

CONSORTIUM OF MALAYSIAN PUBLIC UNIVERSITY HOSPITALS

KHU4M

4th National Conference of
Academic Medical Centre

21 & 22 MARCH 2022

“Values-Based Governance in Healthcare”

PROGR4M BOOK



ACKNOWLEDGEMENT

First and foremost, as the host for the 4th KHUAM National Conference, the Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM) would like to express its appreciation to the Ministry of Higher Education for their support and sponsorship for this special and meaningful event to be conducted in the year 2022.

SASMEC @IIUM would also like to express gratitude to the Consortium of Malaysian Public University Hospitals and the invited speakers for their tremendous support and encouragement in making this event a successful one.

Last but not least, thanks and heartfelt recognition to the dedicated organizing committee for their hard work and commitment of working joyfully together throughout this journey in realizing this conference.

May Allah SWT rewards abundantly those who have contributed directly and indirectly to the success of this event.

MESSAGE FROM THE DIRECTOR GENERAL, MINISTRY OF HIGHER EDUCATION



Alhamdulillah rabbil alamin. Wa bihi nasta'in ala umur al-dunya wa al-din, wassalatu wassalamu ala ashraf al-anbiya wa al-musalin.

It is my great pleasure to welcome you to the 4th KHUAM National Conference with the theme 'Values-based Governance in Healthcare'. I would like to express my deepest gratitude to Allah SWT for His grace, which bestows upon all of us the blessings of well-being and health and allows us to meet virtually. After going through all the hurdles, up and down, the hardest and most challenging moment in this pandemic scenario. It is a precious opportunity for us to share our experience and knowledge on Values-based Governance in Healthcare.

Value-based healthcare is a healthcare delivery framework that incentivizes healthcare providers to focus on the quality of services rendered, as opposed to the quantity. Under a value-based healthcare model, healthcare providers (including hospitals and physicians) are compensated based upon patient health outcomes.

Lastly, I would like to express my gratitude to everyone involved, both directly and indirectly, in ensuring the smooth running of this 4th KHUAM National Conference. It is my hope that this conference will provide new knowledge, experiences, and ideas in providing the best healthcare services quality.

Thank you

Wabillahi al-taufiq wa al-hidayah.
Yours sincerely. *Jazakallahu Khairan Kathiran.*

YBhg. Prof. Dato' Dr. Husaini Omar
Director General of Higher Education
Department of Higher Education
Ministry of Higher Education Malaysia

MESSAGE FROM THE CHAIRMAN OF KHUAM



Assalamualaikum wbt and Greetings,

On behalf of the Consortium of Malaysian Public University Hospitals (KHUAM) with great pleasure I would like to welcome all participants to the 4th National Conference of the Malaysian Academic Medical Centres, hosted by the Sultan Ahmad Shah Medical Centre, International Islamic University Malaysia (SASMEC@IIUM) and the Ministry of Higher Education Malaysia on 21st – 22nd March 2022.

This annual conference began in 2019 where the 1st KHUAM Conference was organised by the University Malaya Medical Centre (UMMC). This was followed by Hospital Canselor Tuanku Mukhriz (HCTM) and Hospital Universiti Sains Malaysia (HUSM) in 2020 and 2021.

For the 4th KHUAM Conference, the theme “Values-Based Governance in Healthcare” is chosen as it is essential to improve patient centeredness, appropriation, quality and funding allocation in healthcare. We hope to provide a platform to encourage informative discussion and sharing among medical and healthcare educators and practitioners to exchange ideas and presenting research works related to applications and practices in medicine.

I would like to congratulate and thank everyone involved in organising this conference. To all participants I wish a very successful, fruitful and rewarding conference ahead.

Thank you and best regards,

Prof. Dr. Nazirah Hasnan
Chairman
Consortium of Malaysian Public University Hospitals (KHUAM)

MESSAGE FROM THE ADVISOR OF THE 4TH KHUAM NATIONAL CONFERENCE



It gives me great pleasure to welcome all of you to the 4th KHUAM National Conference, organized by Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM) and co-hosted by the Consortium of Malaysian Public University Hospitals (KHUAM) and the Ministry of Higher Education (MoHE) Malaysia. This collaborative effort in bringing together hospital administrators, clinical staff and academicians together on one platform through this conference is a great initiative.

