prosperity and ensuring that the *rakyat* are united whilst celebrating ethnic and cultural diversity as the foundation of the nation state.

MINISTRY OF HEALTH, MALAYSIA

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 materialized 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.

VISION

A nation working together for better health.

MISSION

The Mission of the Ministry of Health is to lead and work in partnerships:

1. To facilitate and support the people to:
 - Attain fully their potential in health
 - Motivate them to appreciate health as a valuable asset
 - Take individual responsibility and positive action for their health
2. To ensure a high quality health system that is:
 - Customer centred
 - Equitable
 - Affordable
 - Efficient
 - Technologically appropriate
 - Environmentally adaptable
 - Innovative
3. with emphasis on:
 - Professionalism, caring and teamwork value
 - Respect for human dignity
 - Community participation

SARAWAK STATE HEALTH DEPARTMENT

VISION

Sarawak State Health Department's vision is for Sarawak to become a state consisting of healthy individuals, families and communities through a fair and equitable health system, efficient, accessible, technologically suitable, able to change according to the environment and compatible with customers. This system will prioritize quality, innovation, improvement of health status and respect for human dignity and promote individual responsibility and community participation towards improving the quality of life.

MISSION

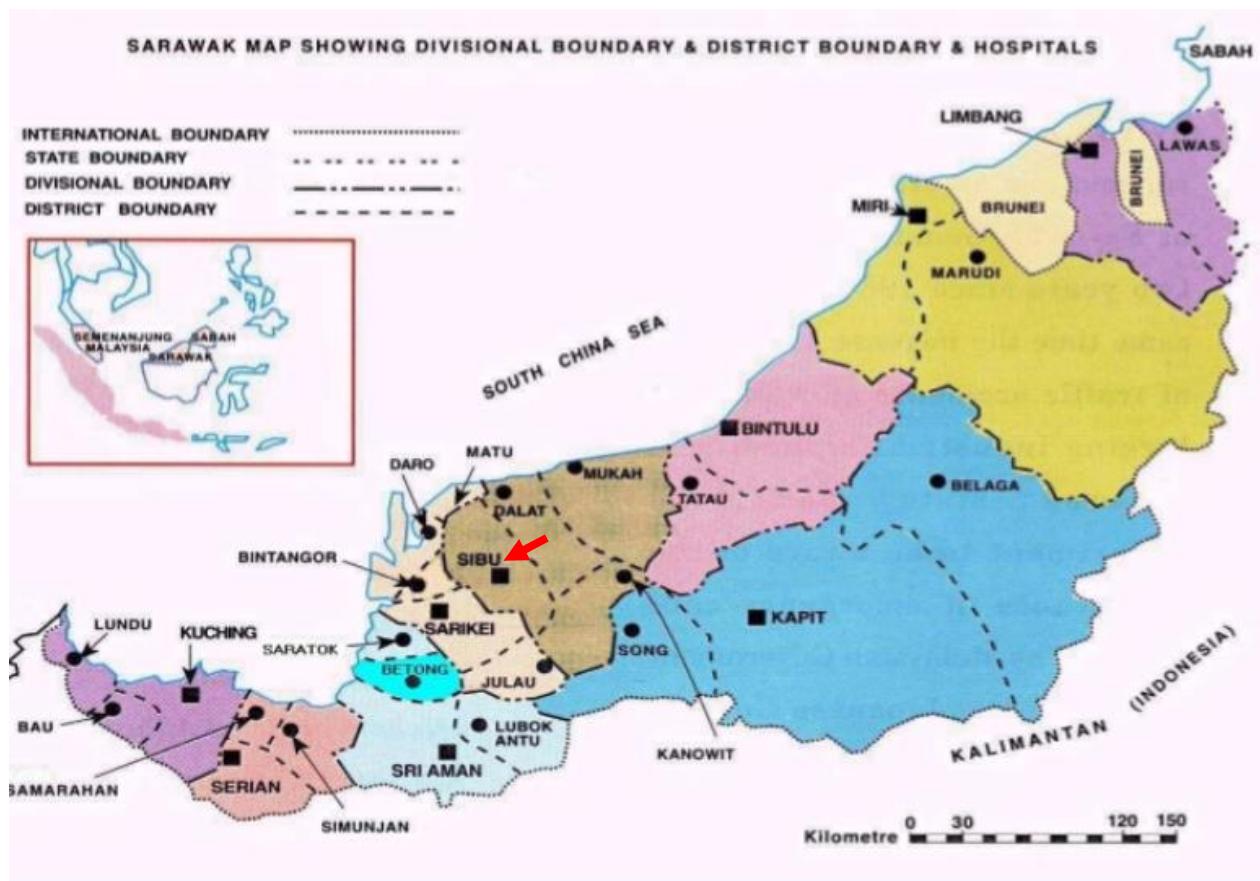
Sarawak State Health Department's mission is to create the involvement and participation of the Sarawak's community for health to stimulate and facilitate the people of Sarawak to:

- i. Fully achieve their health capabilities
- ii. Appreciate health as a valuable asset
- iii. Take positive steps to further improve and
- iv. Maintain health status to enjoy a better quality of life.

OBJECTIVE

Provide health services to the public, especially the rural population to achieve healthy conditions and to encourage them to participate in the process of changing attitudes towards achieving good health, avoid disease outbreaks and stay away from hazards that can affect their health.

Map of Sarawak



HOSPITAL SIBU

VISION

To Care with Passion

MISSION

Provide Quality Services through Caring, Teamwork and Professionalism in Order to Meet the Needs and Expectation of All Clients

OBJECTIVES

- I. To provide diagnostic, curative, promotional and rehabilitative services that are appropriate, adequate, comfortable, effective, efficient and of the highest possible quality to patients in order to preserve life, reduce suffering and achieve early and maximum recovery
- II. To provide quality patient-oriented service based on humanistic values emphasizing customer satisfaction
- III. To instil excellent work culture and to create conducive environment to deliver quality services
- IV. To establish Sibu Hospital as a clinical teaching and research centre

SLOGAN

Patient Safety Our Priority

MOTTO

Perkhidmatan Berkualiti Amalan Bersama

PART I - INTRODUCTION

Sibu Hospital is the central referral hospital for Central Zone of Sarawak that provides specialist care to patients. It is also the second largest hospital in Sarawak sited on 66.82 acres, after Sarawak General Hospital in Kuching. The hospital is situated about 10 km from the town centre and has both taxi, bus, and ride-hailing services from the town. Traveling time by taxi is about 15 minutes from Sibu Town. The hospital is well situated, set back from the main road leading to the town centre. There is adequate sign posting leading the public to the hospital. The approach to the Emergency Department is very prominent.

The current hospital's construction was started in 1991, replacing the old Lau King Howe Hospital situated at Igan River, a tributary of the Batang Rajang. The old hospital had been operating since early 1930's. The new hospital has started its full operation since 1st September 1994 and has a capacity of 730 beds. The number of official beds was 630 in 2016 and was increased to 662 since year 2018.

Sibu Hospital is the Lead Hospital for Sarawak Central Cluster Hospital since 2019, with Kapit, Kanowit and Daro Hospitals as non-lead hospitals. This is part of the MOH's initiatives to improve the healthcare facilities throughout the country through optimization and sharing of resources. Despite not being clustered with other divisional or district hospitals in central zone of Sarawak, Sibu Hospital still need to cater for the referrals from these hospitals especially neurosurgery, ENT and intensive care services, covering a total population of 737,300. It also receives direct referral from both government and private health facilities in Sibu Division. Patients originating from Iban, Malay/Melanau, Chinese and other ethnic communities, who are referred to this hospital, came by road and river, with traveling time ranging from 1 hour to more than 3 hours. The detailed service coverage areas provided by Sibu Hospital are as follows:

- Sibu Division (population of over 349,700 in Sibu Town/District, Selangau and Kanowit Hospital/District)
- Sarikei Hospital/Division (population of over 139,400 in Sarikei District, Meradong, Julau and Pakan Districts)
- Kapit Hospital/Division (population of over 134,800 in Kapit, Song and Belaga Districts)
- Mukah Hospital/Division (population of 134,900 in Mukah, Matu and Dalat Districts and Daro Hospital/District).
- We also accept patients from Saratok Hospital/District, and Bintulu Hospital/Division despite not being in our official coverage in view of geographical and socioeconomic considerations.

