Disclaimer: Bahagian pertama slide ini diadaptasi daripada slide Dr. Laili Murni binti Mokhtar dan slide Dato' Dr. Azman bin Hj. Abu Bakar.

HOSPITAL CLUSTER PILOT PROJECT

Tawau, Melaka, Temerloh



Ministry of Health Malaysia

Presented By:

Dr. Laili Murni Binti Mokhtar, MD, MPH,

Bahagian Perkembangan Perubatan

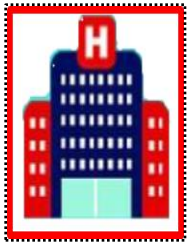
2 April 2014

Why Hospital Cluster

Sumber: Slide Dato' Dr. Azman bin Hj. Abu Bakar 21.09.2016

✓ **RESIDENCE SPECIALISTS**

SPECIALIST HOSPITALS

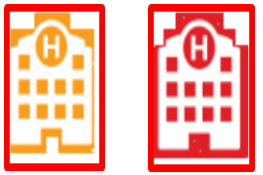


CONGESTED

SOPHISTICATED FASILITIES

X **RESIDENCE SPECIALISTS**

NON -SPECIALIST HOSPITALS



UNDERUTILIZED

BASIC FASILITIES

Why Hospital Cluster

Problems

- **Overutilization of specialist hospitals**
  - *77% of 14 hospitals have BOR>85%
- **Underutilization of non specialist hospitals**
- *83% of 44 Non specialist hospitals have BOR < 50%

*(CRC survey 2010-2011)