With the pandemic having a profound impact on every industry even two years after it began, and hospitals grappling with some of the same challenges we faced when it first started, the theme 'Values-based Governance in Healthcare' is an excellent reminder that strongly held values-based culture is a key element to maintain a productive and motivated workforce. A values-based organization is a culture shaped by a clear set of ground rules establishing a foundation and guiding principles for decision-making, actions and a sense of community. In healthcare, having these fundamental values will translate into creating more value for patients too.

Let me take the opportunity to congratulate Prof. Dr. Zamzuri Zakaria and his team for their tremendous effort and teamwork in making the event a reality. A great deal of careful thought and planning is evident behind the theme and the programme. I would also like to take the opportunity to thank all the speakers for making the time and contributing their valuable expertise for this conference.

I hope that all the participants will gain a rewarding experience and find the topics interesting and thought-provoking, and that this conference becomes a platform to share and discuss the essential issues surrounding values-based governance in healthcare.

Jazakallahu Khairan Kathiran

"Leading the Way"

Prof. Dato' Dr. Mohamed Saufi Awang
Hospital Director, Sultan Ahmad Shah Medical Centre @IIUM
cum Advisor for 4th KHUAM National Conference

MESSAGE FROM THE CHAIRMAN OF THE 4TH KHUAM NATIONAL CONFERENCE



It is my great pleasure to welcome you to the 4th KHUAM National Conference with the theme 'Values-based Governance in Healthcare'. I would like to express my deepest gratitude to Allah SWT for His grace, which bestows upon all of us the blessings of well-being and health. Thank you to the technology for allowing us to meet virtually.

The pandemic has taught everyone many lessons and alerted all that the gaps exist need to be addressed fast. The pandemic has also taught us that in order to remain resilient, everyone needs to work in an integrated and collaborative ecosystem in order to provide solutions for humanity and no longer about how each discipline can provide the solution. It is high time to have values through good governance, to balance what is right for the business and for the humanity.

It is hoped that this year's conference will provide avenue to explore and enhance the practice of values-based governance in the healthcare organizations, provides platform for researchers, academicians and healthcare workers to share their research findings related to the latest applications and practices of medical and health sciences that promote human wellbeing and able to increase the professionalism of healthcare providers in the management of post pandemic.

Hence, I would like to encourage all delegates to participate actively in the discussion and share your knowledge and experiences. Your strong support and active participation will contribute to the success of this conference. My gratitude to all honourable guests and speakers for making their time to contribute to this conference. My appreciation also goes to the committee for their commitment and hard work towards this event since last year, with new norms.

Thank you again to all honourable guests and participants for being here. I wish you an enjoyable, fruitful and productive conference. We hope that you enjoyed the topics listed and will continue to support this conference in the future.

Warm Regards. *Jazakallahu Khairan Kathiran*

Prof. Dr. Zamzuri Zakaria@Mohamad,
Chairman
4th KHUAM National Conference

WELCOME TO

KHU 4M

The previous two (2) years has challenged the whole world generally, and us specifically in adapting different ways of new normal. It's also given us reason to adopt and apply the new ways of living, working, and collaborating.

This year, KHUAM is proud to present Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM) hosting the 4th KHUAM National Conference abiding the current SOPs developed by the authority. We are excited to connect with you for this noteworthy conference and share the impactful knowledge related to the conference's theme. Let's sail together towards the best values-based governance in healthcare.

OBJECTIVES

The objectives of the conference are as follows:

- i. To provide avenue to explore and enhance the practice of values-based governance in the healthcare organizations.
- ii. To provide a platform for researchers, academicians and healthcare workers to share their research findings related to the latest applications and practices of medical and health sciences that promote human wellbeing.
- iii. To increase the professionalism of healthcare providers in the management of post pandemic.

ABOUT KHUAM

KHUAM was established with the aim to have a systematic and integrated approach in managing the teaching hospitals established under the Public Universities. The establishment of KHUAM is also seen as a strategic networking and partnership between the universities and teaching hospitals.

In line with the central function of teaching and training of primary care, it is vital for the teaching hospitals and universities to collaborate in strengthening the activities of knowledge creation in the field of medical and health related matters, clinical research and other areas. Such activities need also to be nurtured in order to share the latest development in the field of medical and health.