(2020 statistics, Sarawak population estimates is 2.90 million)

There is a total of 28 wards where 27 are opened. The one remaining closed ward is utilized as Library, Clinical Research Centre (CRC) Office, TPC servers and IT office, a computer laboratory and seminar room.

Sibu Hospital has a total of 12 operating theatres (OT), including 2 in maternity which started its operation since 2014. The 2 OT in Emergency and Trauma Department (ETD) had been converted

into observation bay of ETD due to lack of space. For critical care services, there are 17 bedded Intensive Care Unit (ICU), 17 bedded Labour Ward, 28 bedded High Dependency Ward (HDW), 10 bedded Neonatal Intensive Care Unit (NICU), 28 bedded Special Care Nursery (SCN) and 4 bedded Paediatric Intensive Care Unit (PICU). The made-up for the 17 bedded Labour Ward are 3 first-stage beds, 4 High dependency rooms, and 10 second stage beds.

With more subspecialties services being provided in the hospital, there is a gradual increase in the number of patients, especially outpatients. Workload statistics are shown in Table 1. Table 2 – Table 3 give some ideas of the common causes of hospital admission and common causes of death. Most of the hospital admission is from our own Emergency and Trauma Department as shown in Figure 1.

Table 1: Workload Statistic of Sibu Hospital 2015-2024

Hospital Measures	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Specialist OP visits (Total)	106485	113282	114200	121325	118604	111687	86402	116845	124143	126673
Specialist OP visits (New)	14701	15269	14428	15151	17767	15673	11257	18104	20402	53096
A&E Attendance	67176	68971	66154	69691	70507	48420	37016	52146	57360	57360
A&E Admission	15690	16417	19567	13430	19372	13398	11451	13939	14326	14395
Total Hospital Admissions	36014	36592	35125	36801	38180	29067	42011	28371	30043	28308
ALOS	4.37	4.31	4.37	4.69	4.51	4.99	6.60	5.33	5.02	5.46
Official Bed	620	630	630	660	662	662	642	662	662	662
BOR	69.6%	67.86%	66.82%	71.31%	71.23%	60.05%	119.12%	62.59%	62.38	63.53
TPD Hospital	157527	156465	153857	172311	172101	145508	279129	151246	150736	153935
Operations (Total)	12866	13214	13847	16227	14273	10012	7485	12272	12188	10699

Hospital Measures	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Births	5786	5317	5015	5298	4792	4072	3207	3421	3855	3210
X-Ray Exam	79094	83196	86234	96720	112265	82744	72204	97212	107139	99583
Lab specimens received	752593	696956	756800	660793	723595	767357	982411	807820	804839	809051
Total tests done	2674110	1835051	1527385	1360021	1487479	1438777	1657496	1759140	1759534	1838478
OP prescription	191725	153474	213220	214082	237380	223642	188816	181885	192932	206223
IP prescription	383478	318311	346049	419737	135158	110977	135761	178638	117214	316288

Table 2: Top 10 Common Causes of Admission (2020-2024)

No	Causes of Admission	2020
1	Pregnancy, childbirth & the puerperium	18%
2	Diseases of the respiratory system	11%
3	Injury, poisoning & certain other consequences of external causes	8%
4	Certain conditions originating in the perinatal period	8%
5	Diseases of the circulatory system	8%
6	Diseases of the digestive system	7%
7	Certain infectious & parasitic diseases	6%
8	Neoplasms	6%
9	Factors influencing health status and contact with health services	5%
10	Diseases of the genitourinary system	5%

No	Causes of Admission	2021
1	Codes for special purposes (U00-U89)	47%
2	Pregnancy, childbirth & the puerperium	10%
3	Certain conditions originating in the perinatal period	5%
4	Injury, poisoning & certain other consequences of external causes	5%
5	Diseases of the circulatory system	4%
6	Diseases of the respiratory system	4%
7	Diseases of the digestive system	4%
8	Neoplasms	3%
9	Factors influencing health status & contact with health services	3%
10	Certain infectious & parasitic diseases	3%

No	Causes of Admission	2022
1	Pregnancy, childbirth & the puerperium	15%
2	Diseases of the respiratory system	14%
3	Injury, poisoning & certain other consequences of external causes	8%
4	Diseases of the digestive system	7%
5	Diseases of the circulatory system	7%
6	Certain conditions originating in the perinatal period	6%
7	Codes for special purposes (U00-U89)	5%
8	Certain infectious & parasitic diseases	5%
9	Neoplasms	5%
10	Symptoms, signs & abnormal clinical & laboratory findings, not elsewhere classified	5%

No	Causes of Admission	2023
1	Pregnancy, childbirth & the puerperium	15.9%
2	Diseases of the respiratory system	13.5%
3	Injury, poisoning and certain other consequences of external causes	8.3%
4	Diseases of the circulatory system	7.8%
5	Diseases of the digestive system	6.8%

6	Certain conditions originating in the perinatal period	6.7%
7	Certain infectious and parasitic diseases	6.3%
8	Neoplasms	5.2%
9	Symptoms, signs & abnormal clinical & laboratory findings, not elsewhere classified	5.1%
10	Diseases of the genitourinary system	4.3%

No	Causes of Admission	2024
1	Spontaneous vertex delivery	18.5%
2	Pneumonia, organism unspecified	10.8%
3	Neonatal hyperbilirubinaemia, unspecified	10.0%
4	Gastroenteritis or colitis without specification of origin	6.0%
5	Viral pneumonia, unspecified	5.9%
6	Acute bronchiolitis, unspecified	5.3%
7	Wheezing	4.4%
8	Unstable angina	3.9%
9	Unspecified asthma with exacerbation	3.5%
10	Pyogenic abscess of the skin	3.4%

Table 3: Top 10 Commonest Causes of Death (2020-2024)

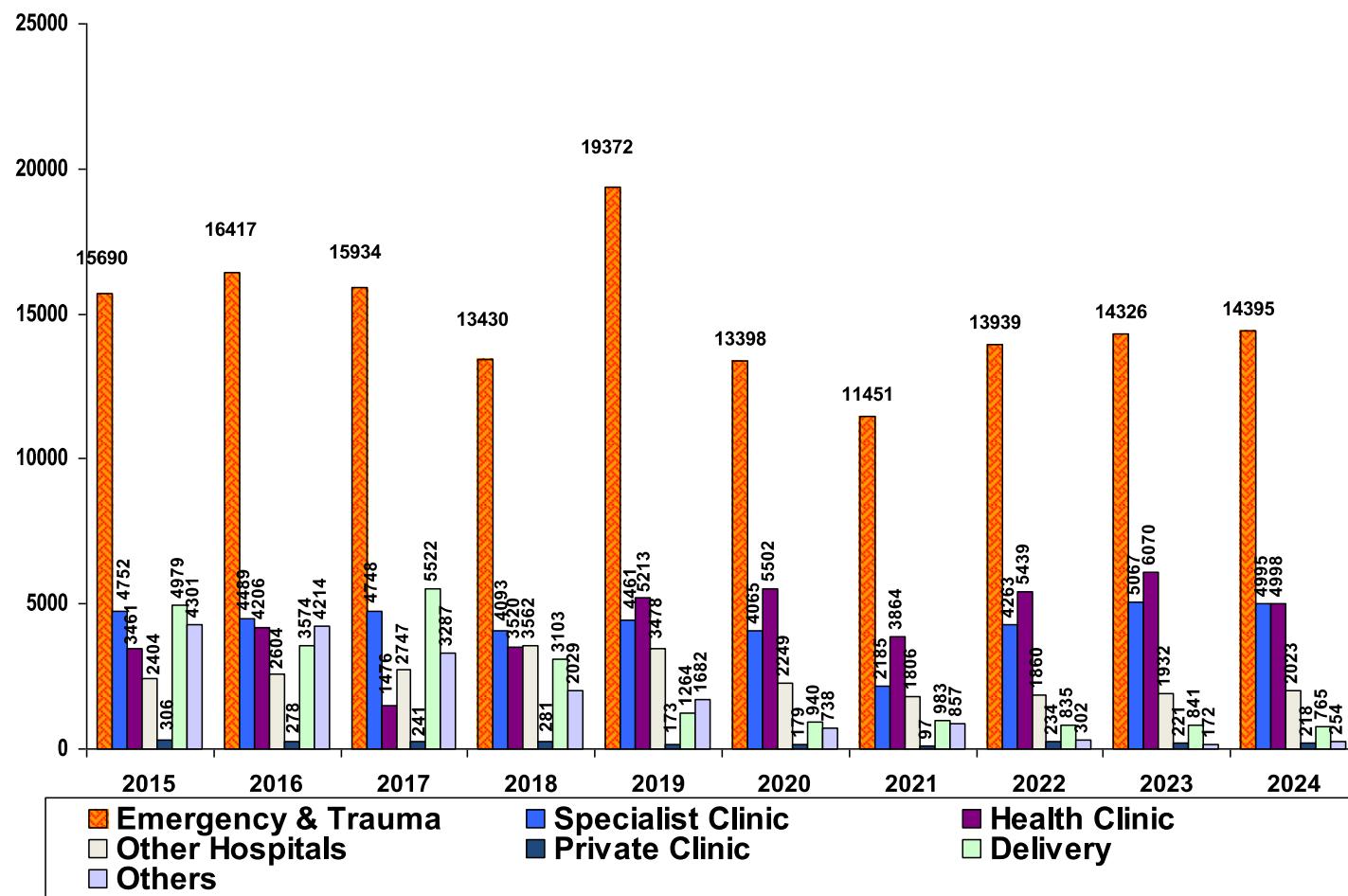
2020 (%)	2021 (%)
Diseases of circulatory system	24
Diseases of respiratory system	18
Certain infectious and parasitic diseases	15
Neoplasms	15
Diseases of genitourinary system	8
Endocrine, nutritional and metabolic diseases	5
Diseases of digestive system	3
Diseases of circulatory system	19.4
Diseases of respiratory system	18.4
Codes for special purposes (U00-U89)	18.3
Certain infectious and parasitic diseases	11.6
Neoplasms	8.0
Symptoms, sign and abnormal clinical and laboratory finding	5.1
Diseases of genitourinary system	4.4