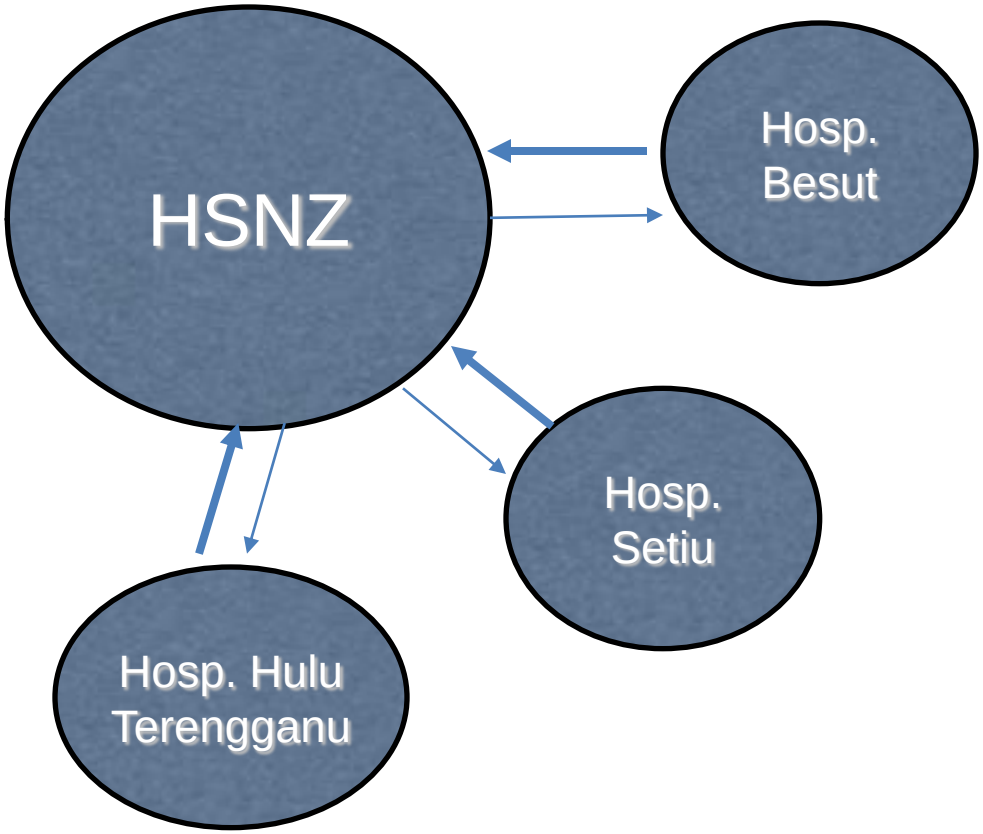
Contributory Factors

- **Non Specialist Hospitals (NSH)**
  - Bypassing phenomenon
  - Poor optimization of resources
  - Young doctors not motivated
- **Specialist Hospitals**
  - Rapid development of tertiary services
  - Services compete for facilities(OTs, ICU beds etc)
  - Lack communication with NSH
  - Increase demand

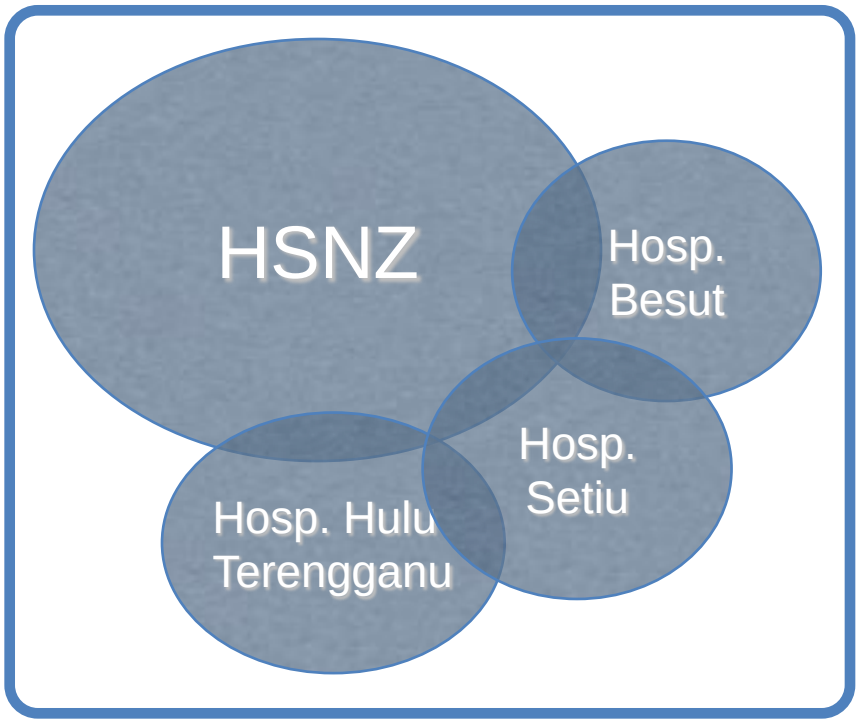
Outcomes

- Fragmented care
- Inefficiency and wastage of resources
- Delays in treatment
- Medical errors
- Hospital acquired infection
- Reduce patient /staff satisfaction
- Staff burn out

Hospital In Silos



Hospital Cluster(HC)



Collective Responsibility towards Quality of Patient Care

- *Patient centered care*
- *Service capacity sharing*
- *Optimizing resources*
- *Improve productivity and efficiency*
- ***Integrated clinical services delivery***