Starting from the year of 2018, KHUAM has organized the National Conferences and each university under KHUAM will take turn to organize the event. The first KHUAM National Conference was hosted by PPUM, followed by PPUKM and HUSM. SASMEC @IIUM has been identified to be the host for the 4th KHUAM National Conference in 2022 as announced during the Closing Ceremony of the 3rd KHUAM National Conference at HUSM.

FIELDS AND TOPICS

- i. Incorporating values and principles into medical and healthcare sciences
- ii. The impact of values in health services
- iii. Islamic and values-based approach to mental health and the Qur'anic concepts of al-nafs al-mutma'inah (satisfied soul)
- iv. Nursing and health care practices
- v. Providing palliative and end life care, and spiritual care from the Islamic perspective
- vi. Prevention and management of psychiatric and mental health disorders
- vii. Role of Non-Governmental Organisations, baitulmal and other government agencies in medical and healthcare
- viii. Resilience in healthcare workers
- ix. Islamic principles of family health and parenting
- x. Islamic world view on preservation of environment and natural resources for health development

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ORGANIZING COMMITTEE OF THE 4TH KHUAM NATIONAL CONFERENCE

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INVITED SPEAKERS

Tan Sri Dato' Seri Dr. Noor Hisham Abdullah	Director-General of Health, MOH
Prof. Datuk Dr. Hj. Rohaizat Hj. Yon	Professor of Public Health & Consultant Public Health Physician, Management & Science University (Former Deputy DG of Health (Medical), MOH)
Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak	Rector, IIUM
Prof. Dato' Dr. Mohamed Saufi Awang	Hospital Director, SASMEC @IIUM
Prof. Dr. Nazirah binti Hasnan	Hospital Director, PPUM
Assoc. Prof. Dr. Muhammad Haji Mohd Isa	Hospital Director, HPUPM
Prof. Dr. Nik Ahmad Shaifuddin Nik Him	Hospital Director, UniSZA
Prof. Dr. Jamalludin Abd Rahman	Dean, Kulliyah of Medicine IIUM
Prof. Dr. Aminudin Che Ahmad	SASMEC @IIUM
Dr. Ariffin Marzuki Mokhtar	USM
Asst. Prof. Dr. Betania Kartika Muflih	INHART, IIUM
Prof. Datuk Dr. Asma Ismail	Ibnu Sina Chair for Medicine, IIUM
Prof. Dr. Che Suraya Hj. Mohd Zin	Kulliyah of Pharmacy, IIUM
Dr. Noor Airini Ibrahim	Intensivist, UPM
Prof. Emeritus Dato' Dr. Md Tahir Md Azhar	IIUM Ombudsman
Puan Adida Datuk Yang Amri	TruCAT

DAY 1 CONFERENCE

21st March 2022 | Monday

0800 – 0900

REGISTRATION

0800 – 0830
0830 – 0900Registration of Participants
Recitation of Du'a

0900 – 1000

PLENARY 1

Transforming the Malaysian Healthcare Education – Value Driven Initiatives

Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak
Rector, IIUM

Moderator : *Assoc. Prof. Dr. Adlina Hj Ariffin*

1000 – 1120

SYMPOSIUM 1 Power of People

Moderator : *Prof. Dr. Suhaimi Mhd Sharif*

1000 – 1020

Values-Based Governance in SASMEC @IIUM

Prof. Dato' Dr. Mohamed Saufi Awang
Hospital Director, SASMEC @IIUM

1020 – 1040

Standardizing the Global Mindset of Value-Based Care

Prof. Dr. Nazirah Hasnan
Hospital Director, PPUM

1040 – 1100

Creating Good Values Via the Prophetic Approach

Assoc. Prof. Dr. Muhammad Haji Mohd Isa
Hospital Director, HPUPM

1100 – 1120

Implementing Value-Based Governance in a New Teaching Hospital

Dr. Nik Ahmad Shaiffudin Nik Him
Hospital Director, UniSZA

1130 – 1300

OPENING CEREMONY

1130 – 1145

Welcome Speech – *Prof. Dr. Zamzuri Zakaria*

Chairman, 4th KHUAM National Conference

1145 – 1200

Opening Speech – *Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak*

Rector, IIUM

1200 – 1215

Launching Speech – *YB Datuk Seri Dr. Noraini Ahmad*

Minister of Higher Education

1215 – 1300

Launching Gimmick of 4th KHUAM National Conference, Soft Launch of KHUAM Strategic Planning, BFHI Certificate Presentation