Symptoms, sign and abnormal clinical and laboratory finding	3	Endocrine, nutritional and metabolic diseases	3.9
Certain conditions originating in the perinatal period	2	Diseases of digestive system	3.0
Diseases of the nervous system	2	Certain conditions originating in the perinatal period	1.7

2022 (%)	2023 (%)
Diseases of circulatory system	22.8
Diseases of respiratory system	15.9
Certain infectious & parasitic diseases	13.4
Neoplasms	11.7
Symptoms, sign and abnormal clinical and laboratory finding	8.9
Diseases of digestive system	5.1
Endocrine, nutritional and metabolic diseases	4.2
Codes for special purposes (U00-U89)	4.0
Diseases of genitourinary system	3.9
Diseases of the nervous system	2.0
	Certain conditions originate in the perinatal period

2024 (%)
Sepsis without septic shock
Pneumonia, organism unspecified
Sepsis with septic shock
Heart failure, unspecified
Pneumonitis due to inhalation of food or vomit
Deep hemispheric haemorrhage
Cerebral ischaemic stroke due to unspecified occlusion or stenosis of intracranial large artery
Aneurysmal subarachnoid haemorrhage
Malignant neoplasms of cervix uteri, unspecified
Acute ST elevation myocardial infarction

Figure 1: Source of referral for admission to Sibu Hospital 2015-2024



1.0 Clinical Services

The clinical services provided include the following specialties under four Clinical Directorates:

1. **Medical Services** - General Medicine (including Rheumatology, Nephrology, Endocrine, Geriatrics, Neurology, Respiratory medicine, Dermatology) and Psychiatry
2. **Surgical Services** - General Surgery, Neurosurgery, Orthopaedics, Ophthalmology, Otorhinolaryngology (ENT), Emergency and Trauma Service, Anaesthesiology and Intensive Care
3. **Women and Children Services** - Paediatrics, Obstetrics and Gynaecology (including Gynaec-oncology)
4. **Diagnostic and Clinical Support Services**
 - a. **Diagnostic Services** - Pathology, Radiology/Diagnostic Imaging, Transfusion Medicine, and Forensic Medicine services
 - b. **Clinical and Patient Support** - These services provided include Pharmacy, Rehabilitation Medicine, Physiotherapy, Occupational Therapy, Medical Social Welfare, Medical Records, Dietetic and Food services, Clinical Psychology, Psychology and Counseling, and Central Sterile Supply services

2.0 Specialist Outpatient Department

It consists of Medical, Paediatrics, Surgical, Orthopaedics, Ophthalmology, Otorhinolaryngology, Gynecological, Combined Medical and Antenatal Clinic, Dental and Psychiatry clinics. New and customized clinics include:

▪ Paediatric Cardiac	1998
▪ Medical Cardiac	1999
▪ Orthopaedic - Hand clinic	2001
▪ Diabetic Clinic	2003
▪ Wellness Clinic	2003
▪ Anticoagulation clinic	2004
▪ Neonatal clinic	2004
▪ Optometry	2004
▪ Urology clinic	2004
▪ HIV clinic	2005
▪ Hepatobiliary clinic	Nov 2005
▪ Audio Clinic – adult	Nov 2006
- child	Nov 2006
▪ Aural Electrophysiology & Rehabilitation	Nov 2007
▪ Speech clinic	2009
▪ Paediatric Haemophilia clinic	2012
▪ Adult Haemophilia clinic	2012
▪ Anaesthetic clinic – pre-operative assessment	2013
▪ Neurosurgical clinic	2013
▪ Rheumatology clinic	2014

▪ Paediatrics SCAN clinic	2014
▪ Chest clinic	2014
▪ ID clinic	2019
▪ Nephrology clinic	Dec 2021
▪ Rehabilitation Medicine clinic	2022
▪ Endocrine clinic	2022
▪ Geriatric clinic	2022
▪ Dermatology Clinic	2023
▪ Neurology clinic	2023
▪ Heart Failure clinic	2024

The Specialist Outpatient Department also provides diagnostic services and includes:

▪ ECG	1994
▪ Medical Echo	1999
▪ Stress ECG	1996
▪ Ultrasound O & G	1996
▪ Paediatric Echo	1998
▪ Colposcopy– at Maternity OT	1998
▪ Obstetrics Echo	2003
▪ EEG– At Day Care	2004
▪ Fetal Details Scan	March 2007
▪ Lung Function Test	2008

Other services provided here are:

- Palliative Home Care Nursing Services caring for selected terminally ill cancer patients
- Drug Counseling & MTAC (warfarin, diabetes, asthma, HIV, respiratory adults & Paediatric) by pharmacists
- Dietary counseling
- HIV Counseling by HIV nurse
- Diabetic counseling

3.0 Subspecialty services are also made available through emergency and scheduled visiting consultants and specialists from Sarawak General Hospital and HKL on a scheduled basis, from monthly to quarterly. They also schedule surgery and other procedures. The visiting clinics are:

– Dermatology	1993 (stopped in year 2023 due to placement of resident dermatologist)
– Urology	1996
– Paediatric Surgery	1997
– Nephrology (Med)	1997 (stopped in year 2022 due to placement of resident nephrologist)
– Ortho spine	1998
– Plastic surgery	2001
– Neurosurgery	2001
– Paediatric Oncology	2002
– Spine clinic	2002
– Paediatric Cardiology	2005

– Paediatric Nephrology	2006
– Sport Medicine	2008
– Hematology	2008
– Paediatric Respiratory	2010
– Medical Respiratory	2012 (stopped in year 2023 due to placement of resident respiratory physician)
– Permanent Pacemaker	2012
– Paediatric Rheumatology	2012
– Urogynaecology	2013
– Medical Neurology	2014 (stopped in year 2023 due to placement of resident neurologist)
– Rehabilitation	2014 (stopped in year 2022 due to placement of resident rehabilitation medicine specialist)
– Chronic pain	2014
– Medical Geriatrics	2014 (stopped end of year 2022 due to placement of resident geriatrician)

4.0 Emergency & Trauma Department (ETD)

ETD provides ambulance service 24 hours for Sibu Town. The call number for ambulance service is 084-343333 Ext 1162. Direct line is 084-330836.