INTEGRATED NETWORK OF HOSPITALS AND CARE DELIVERY

SHARED OWNERSHIP AND OPERATION OF SEVERAL HOSPITALS

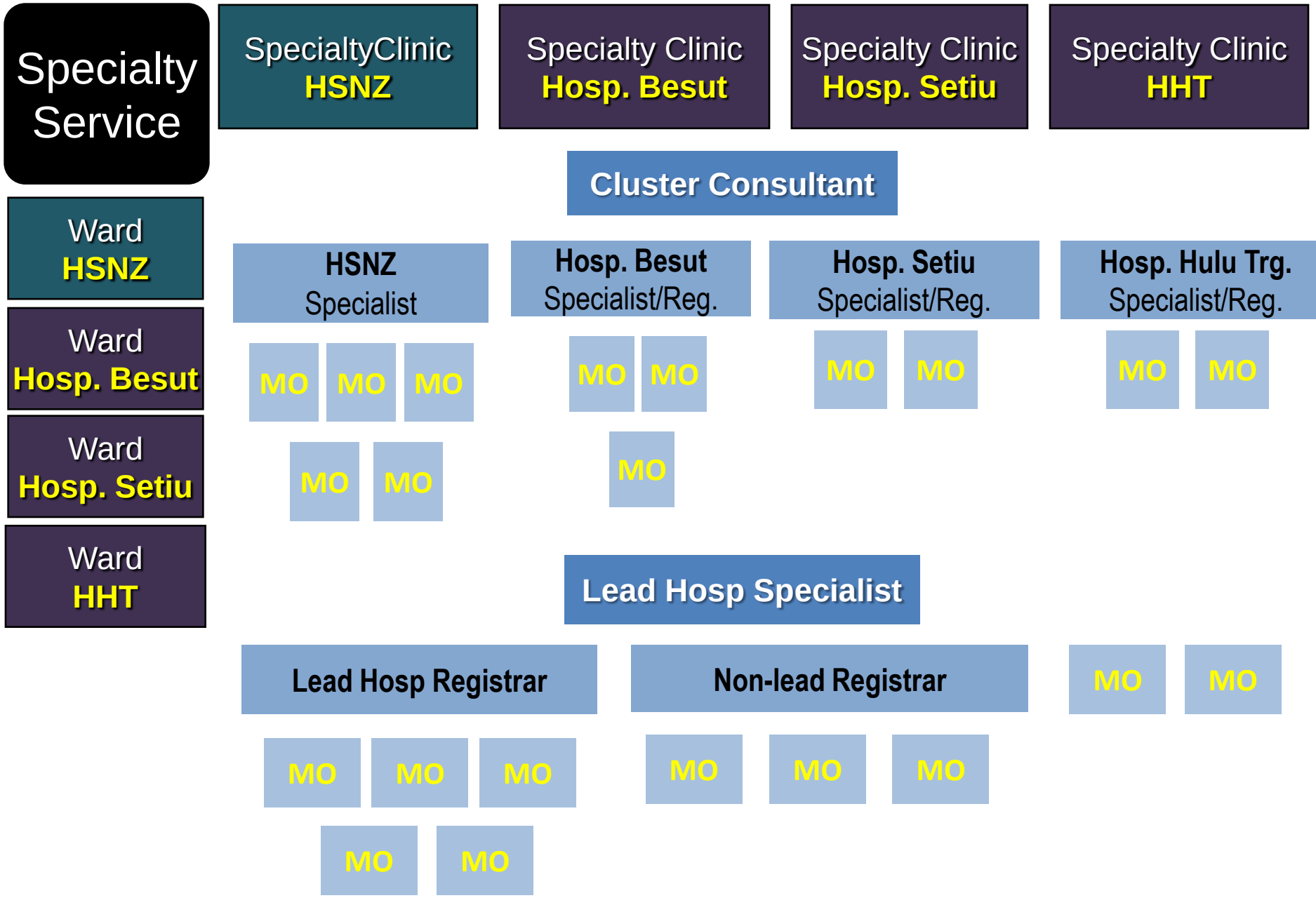
Redesign and reconfigure services

- Type/scope of services that will serve cluster
  - Level of services to be offered (rotation of specialists, visiting specialists, phone consultations)
  - Minimum standards for services (clinical, clinical support and non clinical support services)
- Privileging processes at HC
- Care pathways and SOPs
- Infrastructure upgrades(ICUs, HDUs beds, OTs etc)

Cluster wide Approach
(Operations, Finance, HR)