1300 – 1400

LUNCH BREAK

1400 – 1430

KEYNOTE SPEECH

Holistic Preparedness in Managing a Health Crisis

Datuk Dr. Hj. Rohaizat Hj. Yon

*Professor in Public Health & Consultant Public Health Physician, Management & Science University,
(Former Deputy DG of Health (Medical), MOH)*

1430 – 1530

PLENARY 2

Bridging Technologies and The Human Touch – Roles and Implications of Technology in Medical Training for Humanisation of Health Care

Prof. Dr. Jamalludin Ab. Rahman

Dean, Kulliyah of Medicine IIUM

Moderator : *Prof. Dato' Dr. Mohd. Basri Mat Nor*

1530 – 1700

SYMPOSIUM 2 Shari'ah Hospitals in the 21st Century

Moderator : *Prof. Dr. Hamzah Salleh*

1530 – 1600

Spiritual Care – An Integral Part of Value Services to Healthcare

Prof. Dr. Aminudin Che Ahmad

SASMEC @IIUM

1600 – 1630

Shari'ah Governance on the Malaysian Stage for Healthcare

Dr. Ariffin Marzuki Mokhtar

USM

1630 – 1700

Muslim Friendly Medical Tourism ; Maqasid As-Shari'ah Approach

Asst. Prof. Dr. Betania Kartika Muflih

INHART, IIUM

1700

Photography Session

DAY 1 END

DAY 2 CONFERENCE // 22nd March 2022 | Tuesday

0800 – 0830

REGISTRATION

0830 – 0930

PLENARY 3**Imagineering Academic and Research Excellence with Values***Prof. Datuk Dr. Asma Ismail**Ibnu Sina Chair for Medicine, IIUM**Moderator : Prof. Dr. Ahmad Hafiz Zulkifly*

0930 – 1100

SYMPOSIUM 3 Clinical Conundrums*Moderator : Asst. Prof. Dr. Maizura Zainuddin & Asst. Prof. Dr. Nor Ilyani Mohamed Nazar*

0930 – 1000

Pharma Value – Rising Costs of Drugs and Patient Compliance*Prof. Dr. Che Suraya Hj. Mohd. Zin**Kulliyah of Pharmacy, IIUM*

1000 – 1030

Challenges of Providing Quality End of Life Care in a Pandemic*Dr. Noor Airini Ibrahim**Intensivist, UPM*

1030 – 1100

Enhancing Strategic Talent Management Competencies*Puan Adida Datuk Yang Amri**TruCAT*

1050 – 1100

BREAK

1100 – 1130

KEYNOTE SPEECH**"The Eagle Eye View"****Value-Based Leadership at the Frontline of Management***Tan Sri Dato' Seri Dr. Noor Hisham Abdullah**Director General of Health, Ministry of Health*

1130 – 1300

FREE PAPER PRESENTATION 1

1300 – 1400

LUNCH BREAK

1400 – 1530

FREE PAPER PRESENTATION 2

1530 – 1630

PLENARY 4**Rising Costs and the Economic Downturn – Strategic Plans for Hospital Administration***Prof. Emeritus Dato' Dr. Md Tahir Md Azhar**IIUM Ombudsman**Moderator : Assoc. Prof. Dr. Khairidzan Mohd Kamal*

1630 – 1700

CLOSING CEREMONY

1630 – 1645

Closing Speech*Tan Sri Datuk Dr. Mohd. Daud Bakar**President, IIUM*

1645 – 1700

Award Presentation**Photography Session****DAY 2 END**

ABSTRACTS

**KEYNOTE
SPEAKERS**

KEYNOTE SPEECH 1



Prof. Datuk Dr. Hj. Rohaizat Hj. Yon
Professor of Public Health & Consultant Public Health Physician,
Management & Science University
(Former Deputy DG of Health (Medical), MOH)

“Holistic Preparedness in Managing a Health Crisis”

ABSTRACT

Crisis is the perception of an unpredictable event that threatens important expectancies of stakeholders and can seriously impact an organization's performance (Coombs, 2007). Crisis management aims to prevent or lessen the negative effects of a crisis. People remember how a crisis was handled longer than the details of the crisis. Effective leadership during a crisis is paramount. During a crisis, damage control is crucial and the important rules for damage control are – tell the truth, tell it first, tell it all, tell it fast and tell it to the people who matter most. Crisis management is a dynamic process and a learning curve for many. It is important that all strategies, planning, achievements as well as shortcomings are documented.