5.0 Community Based Services

- Community Based Rehabilitation (CBR) for Children with Special Needs, which is based in AGAPE Centre with multidisciplinary team management including paediatrics, physiotherapy, occupational therapy, audiology, speech therapy, medical social worker and other supports from the hospital
- Psychiatric Community Mental Health Centre (CMHC) at MENTARI Jalan Oya

6.0 Clinical Services by the Private Sector

There are two private medical centres in Sibu Town that also provide diagnostic radiology services. There are over 83 private practitioners in Sibu Town of which around 27 of them are specialists. The other towns that have private practitioners (17 private practitioners) are Kapit, Mukah, Sarikei, Selangau and Saratok. There are 6 competing private diagnostic pathology laboratories.

7.0 Other Support Services

7.1 Administrative Support

- Human Resource and Administrative Support

These services include Administration and Human Resource/personnel services, management of staff quarters, contract management and client services.

- Asset & Procurement

Procurement/ purchasing (assets and consumables), Inventory and Asset management, Dry Stores management

- Finance – revenue collection and account management
- Engineering
- Security
- Human Development (started in 2014)

7.2 Pharmacy Stores (under Pharmacy management)

7.3 Information and Technology

7.4 Quality Assurance & Training Unit (QATU)

7.5 Infection Control Unit

7.6 Clinical Research Centre (formed in 2011)

7.7 Occupational Safety & Health joined with Environmental Health Unit (UPKA)

7.8 Health Education Unit

7.9 Other services:

- One Stop Counter (Specialist Outpatient Appointment, Registration, and Revenue; and Information/public relations)
- Admission Counter

7.10 Facilities Support Services

- **Security services** – this has been privatized for several years. The deployment of staff by the service has slowly improved. Proper enforcement of the function of the security guards is necessary and this also helps in traffic control, reducing vandalism and theft in the hospital. In the past years, the hospital has been very firm in its monitoring and management of this contract especially through improved contract specifications and deduction formula, and implementation, and monitored closely by our own security officers.
- **Environmental and Engineering services essentially have been privatized, covered by the Six Hospital Support Services**
 - Planned and preventive maintenance in
 1. Biomedical Engineering Maintenance Services (BEMS)
 2. Facilities Engineering Maintenance Services (FEMS) - including Fire Safety, Plants and Utilities, and Telecommunications management
 3. Cleansing/ housekeeping services (CLS)
 4. Linen and Laundry Services (LLS)
 5. Health Waste Management Services (HWMS)
 6. Facility Management Services (FMS)

8.0 Referral hospital for central zone Sarawak

Sibu Hospital plays a more central role in the Rejang Basin/central region of Sarawak with increasing leadership roles particularly in the provision and delivery of clinical, diagnostic and clinical support services as well as quality management system. Some of the actions undertaken and being planned for the Rejang Basin Hospital Network include:

- Conducting regular trainings in many clinical areas such as Basic and Advance Trauma, Basic and Advance Life support, ECG interpretation, Obstetrics and Gynaecology refresher, trainings for various Clinical Practice Guidelines (CPGs), Paediatric refresher, Neonatal Resuscitation Programme, training in infection control and CSSD services.
- Conducting visiting specialist clinics to some hospitals under the coverage areas. The disciplines involved are Medical, Surgery, General Paediatrics, Developmental & Behavioural Paediatrics, Psychiatry, Otorhinolaryngology, Ophthalmology, Neurosurgery, Nephrology, and Obstetrics & Gynaecology.
- The blood bank service for central zone provides blood and blood products screening services and at times, supply of blood especially smaller hospital where blood donation is not as regular.
- Provide ambulance services for patient transfer/referral.
- Establish inner circle network between Sibu, Kapit and Kanowit Hospitals, to get better/more efficient utilization of resources, equipment & facilities.

With the establishment of Sarawak Central Cluster Hospital since 2018, the services are more focused on the non-lead hospitals under Sibu Hospital, i.e. Kapit Hospital, Kanowit Hospital, and Daro Hospital. However, certain services especially the subspecialties and supporting services continue to cater for the whole Central Zone of Sarawak.

9.0 Training Centre

Currently, the hospital has many academic activities for undergraduate medical and allied health students from public or private institutions having MOA with Ministry of Health. However, there is no specific unit from Sibu Hospital managing these activities. The students are under the purview of the respective disciplines. Each activity is managed by the respective universities, colleges or schools in partnership with the relevant departments/units in Sibu Hospital. The hospital has a joint committee to coordinate and discuss whatever issue that may arise.

The medical students are from SEGi University. Some of our specialists are their adjunct lecturers. In fact, SEGi University has the sub-campus situated in the hospital, started in year 2013. Sibu Hospital is also a gazetted hospital for house officer (HO) training. For postgraduate students, besides Family Medicine Specialist training and Psychiatric master programme, the hospital has also received approval to be the training centre for General Surgery, Anaesthesiology, and Internal Medicine master programme. Other than that, we continue to train medical officers under the MOH

parallel pathway programme, especially in Paediatrics, Internal Medicine, O&G, Anaesthesiology, and Psychiatry. Gazettement of specialists is also done here for most disciplines. On and off, we also receive attachment of elective students approved by the State Health Department. The allied health students that applied for attachment/training in Sibu Hospital include nursing, physiotherapy, laboratory technician, occupational therapy, assistant medical officer and radiographer.

PART II MANAGING HOSPITAL SIBU

1. ORGANIZATION AND MANAGEMENT

(Please refer to Appendix 1: Hospital Organization Chart)

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

1.1 The Governing Body (GB)

This comprises:

- 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 and Legislation)
- The State Health Department Director and the five Deputies (Medical, Public Health, Management, Pharmacy and Food Safety & Quality Programme)
- **The Hospital Director (HD)**
- Participatory/Advisory Committees
 - Chairman and Members of Various Committees in the Hospital
 - Members of the Medical and Dental Advisory Committee (MDAC)
 - Members of the Majlis Bersama Jabatan (MBJ)
 - Board of Visitors (BOV)

All the committees under the local GB have terms of reference and members of the various committees are appointed by the Hospital Director except the Hospital BOV. The Governing Body is responsible for the actions of medical staff and is accountable to the community. Thus, the HD plays the role of the advisor in the BOV and also chairs the various core committees in the hospital (refer Appendix 2: List of core committees). The GB is also responsible for managing the assets of the hospital and setting the whole hospital policy and assumes a fiduciary responsibility. From the legal point of view the GB is responsible for all the activities within the hospital.

The HD and the MDAC chairman play a major role in developing and implementing the clinical services as well as the quality assurance program through the Patient Safety & Management Review Committee and various other committees. The BOV chairperson and members are

listeners, communicators and facilitators; and they represent the linkages with the community and provide feedback and suggestions that are extremely useful to the hospital in order to improve patient satisfaction and the reputation of hospital. The MBJ, chaired by the HD, provides the linkages to the various staff presentation in the hospital, representative from various hospital clubs/associations as well as the representative of the Sarawak Medical Staff Union. The latter also has membership at the state level MBJ chaired by the State Health Director.

1.2 The Management Team

(Please refer to list of Hospital Heads of Department/ Key Personnel)

The management team are members of the Hospital Management, Asset & Procurement Management and Financial Management Committees. These comprise of the Head of Departments and Units. They are ably assisted by their respective supervisory heads i.e., Nursing Matrons, Sisters or Assistant Medical Officers from wards/unit. Nursing Sisters fulfil the role similar to “business unit managers”.

The main members are the Deputy Hospital Directors (Clinical), Administrative & Diplomatic Officers, Nursing Matrons, Hospital Supervisor, Heads of Department, Heads of Unit, and the three heads from Management Section – Executive Officer (Administration & Human Resource), Executive Officer (Budget, Account & Finance, Revenue), Chief Clerk (Asset & Procurement). The Hospital Director has formally shared and delegated authorities as discussed below e.g. the Head of Pharmacy is empowered to issue local purchase order (LPO) for procurement of drugs under APPL and the Accountant is empowered to issue air warrant.