- Lead Hospital as Head Quarters
- PTJ2 with dummy account for budget consolidation
- Hospital beds Management,
- EMR/Single Folder, folder to go along with patient
- Single billing
- Flexibility in HR deployment
- CSSD, blood bank, labs, catering services, HIMS,
- Centralization of procurement (Pharmacy, asset, facilities management)
- Quality Management,
- Hospital Support services etc
- Case mix system
- Communications
- Monitoring & Evaluation

Specialist Level Leadership and Responsibility



Responsibility of Clinical Care within Cluster

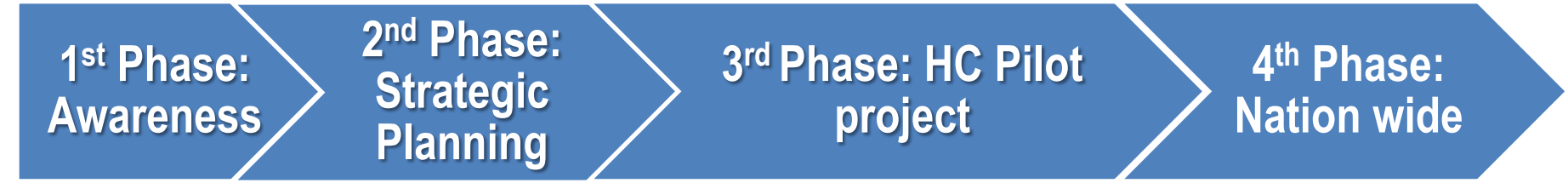
- Specialty **LED** in **higher risk** centers
- Specialty **DIRECTED** in **lower risk** centers
- Single care pathway system throughout the cluster
- Easier and faster step-up care
- More flexible step-down care
- More competent MOs and paramedics
- More appropriate referral to higher centers
- More procedures done at lower risk centers

Specialists level leadership & responsibility

- Specifically assigned area of responsibility
- Rotating assignments between hospitals
- More senior staffing in district hospitals
- More junior staffing provided opportunities to train and gain more experience in lead hospitals
- On-call mechanisms using shared common pool in (non specialist) hospitals

Rostering and Staffing

Hospital Cluster Road Map



2010-2011

HC concept proposed by TWG

- Advised by Harvard Consultants to do pilot with action research (AR)

2012

HC Policy Framework

- Formed Tech Committee
- Pilot sites identified (Melaka, Sabah, Pahang)
- Pilot Project approved by DG(6 Nov)

2013

HC Operating guidelines

- Formed AR Teams
- Dasar Baru 2014
- Appoint Protem CMT
- Mesyuarat Khas KPK (25 Nov)

2014

HC Pilot Project: **Melaka, Sabah, Pahang**

- Launch pilot project
- **Redesign and reconfigure services**
- Cluster wide approach(HR, Training, Clinical Support services, HIMS, Bed Mx)

2015

HC Policy review

- Cluster wide approach with **more autonomy**
- (Finance, Billing, Procurement etc)
- Project Review (KRAs:BOR, referrals, staff and patient satisfaction, case mix, procedures done)

2016-2020

Nation Wide on HC launch

- Establish 1 HC per state
- 1st phase: **Penang, Perak, Negeri Sembilan**
- 2nd phase: **Terengganu, Selangor, Kedah**

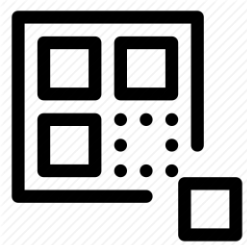
Benefits of Clustering

Sumber: Slide Dato' Dr. Azman bin Hj. Abu Bakar 21.09.2016

1. DECONGESTION

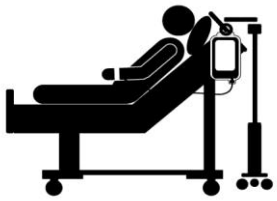
- **BOR Medical and O&G : at Specialist hospital**
  was 90-115% ---- now ↓ 80-85%