COVID-19 has illustrated the global crisis that can be unleashed by this newly emerging infectious disease. Malaysia's past experiences in facing various crises have strengthened our emergency response system in health. Malaysia has taken unhesitating and revolutionary health crisis initiatives, across multiple sectors. Evidence-based decision making is important and should be guided by strategies and lessons learnt from other countries and the WHO. The country's preparedness to the COVID-19 pandemic crisis was powered by early planning and preparation of healthcare facilities and services. Among our well-planned strategies in managing this crisis were to enhance quality of care, reduce morbidity and mortality, protect healthcare workers, ensure medical service continuity and health industry development, through public and private partnership. Apart from that, an effective communication with various stakeholders and the public plays a vital role to ensure that verified information is delivered efficiently. A multi-sectoral and collaborative approach, in line with whole-of-government and whole-of-society approaches have shown that we are stronger when we work together towards a common purpose. Everyone worked hand-in-hand, helped to coordinate, make efforts more cogent and rely on each other to achieve a collective goal, to rid the country of the COVID-19 crisis. The unfolding crisis offers many opportunities to identify gaps, prioritise needs and enhance capacity development to strengthen the national health security further.

(Key word: crisis, crisis management, COVID-19 pandemic, multi-sectoral approach)

KEYNOTE SPEECH 2



Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah
Director – General of Health, Ministry of Health

“The Eagle Eye View”
Value – Based Leadership at the Frontline of Management

ABSTRACTS

**PLENARY
SPEAKERS**

PLENARY 1



Prof. Emeritus Tan Sri Dato' Dzulkifli Abdul Razak
Rector, IIUM

*"Transforming the Malaysian Healthcare Education –
Value Driven Initiatives"*

ABSTRACT

Education in Malaysia has always been "values driven" drawing from a deeper understanding of the Falsafah Pendidikan Kebangsaan (FPK) as mentioned in the relevant Education Act. In other words, the healthcare counterpart is also to be oriented in similar ways. The on-going pandemic is pressing the same point across all communities worldwide, regardless of location and status. Our recent preliminary research shows that "values" as a driver, are better appreciated by the younger generations relative to the pre-Covid-19 period in 2019. This empirical evidence can be made to be aligned with the FPK in transforming the Malaysian Healthcare Education. The presentation will discuss the concept of Sejahtera as a framework in implementing such transformation.

PLENARY 2



Prof. Dr. Jamalludin Abd Rahman
Dean, Kulliyah of Medicine IIUM

“Bridging Technologies and The Human Touch – Roles and Implications of Technology in Medical Training for Humanisation of Health Care”

ABSTRACT

Health is not simply the absence of disease. Health care is a necessity to improve the quality of life. However, overtimes, its sole purpose has been forgotten. Health care should belong to both the provider and the patients. Patients should be respected and treated as human beings, not as diseases or bed numbers. Medical training should shape the trainee to recognise that cardinal principle. While busy remembering the anatomy, physiology, pathology, clinical presentation, blood results, x-rays and the best treatments for the patient, students should learn how to respect and empathise with their patients. Time has changed, the health-seeking behaviour of the patients changed, and the student's perceptions and expectations also have changed. Technology has become part of everyday life for many of us, especially the young generation. Therefore, the medical training has to change. The change was slow and faced with so many resistances. COVID-19 has provided no excuse for us to embrace the technology in providing better medical training to future doctors and specialists. However, will technology provide more benefit or more harm to humanity?