The main roles of Hospital Deputy Directors (Clinical) are to assist the Hospital Director in managing the doctors (HOS & MOs), complaint management, and other relevant administrative works.

One of the Administrative & Diplomatic Officer’s main roles is assisting the Hospital Director in managing the facilities support services. The hospital engineer assists the Hospital Director in coordinating facility planning and development, minor works and repairs, monitoring of RMK project implementation and also serves as the safety officer.

The Nursing Matrons, led by Head Matron, are all given the responsibilities to cover certain disciplines and special tasks, for example, mentor mentee programme and liaison officers in facilities support services.

The Hospital Supervisor is in charge of the Medical Assistants deployment in the hospital, in the Emergency and Trauma, Anaesthesiology, Psychiatry, Orthopaedic, Ophthalmology, ENT Departments, Blood Bank, Forensic Medicine, Specialist Clinic, Phlebotomy, and the Hemodialysis Unit. He is also monitoring the internship programme of junior Assistant Medical Officers. The Supervisor’s main roles are assisting the Hospital Director in managing the facilities support services (FEMS) including maintenance of ambulances and serves as the hospital’s Fire Safety officer and Flood Disaster officer. The role of managing hospital attendants is taken over by Medical Assistant Administration since 2020.

Apart from being their own Heads of Department, the clinical Heads' other main roles are members of hospital core committees for clinical governance: MDAC, HO/MO Training committee, mortality review (hospital level) committee, hospital training committee, Patient Safety & Management Review committee, Privileging committee, Infection Control Committee, Drug & Therapeutics committee, Blood Transfusion committee and Medical Record committee.

Every Heads of Activities (Departments) and units are considerably empowered to run their services and activities including budgetary expenditures within the stipulated operational services and financial policies. There are various other committees in the hospital. Most meetings are scheduled and held regularly at whole hospital, department and unit levels. These cover the activities of the hospital, i.e. management meetings, finance, discipline, quality assurance, performance assessment, and technical meetings pertaining to infection control, patient safety, drug acquisition, usage, etc. These provide avenues to enable staff input to the overall management of the hospital. The Board of Visitors is scheduled to meet monthly when approved and the MBJ to meet at least twice a year.

The hospital is committed to provide a safe working environment for staff. Suitable candidates are identified and sent for relevant training.

1.3 The Hospital Director

The Hospital Director is appointed by the Ministry of Health. The current Hospital Director has reported duty in October 2020 and is a public health specialist.

He has appropriate qualifications and credentials as the director. The main role of the HD is to ensure good clinical governance and service development. He is the team leader and provides the leadership, guidance and direction to both clinical staff and as well as other staffs. He gets the respect and the support of the consultants and doctors in the hospital, nursing and other health professionals and the rest of the support staff. There has been a good and universal teamwork in the hospital. It has definite vision, mission statements and goals to achieve its objectives.

1.4 Procedure for ensuring problem solving actions

Once issues are raised, the actual problems are identified. These can be done by individuals or through relevant committees or teams e.g. Quality Assurance group, Root Cause Analysis (RCA) teams etc. who review the status of actions taken or not in the relevant committees or meetings. Status Report to Quality Assurance & Training Unit and presented to Patient Safety & Management Review committee or the Hospital Management Committee chaired by the Hospital Director where top management support and commitment are clearly expressed.

1.5 Hospital Finances

The hospital “business” functions include maintenance of the computerized accounting system for all budget incomes and expenditures, further developing and implementing the hospital’s internal controls e.g. the budget control mechanisms, revenue and cash collection and banking procedures

and the preparation of required financial reports and conducting financial management meeting every three months; and finally responding to audit reports and queries.

A number of staff are given the authority for exemption or reduction of hospital bills for amount below a specified amount (<RM300.00). All the officers with Gred 41 and above, except doctors, are given the authority to exempt bills that are more than RM 300.00.

Accounts & Finance

MANAGEMENT BUDGETS AND EXPENDITURES 2018-2024							
Types/ Year	2018	2019	2020	2021	2022	2023	2024
Budget	199,880,576.65	219,494,443.05	215,572,840.15	235,282,929.53	198,883,586.01	231,774,397.68	224,293,598.47
Expenditure	220,869,558.41	222,688,438.22	227,819,310.68	269,510,383.75	230,435,011.19	235,363,091.63	237,764,192.53
% Expenditure/ Budget	110.50%	101.45%	105.68%	114.55%	115.86%	101.55%	106.01%

Revenue

	REVENUE COLLECTION & EXEMPTIONS 2018-2024						
Year / Total	2018	2019	2020	2021	2022	2023	2024
Revenue Collection	1,937,086.60	3,284,989.54	1,822,752.00	1,380,224.52	1,509,514.86	1,676,464.80	1,769,951.80
Exemption	117,837.50	105,184.50	80,616.00	42,020.00	68,539.50	74,295.50	59,267.00

Provisions for Bad Debts: Malaysians and Non-Citizens 2018-2024

Year (RM)	2018	2019	2020	2021	2022	2023	2024
Malaysians	1445.00	15,845.00	148,911.50	1848.00	153,365.96	1,153.00	1,000.50
Non-citizens	299,319.00	148,097.00	85,683.00	196,432.00	47,564.00	208,471.00	300,551.00
Total	300,764.00	163,942.00	234,594.50	198,280.00	200,929.96	209,624.00	301,551.50

Auditing

Audits done in 2018-2024

No	Audits	2018	2019	2020	2022	2023	2024
1.	Internal Audit MOH 1.1 Stock verification JKNSWK 1.2 Accounts and Finance	<ul style="list-style-type: none"> Pengauditan Susulan Pengurusan Kewangan (19-23 Feb2018) oleh Audit Dalam KKM Naziran Perolehan (Pembelian Terus/Lantikan Terus) oleh Jabatan Akauntan Negara Malaysia 	NIL	NIL	NIL	NIL	<ul style="list-style-type: none"> Pengauditan Pengurusan Kewangan Audit Dalam KKM pada 10.06.2024 hingga 14.06.2024
2.	External Audit Jabatan Audit Negara 2.1 Accounts & Finance	<ul style="list-style-type: none"> Pengauditan Terhadap Perkhidmatan Penyediaan Laporan Perubatan (22 May 2018) Pengauditan Emolument (8 Nov 2018) Pengauditan Baucar Bayaran/Penyata Pemungut/Baucar Jurnal 	<ul style="list-style-type: none"> Naziran Terimaan oleh Jabatan Akauntan Negara Malaysia pada 1 dan 2 April 2019 Pengauditan Arahan Pembayaran dan Baucar Jurnal Februari hingga Ogos 2019 oleh Jabatan Audit Negara 	<ul style="list-style-type: none"> Naziran Pematuhan Perakaunan Akruan oleh Jabatan Akauntan Negara Malaysia pada 9 hingga 13 Mac 2020 	<ul style="list-style-type: none"> Naziran Pematuhan Akruan oleh Jabatan Akauntan Negara Malaysia pada 14 Mac 2022 hingga 18 Mac 2022 	<ul style="list-style-type: none"> Pengauditan Terhadap Pengurusan Emolument Tahun 2022 pada 16.01.2023 hingga 20.01.2023 Pengauditan Interim terhadap arahan pembayaran dan baucar jurnal pada 09.02.2023 hingga 10.02.2023 Naziran Pematuhan Akruan oleh Jabatan Akauntan Negara Malaysia pada 13.03.2023 sehingga 17.03.2023 Pengauditan terhadap akaun 	<ul style="list-style-type: none"> Pengauditan Emolument Tahun 2023 pada 19.01.2024 hingga 25.01.2024 Pengauditan Interim terhadap Akaun Deposit pada 19.01.2024 Pengauditan Emolument Tahun 2024 pada 06.12.2024

						amanah pada 28.03.2023 hingga 29.03.2023		
						<ul style="list-style-type: none"> • Pengauditan interim terhadap arahan pembayaran igfmas pada 12.09.2023 		
3.	Internal Audit Hospital Sibu 3.1 Stock verification 3.2 Petty cash 3.3 Revenue Collection*	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah (2 Kali) <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas - Kutipan di Kaunter 35 	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah pada 6 Mei dan 21 Nov <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas - Kutipan di Kaunter 35 	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah pada 24/12/2020 <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas 	NIL	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah pada 17.03.2023 <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas - Kutipan Kaunter 35 - Setem (admin) 	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah pada 15.03.2024 <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas - Kutipan Kaunter 35 - Setem (admin) 	<ul style="list-style-type: none"> • Pemeriksaan Mengejut oleh Pengarah pada 04.10.2024 <ul style="list-style-type: none"> - Panjar Wang Runcit - Panjar Wang Khas - Kutipan Kaunter 35 - Setem (admin)

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

1.6 Communication

Information is shared through various communication channels. The main channel remains through meeting & minutes, in soft copy through email. However, other means of communication is picking up the momentum with the advancement in IT, such as WhatsApp groups. Hospital has a website with information for public and intranet for staff. In-house information is uploaded onto intranet. This includes education materials (e-learning), new circulars and standard operating procedures. Few in-house systems were made as innovation with the purpose of improving communication, information sharing, record keeping, tracking and monitoring of various activities in hospital e.g. Courses, Online Incident Reporting System, Hazard Reporting System, Medical Record System etc.