2. DECENTRALIZATION



- **Decentralization:**
  Plastic Surg. move to → Non Sp. H

3. IMPROVING RESOURCES UTILIZATION



- **Ward: BOR non-specialist hospitals**
  was 30-50% ---- now↑ > 60-80%

- **Operation Theatre:**
  0 procedure --- now → > 20/year

- **Clinic:**
  0 Opthal pts --- now → >500pts/yr

Sumber: Slide Dato' Dr. Azman bin Hj. Abu Bakar 21.09.2016

More benefits

4. IMPROVING CARE/ COMPETENCY/SKILL at Non Sp. H

- Step down cases was 39-52 cases/mth now ↑ 87-99
- ED procedures: was <10/mth now↑ > 20- 40/mth

6. CENTRALIZATION

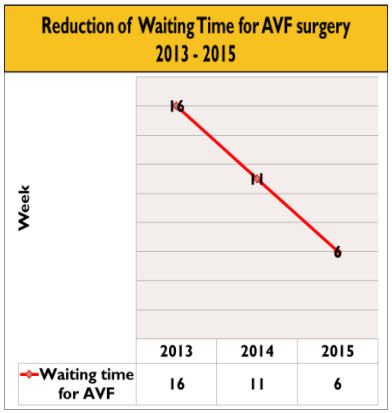
Pharmacy - Centralised Purchasing

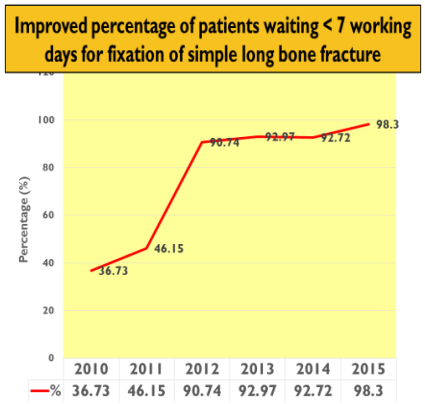
- COST SAVING
- 2014 – RM 3,202.00
- 2015 - RM 10,851.00

Transfusion Service

- IMPROVEMENT of 12.8% for blood collection (8774 units in 2013 to 9895 units in 2015) without adding more resources.

5. KPI IMPROVEMENT





7. REDISTRIBUTION

CSSD

- High workload at Specialist Hospital
- Reduction of Downtime Autoclave machine from 26.8% to 6.3%