PLENARY 3



Prof. Datuk Dr. Asma Ismail
Ibnu Sina Chair for Medicine

“Imagineering Academic and Research Excellence
with Values”

ABSTRACT

Today, our world faces a confluence of very pressing challenges in the social, economic and environmental spheres. Covid 19 has highlighted the critical value of science in providing answers and solutions to the pandemic. This has increased the demands for technology-driven solutions, accelerated digital transformation, data-driven decisions (evidence-based) as well as agile responses in record time. As a result, we adopted a technocentric approach as opposed to a human-centric approach that gives emphasis to people and values. Covid 19 has also taught us the need for intellectual humility since it was apparent that despite our advanced knowledge and technological developments we are quite powerless against protecting people from Covid 19 and its variants. Social responsibility and whole government approach with values-based leadership must take centre stage to navigate the unprecedented challenges brought in the new normal.

To recover from the economic impact of Covid 19 we need to instill innovation among our researchers and industries in order to move productivity. To provide the necessary solutions using indigenous technologies require creativity, critical thinking and the entrepreneurial mindset. The turn-key to transformation of knowledge into innovation and the mindset change needed is education. If Innovative values-based society is the end in mind, we need to plan the education system by design. As such, responsible research and innovation that is human-centric and nature centric must be inculcated from young and move from being a mere concept to practice at university level. To produce the desired results, intangibles (values, ethics, trust and trustworthiness) play a big role to provide solutions that must align the scientific and technological progress with socially desirable and acceptable ends. This paper will discuss on the issues, challenges and possibilities of Imagineering the required integrated RDICE ecosystem with emphasis in health care.

PLENARY 4



Prof. Emeritus Dato' Dr. Md Tahir Md Azhar
IIUM Ombudsman

“Rising Costs and the Economic Downturn –
Strategic Plans for Hospital Administration”

ABSTRACT

Running a hospital, small (50 beds) or big (1000 beds) is the same challenge be it in the private or public sector. The bottom line is always the financial resources needed. In the running of a hospital, the money mainly goes to emoluments of all categories of staff, medicines and drugs, consumables, equipment maintenances and repair and hospital maintenance and repair. In public hospital set up, the sources are mainly from the government and internally generated revenues to varying extent. Of late the financial strains on hospital finances have accelerated not only from the natural trend but also from the Covid pandemic which had an indirect and direct effect on hospital spending. Mitigation measures must include the following:

1. Spending on absolute essentials only
2. Increasing services of revenue generation
3. Minimize drug bills and 'wastage'
4. An effective policy and implementation of 'zero wastage'

ABSTRACTS

**SYMPOSIUM
SPEAKERS**

SYMPOSIUM 1 - POWER OF THE PEOPLE



Prof. Dato' Dr. Mohamed Saufi bin Awang
Hospital Director, SASMEC @IIUM

"Values-Based Governance in SASMEC @IIUM"

ABSTRACT

Values-based governance emphasizes on the holistic management of an organization through the creation of values. With various stakeholders ranging from governmental bodies, the university, students, employees, patients and the society, it is imperative that a same set of values is infused to realise the vision and mission of Sultan Ahmad Shah Medical Centre @IIUM (SASMEC @IIUM). At the core of this stands the vision of SASMEC @IIUM – to be a leading centre of excellence and innovation for healthcare education, training and research, in line with providing world-class healthcare in a safe environment according to Shariah compliance, and it's mission – Islamisation, Clinical Excellence and Comprehensive Care.

To make this a reality, the "Core Values" were first introduced in 2019, with the acronym of "RESTU", reflecting Responsibility, Excellence, Sincerity, Unity and Trust as the shared beliefs and common ground bonding element for the members of the entire organization. Through the hospital's yearly Strategic Plans, 'WOW' programs and flagship projects centred around these five Core Values were implemented. Following this, evaluation of the understanding of SASMEC @IIUM staff regarding these core values was also assessed. Output in terms of stakeholder satisfaction was also evaluated with excellent results.

Ensuring that the organization runs consistently on value is a continuous effort and it is important that there is constant measurement, monitoring, encouragement and support from the management so that maximum value is realised.