1.7 Disaster Preparedness

Hospital needs to be ready for any unforeseen disasters, be it internal or external disaster. Plans are regularly revised and updated. A number of committees have been set up to make sure hospital is prepared and responds appropriately when situation arises. These include:

- a. Hospital External Disaster Committee
- b. Hospital Internal Disaster Committee
- c. Outbreak preparedness Plan

Most of the committee involves all Heads of Units but have different secretariat. Tabletop exercise and drills are done to ensure staff are prepared. Besides, regular training is carried out, especially for disaster preparedness and fire safety.

From year 2015, Environmental, Health and Safety Committee which is headed by Hospital Director is coordinating and managing all components including environmental and engineering services, occupational safety and health, internal disaster response, external disaster management, food safety, chemical and radiation safety in hospital.

2. HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

In 2024, this hospital has a staff establishment of 2030 posts and filled up by 1776 staff comprising of professional and support staff. There was a total of 216 contract staff. With the increasing workload over time, the number of posts is still inadequate especially for certain categories of staff, for example, medical practitioner, nurses, assistant medical officer, laboratory technician, health attendants and clerk. Application has been made to the Ministry of Health. In terms of actual staffing, the number of staff has increased when compared to previous years. Despite that, overall there is still shortage of staff especially if it is taken into considerations the level of care for patients (e.g. In ICU, the staffing to patient ratio is 1:2 instead of 1:1 whereas for NICU, it is 1:3-4). To overcome the shortage of staff it is important for the hospital to continuously monitor and match staffing levels to workload in the wards and clinics. The hospital management does frequent and daily review of staff deployment, especially nursing, to ensure equitable distribution of staff commensurate with the workload in hospital. There is a need to practice flexible multi-skilling of staff such as operators and attendants to ease the shortage of staff. For the actual post and actual filled post, please refer to attached appendix.

All the staff undergoes a stringent recruitment process. Professional staff must, besides having the right qualification, be also registered with their respective professional bodies. All staff undergoes an orientation programme at unit level on reporting to the hospital. They will also be attending Hospital level orientation programme which is organized on a regular basis. Issues of ethics, professionalism, policies and practices are stressed during their orientation. All appointments to the hospital are done centrally, and deployment is done at hospital level.

Personal records are well kept in the main hospital office, whereas at department level, only those relevant and related to credentialing and privileging, annual practicing certificate, training, vacation leave etc., are maintained. Records of staff are now updated into the HRMIS system. The present achievement in HRMIS update is >99% for personal service profile. All the staff have job descriptions and other reference materials to help them function efficiently.

There is program to help to inculcate the corporate culture of Ministry of Health (i.e. Caring, Professionalism and Teamwork) among staff. Staff with disciplinary matter will be acted upon as accordingly. There is an Ethics and Disciplinary Committee to discuss cases prior to being brought to the Disciplinary Board except for clear cut cases.

The hospital is committed towards capacity building for the staff. There is a yearly training calendar planned based on training needs. More systematic training needs analysis was carried out recently by various units in line with the overall plan of the hospital. The various training programme include in-house courses/workshop/seminars, Continuing Medical Education (CME), Continuing Nursing Education, and departmental/unit level CME. Some external programme is post-basic, clinical attachment especially to Sarawak General Hospital, conferences & seminars.

Staff welfare is adequate, as there are residential quarters, sports facilities, library and hospital shop. The problem commonly faced is lack of car parking space in which the hospital has planned to continue to submit request for approval for privatized multi-storey car park. There is also satisfactory interaction among the staff, co-operation, and teamwork noted in the hospital. Flow

charts, diagrams and charts have been developed to assist patients to understand processes in the hospital.

2.1 Medical Doctors

The number of medical officers fluctuates over the years as shown in the table below. The high turnover is due to transfer after compulsory service and upon entry to master programme, and also placement of contractual doctors in permanent posts these two years. A number has also resigned over the years.

As for the specialists, the number in most disciplines has also increased especially with the recent requirement by MOH for placement of newly graduated specialist to places of need.

Nationwide, the number of house officers has reduced and hence less are doing their internship in Sibu Hospital.

Table: Comparison of the Number of Specialists & Doctors in Sibu Hospital in year 2008, 2018 – 2024

POSITION	Number Filled							
	2008	2018	2019	2020	2021	2022	2023	2024
Specialists								
Medicine	3	14(2)	14(2)	14(3)	15(1)	18(2)	15(2)	13(6)
Rheumatology	0	1	1	1	1	1	1	0
Paediatrics	5(1)	7(1)	7(2)	6(1)	9(2)	9(4)	6(3)	8(2)
Surgery	2	8(2)	3	5	6(1)	9(4)	5(4)	7(3)
Neurosurgery	0	2	1	2	1	1	1	2
O&G	2	5(2)	5(2)	5(2)	5(1)	7(2)	5(2)	6(2)
Orthopaedic	2	4	4	4	5(2)	7(2)	6(2)	6
Radiology	2	4(2)	6(1)	5	7(1)	8(1)	7(1)	5(2)
Pathology	0	1	1	2	5(2)	5(1)	4(1)	5(1)
Anaesthesiology	1	5(2)	4(2)	5	11	12(1)	11(1)	8(2)
Psychiatry	1	3(1)	2	3	5(1)	6(1)	5(1)	7
Ophthalmology	1	2	3	1	2	2	2	2
Otorhinolaryngology	1	2	3	3	4	3	3	2(1)
Emergency & Trauma	0	3	3	6(1)	9(1)	10(2)	8(2)	9
Nephrology	0	0	0	0	1	1	1	1
Rehabilitation medicine	0	0	0	0	0	1	1	1
Endocrine	0	0	0	0	0	1	1	1
Geriatrics	0	0	0	0	0	1	1	1
Neurology	0	0	0	0	0	0	1	1
Respiratory medicine	0	0	0	0	0	0	1	1
Forensic medicine	0	0	0	0	0	0	1	1
Transfusion medicine	0	0	1	1	1	0	1	1
Dermatology	0	0	0	0	0	0	0	1

<u>Medical Officers</u>								
Medicine	12	24	16	26	28	26	29	22
Paediatrics	16	21	15	19	23	18	18	20
Surgery	13	16	14	20	16	12	12	15
Neurosurgery	0	9	6	9	9	9	9	10
O&G	11	23	18	20	22	17	21	18
Orthopaedic	6	17	13	14	16	14	12	14
Radiology	3	11	9	8	8	11	14	14
Blood Bank	0	3	3	3	2	2	4	3
Anaesthesiology	7	30	18	29	37	32	27	20
Psychiatry	3	11	9	8	6	10	9	9
Ophthalmology	2	9	10	10	10	9	11	9
Otorhinolaryngology	2	9	6	8	10	8	9	7
ETD	8	25	21	26	32	27	30	26
Daycare	0	5	5	4	4	5	6	7
Pathology/Mortuary	0	6	7	9	9	4	10	8
Wellness Clinic/UPKA	0	4	3	3	3	3	5	2
Quality Unit/ Infection Control	0	4	2	2	2	3	2	2
Medical Record	0	0	1	1	2	2	2	2
CRC	0	3	1	1	2	2	2	2
Total MOs	83	230	179	225	241	214	243	210
House officers	30	225	189	186	127	77	54	33

Note: () Under gazettlement. Year 2008 figure was based on November records, 2018-2024 is based on December record.