Kami Sedia Membantu

Penyayang • Profesionalisme • Kerja Berpasukan

KLUSTER TERENGGANU UTARA

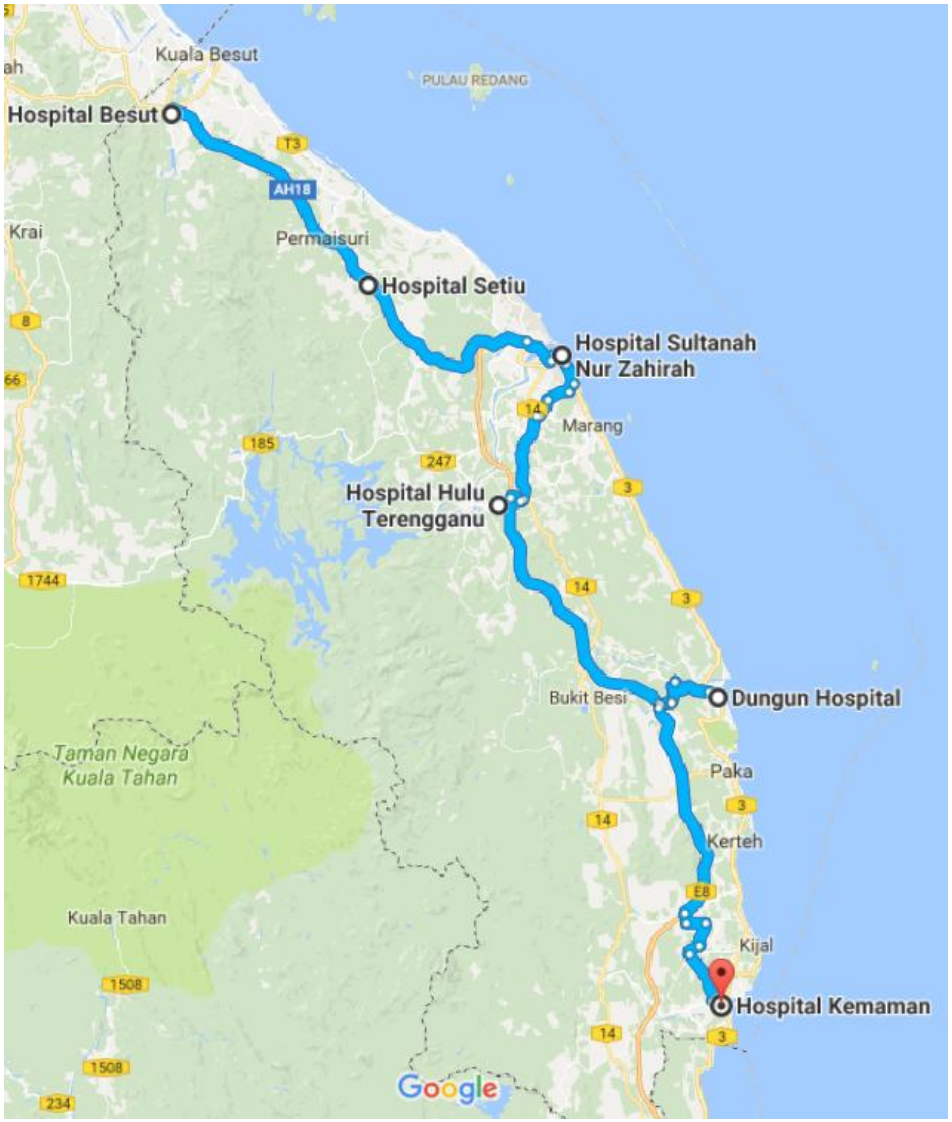
"Right care, Best care, Accessible to all"