2.2 Credentialing and Privileging

Hospital Credentialing and Privileging Committee appointments were made by the State Health Department Director early 2002. The first meeting to establish the committee in Hospital Sibu was on 30 Mac 2002. The committee agreed to include allied health professionals in special areas/ procedure where certified staff is short. With the circular for credentialing & privileging for nurses, the credentialing of staff nurses in specified areas i.e. Emergency and Trauma, Intensive Care Unit, Labour room, Ophthalmology, Haemodialysis and Operating Theatre are carried out by the National Nursing & AHPs Credentialing Committee. However, for Community Nurse, it is still under the purview of Hospital Privileging Committee. For allied health such as occupational therapist, physiotherapist, radiographers, the credentialing process has just started end of 2014. As for clinicians, they are credentialed on core procedures/business by the National Credentialing Committee upon gazettlement since 2005. However, privileging for clinicians is an on-going process.

The process of credentialing and privileging including equipment privileging has been more actively carried out in the last few years. More stringent process of privileging is applied to ensure the staff are competent in carrying out procedures. Applicants are allowed to appeal to the Privileging Appeal Board, and recommendation can be made from the appeal board to the Hospital Privileging Committee.

3. POLICIES AND PROCEDURES

The hospital being part of a bigger organization, has very definite rules and regulations, policies and procedures to follow. Whole hospital and departmental operational policies are continuously reviewed and updated as necessary. Financial and administrative procedures are centrally formulated. Policies for delineation of privileges and credentialing are being implemented at the hospital level. All the departments in the hospital are well informed of these regulations and comply with them.

Policies and Procedures at hospital, departmental and unit levels are available. All departments of the hospital have their vision, mission etc., of the departments. There are two types of documents. Whole hospital policies and procedures are common to all departments, e.g., disaster plan, fire evacuation, incident reporting, procurement etc. Some of the standard operating procedures are generic in nature and need to be modified to meet departmental needs, e.g., disaster plan, fire evacuation etc.

Each department also has policies and procedures specific to departments, e.g. policies and procedures for the nursing services, pharmacy services, etc. Many of the policies and procedures are based on the guidelines prepared by Ministry of Health. These documents are well classified and filed according to the type of activity undertaken e.g., cleanliness, pharmaceutical preparations, discharges of patients, etc. The above are useful documents to guide the staff, visiting medical staff, new staff, patients and visitors about operations of the hospital. Some of the standard operating procedures are generic in nature and need to be modified to meet departmental needs, e.g., disaster plan, fire evacuation etc. Some departments have retained policies and procedures given to them and in some further elaboration to customize these for the needs of the department, so that specific procedures can refer to certain staff in the department, e.g. duties of the senior officers, junior grade officer, etc.

Several hospital services have been privatized, i.e., contracted out. There are two health shops, rented out but supervised by the hospital authorities to ensure general and specific policies are followed especially with respect to fair price, general cleanliness and hygiene of the premises and food preparation. For the 5 hospital support services, the HSIP is regularly reviewed in accordance with the policies of the hospital. Hospital has also signed MOU with two private laboratories which fulfilled the accreditation standards. Certain tests not done in-house but fairly urgent are sent to these laboratories. Otherwise, most of such tests are normally sent to Sarawak General Hospital or Institute of Medical Research.

The role of HD is to enforce all hospital policies and evaluate all clinical and non-clinical performances in financial, human resource and personnel, facilities and equipment support services, including those relate to quality care and quality improvement efforts.

4. FACILITIES AND EQUIPMENT

4.1 Facilities Support Services:

- **Security services** – this has been privatized for a number of years. For the past years the hospital has been very firm in its monitoring and management of this contract especially through improved contract specifications and deduction formula, and implementation. The hospital security arrangement has been regularly reviewed and improved. Review of the numbers, positioning at strategic areas and patrols has been implemented.
- **Access and Parking Facilities** - The hospital is well situated, set back from the main road leading to the town centre. There is adequate sign posting leading the public to the hospital. The approach to the Emergency & Trauma Department is very prominent. In recent years, parking spaces has been inadequate in the hospital grounds especially during busy clinic days and visiting hours on weekdays. In view of the limited parking spaces, the public is allowed to park along most roads except emergency routes; the ambulance route, bomba route and the route to labour ward. An extra parking lot has been built in the hospital compound to reduce congestion while awaiting approval of the hospital's proposal to construct a multi-storey car park. Other strategies engaged to ease the congestion include encouraging staff staying at the quarters to walk to work, pooled transport, encouraging patients to use added value service in outpatient pharmacy or the service provided by newly built drive-through pharmacy. Provision has also been made for bus to stop within the hospital and taxi also have allocated spaces to wait and pick up customers. Motorcycles are also provided with parking lots.
- **Environmental and Engineering Services**

The Hospital Support Services below are privatized since 1997:

- i. Biomedical Engineering Maintenance Services (BEMS)
- ii. Facilities Engineering Maintenance Services (FEMS) - including Fire Safety, Plants and Utilities, and Telecommunications management
- iii. Cleansing/ housekeeping services (CLS)
- iv. Linen and Laundry Services (LLS)
- v. Clinical Waste Management Services (CWMS)
- vi. Facility Management Services (FMS)

A concessionaire company who also have sub-contracts with other companies provides the services. Most of the services are on-site, and staff is available full time. The terms of reference for the provision of the service, the standards to be maintained, procedures and protocols to be followed are well specified in the contractual agreements and two documents; Terms of Reference Plan of Implementation (TRPI), Master Agreed Procedures (MAP) and Hospital Specific Implementation Plan (HSIP). Penalty clauses are also specified should the company fail to meet the terms of the contract. Deduction formulae are enforced.

The hospital management is very involved in the monitoring of the performance of the concessionaire who is responsible for the privatized services. Chief liaison officer with head of liaison officer for each service are appointed to monitor the services. The hospital engineer played

an important role in assisting the monitoring the performance especially the technical aspect of it. Regular joint inspections are carried out.

The Hospital has joint meetings with the concessionaire includes:

- a. Engineering and Environmental Services / Operations Meetings are scheduled every two to three months. The agenda includes performance presentation by Engineering and QA report by the concessionaire. Members include sectional heads, chairpersons or representatives from the relevant committees such as Liaison officers, Hospital Health & Safety; Fire Safety; Infection Control; Disaster Management Committees.
- b. Monthly VCM (Validation Committee Meeting) – to verify, validate, resolve disputes about shortfalls in performance, deductions and payments.
- c. Post VCM is called to review and decide on dispute at the hospital level if needed.

This has resulted in adequate communication, monitoring and discussion between the hospital and the concessionaire. A few problems still persisting is the lack of technical expertise of the concessionaire staff and liaison officers, and some weaknesses in the contractual agreement need to be looked into. The deduction formula does not reflect the gravity of the problem. There needs to be a more realistic deduction mechanism. The performance indicators of the concession company also do not truly reflect the performance.

4.2 Buildings

Maintenance of buildings has been undertaken but there is much room for improvement. There seem to be some outstanding issues pertaining to leaking and water seepage, air-condition condensation in certain areas e.g. wards, corridors, staircase which have been given attention. Blockade of floor trap and sink is a frequent occurrence, mainly due to habits of the public. The concessionaire company has been requested to schedule routine clearing of the plumbing system. Active regular joint inspections on these matters have been scheduled.

Vandalism seems to be noticeable in the public areas like the public accessible toilets and lifts. Even though the problems are recurrent, replacement and repair has been undertaken frequently to maintain the image of a clean and well-maintained hospital as these also contribute towards patient comfort and satisfaction.

The building automation system is not functioning for many years and multiple requests for replacement have been submitted. At present, we are working towards improving or upgrading the ventilation system especially at the critical care areas. There are also many efforts to ensure electrical safety.

4.3 Hospital Grounds

The hospital has been maintained to ensure pleasant surroundings with well-maintained trees, shrubs and potted plants. The trees are a mix of decorative, shade and flowering plants. The lawns

are well maintained to ensure the greenery is in a satisfactory condition. This gives a very pleasant ambience to both the patients and the staff and an impression of professionalism in the hospital.

- **Roads, Hallways and Walkways** – The internal walkways are broad and well maintained. There are footpaths at the edges of some stretches of the road. Multilingual and multidirectional markings and signs are prominently displayed. In areas without multilingual signage, numbering of locations is used to facilitate those who are illiterate of the language.
- **Wetlands Park/ Therapeutic Garden** - a unique feature in this hospital is the wetland area at the side of the hospital between the hospital and staff quarters. In 2001 a plan was developed and made possible through a prominent local entrepreneur who donated RM250,000 towards this BOV effort for the hospital and community. The project was completed end of 2002. In 2004, the BOV donated their allowances towards planting more trees to enhance the greenery. The other half is still maintained but with some effort and imagination, could also be developed into a very pleasant wetlands park to enhance the hospital surroundings further. However, increasing patient load is a concern and the land will be needed for development in future.
- **Amenities** - To enable a pleasant stay in the hospital, there are the hospital health shop, canteen and ATM machine. For the staff, staff residence, tennis courts, basketball and volleyball courts are provided.

4.4 Equipment

The hospital has relatively adequate medical and non-medical equipment. However, in view of age, much equipment is due for BER and replacement. Such equipment has already been identified and in the progress of replacement. Besides, with the increasing patient load and expansion of service, much additional equipment is needed. Many of the plants and equipment are now over twenty years old since the hospital started in 1994 and some are more frequently out of order than others e.g. lifts. Some of the equipment are relatively new as additional equipment are purchased. Medical equipment is fairly well maintained. Servicing is regular and follows a planned preventive maintenance (PPM) schedule. However, the planned preventive maintenance of non-medical equipment needs to be improved further with the hospital supervisors and liaison officers tighten their monitoring and surveillance as in the past many of the PPM were not carried out satisfactorily.

To further ensure more systematic monitoring on the safety of facilities and equipment, a HIRARC committee was formed in 2014. This committee is responsible to carry out hazard identification, risk assessment and recommend remedial actions for the OSH committee.

5. QUALITY IMPROVEMENT ACTIVITIES

The Hospital Management is committed to lead the organization towards greater height in the provision of quality care. Inculcating a quality culture has always been our goal which diligently we work towards. There is regular review of the quality management system and structure so as to ensure more effective and efficient management. It is faced with the constant challenge of fairly high turnover rate of the various unit heads and even the hospital director along this quality journey.

5.1 Organization

The Quality Assurance and Training Unit was established in 2008 to improve data collection & analysis and monitoring of various quality initiatives activities under QAP. This unit is headed by medical officer. Besides act as a resource centre for quality matters, the focus has been on incident reporting, HPIA performance, QA projects, innovations, client satisfaction survey, patient and family right, and audit. This unit also monitors training and Credentialing & privileging performance.

The hospital has in placed an Accreditation or quality committee. In 2013, the organization is further refined. A Management Review Committee was set up. This was later renamed to Patient Safety and Management Review Committee with the circular from Ministry of Health. This committee is headed by the hospital Director and comprises of all unit heads with Quality Assurance and Training Unit as the secretariat. It sits on a monthly basis except for the month with Performance Assessment meeting. It serves to monitor the various quality activities. Besides, there are other various committees with specific task to perform. These include committees for conducting POMR, MMR, PNMR and mortality review (hospital level).

The accreditation committee remains and meets at least twice per year to review the internal survey findings. A new team of internal surveyors are appointed to conduct internal survey with a minimum frequency of once per year. A lot of the members are new on the job and many of the Heads of Department or senior clinicians are involved. This allows all to have better understanding of the standards.

All the department or units are encouraged to have their own quality committee or quality matter as a permanent agenda of the unit meeting.

Risk management is heavily emphasized. The main tool we use is Incident reporting. It is made clear to the organization that the ‘no blame’ culture should be adopted. There should be transparency, honesty and readiness to change for improvement. Sharing of improvement measures is strongly encouraged and is carried out in various meetings.

5.2 Empowerment

Management commitment is further enhanced by establishing autonomous empowered teams through various organized training e.g. QA teams, Corporate Culture Committee, BFHI committee, empowered public relations officers and RCA team.

5.3 Continuous Quality Improvement Activities

Sibu hospital actively carried out a number of quality activities. These include the followings:

1. All relevant HPIA indicators
2. The indicators under the Malaysian Patient Safety Goals
3. Hospital Specific Indicators
4. Performance indicators under the requirement for accreditation
5. QA/QI projects
6. Innovation projects
7. Lean healthcare projects
8. Assessment on implementation of Patients' rights
9. Client satisfaction survey
10. Medication safety audit
11. Environmental cleanliness audit
12. HPIA audit
13. Root Cause Analysis, implementation and evaluation
14. Mortality and morbidity review
15. Complaint management
16. Departmental or unit level QAP indicators

These activities aim to improve patient outcomes, patient comfort, patient movement, better workflow and process, reduce wastage etc. It helps in improving the health care delivery service and at the same time assure patient and staff safety. Some of the performances are in attached appendix.

5.4 Monitoring & Evaluation

Systematic monitoring and evaluation of the various quality activities is a crucial component of the quality management system. The activities are monitored both at the hospital and departmental or unit level. At the hospital level, monthly monitoring is done through various committees for most of the activities. At present, evaluation of various corrective measures needs strengthening.

5.5 Service Development

There have been many areas with service development. These include Clinical Services as well as clinical patient support and administrative and facilities support. Some of the examples are:

- One-stop-counter at Specialist outpatient clinics
- Emergency and Trauma Department (ETD) – involve in 999 call service though not a call centre, increased capacity.
- Setting up of Clinical Research Centre
- Medical – additional two wards and high dependency ward
- Paediatric – opening of Paediatrics respiratory ward and PICU
- Anaesthesiology – Started Anaesthesiology clinic, accredited as pain-free hospital
- OT – increased number of Operating Room used, Maternity OT started functioning daily.
- New subspecialty – rehabilitation medicine, gynae-oncology, endocrine, geriatrics
- Ambulatory & Daycare service
- Hemodialysis – increased capacity with additional haemodialysis machines
- Pharmacy- increased coverage by clinical pharmacist, increased MTAC services, CDR and TPN services, pharmacy drive-through service
- ICT – BBIS (Blood bank), e-learning/ Online CME system, e-rating, on-line application for privileging, TB lab reporting system, online Incident Reporting system, Sistem Latihan Bersepadu
- Laboratory – increased number of tests done locally, improved TB diagnostic tests
- Hospital Security – flexible and improved system and deployment, better services through improved monitoring and contract management.

5.6 Continuing to Grow

The future plan for Sibu Hospital is moving towards a tertiary centre. The short-term goals are working towards:

1. Strengthen the present general specialty services and subspecialty services with resident specialists.
2. Optimize the utilization of existing facilities in the Cluster Hospital especially Operating Theatre to reduce waiting time for trauma and elective cases.
3. Continue to request for additional subspecialty services. Priority as according to patient needs. Continue to identify local specialists for further subspecialty training.
4. Proposal for Sibu Hospital as postgraduate training hospital.
5. Strengthen and improve the diagnostic facilities and services.
6. Acceptable mix of qualified staff in sub-specialized or critical fields.

Please refer further to the following documents for more details:

- Sibu Hospital Annual Plan of Action
- Individual Department Profile

Appendices

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| 1. Appendix 1 | Hospital Organization chart |
| 2. Appendix 2 | List of Hospital Core Committees |
| 3. Appendix 3 | Annual Plan of Action 2025 |
| 4. Appendix 4 | Pengisian Jawatan 2024 |
| 5. Appendix 5A | Achievement of Hospital Performance Indicators for Accountability 2024 |
| 6. Appendix 5B | Achievement of MSQH Performance Indicators 2024 |
| 7. Appendix 6 | Patients' Rights Assessment 2024 |
| 8. Appendix 7 | Medication Safety Audit 2024 |
| 9. Appendix 8 | Patient Satisfaction Questionnaire (PSQ-18) 2024 |