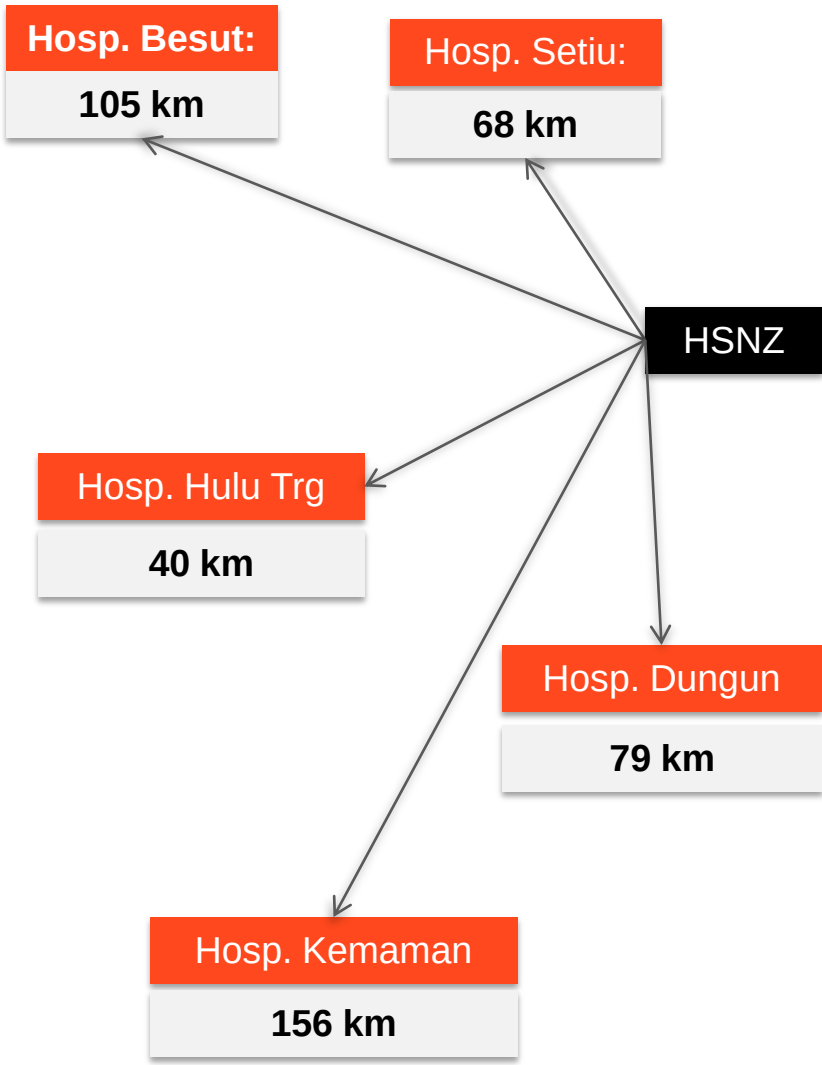
DR. AHMAD NAZIRI BIN MOHD NASIR

Timbalan Pengarah (Perubatan)
Hospital Sultanah Nur Zahirah
Kuala Terengganu

KLUSTER TERENGGANU UTARA

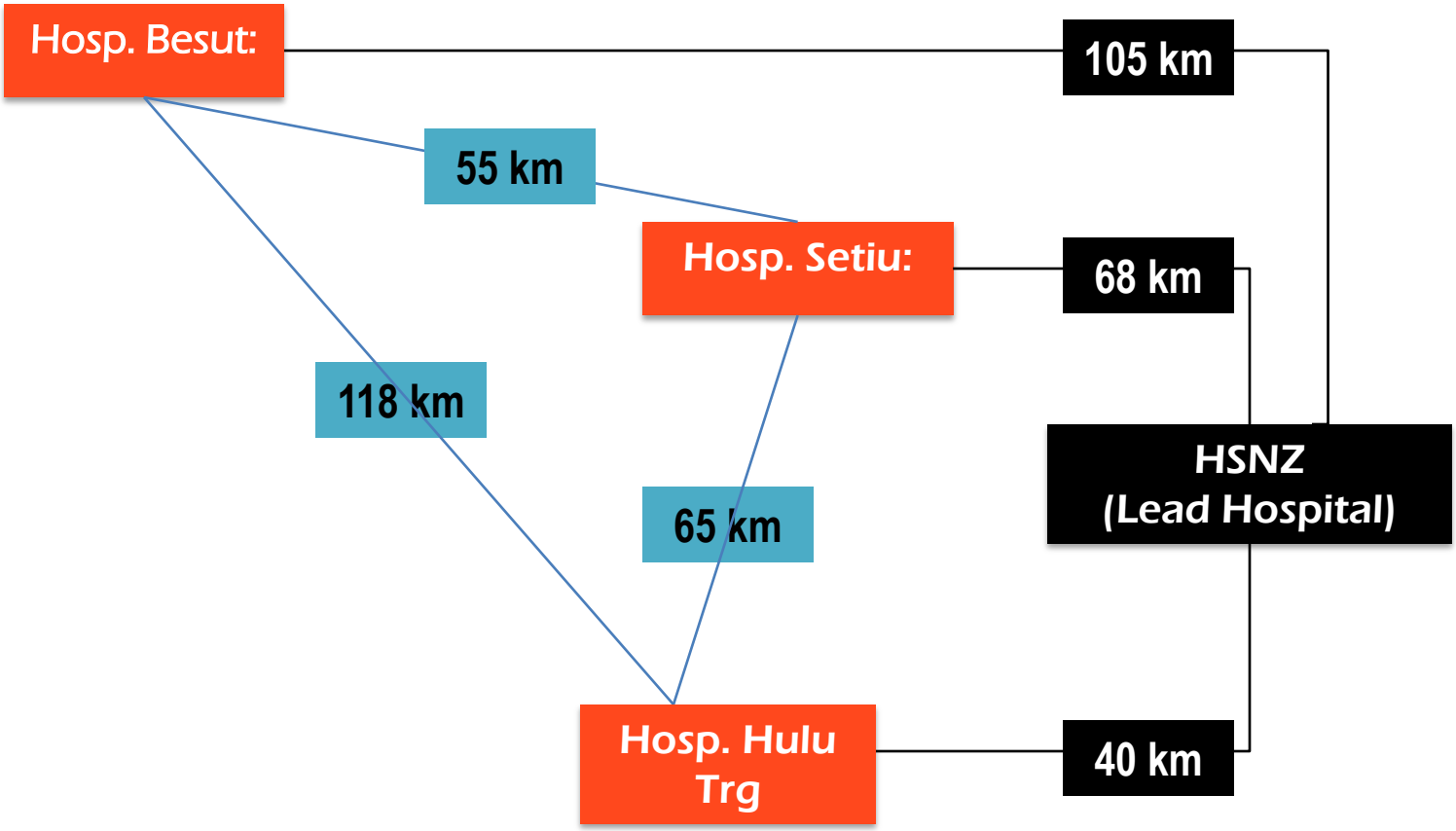
PENGENALAN





KLUSTER TERENGGANU UTARA

HOSPITAL-HOSPITAL TERLIBAT



KLUSTER TERENGGANU UTARA

PEMILIHAN PERKHIDMATAN KLUSTER

HSNZ	Hosp. Besut	Hosp. Setiu	Hosp. Hulu Trg
Lead hospital	**Oftalmologi** - *Daycare cataract surgery* **Pembedahan Am** - *AVF* **Kecemasan**	**Oftalmologi** - *Daycare cataract surgery* **Pembedahan Am** - *AVF* **Perubatan Am** - *Step down care* **Kecemasan**	**Perubatan Am** - *Step down care* **Pediatrik** - *Step down care* **Kecemasan**

KLUSTER TERENGGANU UTARA

OBJEKTIF UMUM

Meningkatkan perkhidmatan kesihatan kepada rakyat negeri Terengganu dengan memastikan kebolehcapaian dan kesinambungan perkhidmatan kepakaran dapat dinikmati secara sama rata.

KLUSTER TERENGGANU UTARA

MOTO

“Right care, Best care, Accessible to all”

KLUSTER TERENGGANU UTARA

LOGO

PERTANDINGAN LOGO

SPESIFIKASI PENCIPTAAN LOGO

- Reka bentuk mestilah baru dan asli serta tidak mengandungi unsur atau elemen yang boleh dianggap sensitif dan boleh menyinggung mana-mana pihak.
- Logo hendaklah dihasilkan dalam bentuk “softcopy” menggunakan format ber-resolusi tinggi.
- Pereka hendaklah **memberi keterangan atau penjelasan ke atas ciptaan logo.**

SYARAT & TERMA PERTANDINGAN

- Terbuka kepada semua warga Kluster Terengganu Utara
- Penyertaan adalah **PERCUMA**
- Peserta boleh menghantar seberapa banyak penyertaan (hanya 1 nama & logo akan dipilih sebagai pemenang).
- Semua logo yang direka mestilah asli dan tidak ditiru dari mana-mana logo tempatan mahupun luar negara.
- Tarikh tutup penyertaan sehingga **31 Mei 2017.**
- Emailkan penyertaan kepada drbalqisaziz@gmail.com

HADIAH

Wang tunai bernilai RM200

INFO HOSPITAL KLUSTER

- Slide ini akan dimuatnaik di laman web rasmi HSNZ untuk membantu pereka logo memahami konsep hospital kluster dan mereka logo yang bersesuaian.

TERIMA KASIH