SYMPOSIUM 1 - POWER OF THE PEOPLE



Prof. Dr. Nazirah binti Hasnan
Hospital Director, PPUM

“Standardizing the Global Mindset of Value-Based
Care”

SYMPOSIUM 1 - POWER OF THE PEOPLE



Assoc. Prof. Dr. Muhammad Haji Mohd Isa
Hospital Director, HPUPM

“Creating Good Values Via the Prophetic Approach”

SYMPOSIUM 1 - POWER OF THE PEOPLE



Dr. Nik Ahmad Shaiffudin bin Nik Him
Hospital Director, UniSZA

“Implementing Value-Based Governance in a New Teaching Hospital”

ABSTRACT

A teaching hospital is a hospital or medical center which provides medical treatment and health care services and more importantly medical education as well as training for future and current healthcare professionals and clinical researchers. Normally, it is managed or affiliated with one or more universities and located either within or nearby universities. To fulfill the role of a teaching hospital, it should be equipped with the latest facilities for teaching & learning, technologies, and robust human resources. Thus, value-based governance (VBG) is one of the vital solutions to meet such demand.

Values are complex phenomena thus need to be aligned with behavior. The directors or leaders do not talk in vain but follow with actions as it was quoted as saying “Words do less than 10 things, but actions do more than 10 thousand things. Governance is principally about values, visions, and strategic leadership and not necessarily on budgeting, equipment approval, or personnel issues. Values-based governance uses “truths” about the nature of values to drive collective decision processes, particularly around complex issues where there are different perceptions and opinions. The rule of law towards good governance is transparency, accountability, participation, and sustainability.

The challenge in implementing a VBG begins with the approval and construction of the teaching hospital. The early phase is important as it determines the structure thus the functionality of the hospital. To implement the VBG, one should identify and analyze major factors in management perspectives such as humans, machines, methods, and materials including preparing for change management as well as managing the top management. To implement a VBG for a high-performing teaching hospital and sustainable success requires input and support from all levels of an organization. The top management, through good governance practices, provides the framework for planning, implementation, and monitoring of performance. Good governance should support management and staff to be “the best they can be” with “CARE”.

SYMPOSIUM 1 - POWER OF THE PEOPLE

In summary, VBG encompasses the processes by which the teaching hospitals or organizations are directed, controlled, and held to account. The director needs to apply and implement good governance principles and practices throughout the whole organization. In essence, it should be approachable, collective, efficient, and togetherness.

SYMPOSIUM 2 - SHARI'AH HOSPITALS IN THE 21ST CENTURY



Prof. Dr. Aminudin Che Ahmad
SASMEC @IIUM

"Spiritual Care – An Integral Part of Value Services to Healthcare"

ABSTRACT

Spirituality and good value are paramount important in medical practice. Spirituality is the state of having meaningful and harmonious relationships to oneself, to others and to the environment. It is involving the dimension of the human-being and life that concerns the refinement of the soul, heart, well-being and growth through all forms of education, learning, training, purification and bringing up. In Islam, spirituality is the state of having meaningful and harmonious relationships to the Allah Almighty, human being and environment. The concept of Islamic spirituality for the mankind is related to the role and position as a servant ('abd) to Allah and successor (khalifah) in the world. The scope of spirituality in healthcare framework is parallel with our university vision towards KHAIR (Khalifah-Amanah-Iqra'-Rahmatan Lil 'Alamin). Islamic Spiritual care or INSPIRE support is unique and involving compassionate care by serving the person as a whole, the physical, emotional, social, and spiritual growth. As for patients, a good spiritual care proven to fasten the healing process and illness recovery. However, spiritual care support is still not well developed in Malaysia healthcare system. Moreover, Islamic spiritual care framework which is based on teaching of Islam is still in infancy. We are sharing our experience in developing the guidelines, programs, training courses and services in SASMEC @IIUM for improvement of spiritual care and organization core values. These effort will provide better communication skills, promoting volunteerism and helping attitude among medical personnel as well as other staffs, and harmonious environment and relationship between the employer and employees, service provider and clients, and all stakeholders of the hospital.

KEYWORDS: Healthcare, Spirituality, Spiritual Care, Core Value, Shariah Compliance

SYMPOSIUM 2 - SHARI'AH HOSPITALS IN THE 21ST CENTURY



Dr. Ariffin Marzuki bin Mokhtar
USM

“Shari’ah Governance on the Malaysian Stage for Healthcare”

ABSTRACT

Good Governance even though is an abstract and complex concept is crucial for the healthcare organisation as a compass and/or focus for carrying out the mission to achieve its vision of satisfying the needs of its stakeholder and Shari’ah compliance is one of the stakeholder needs for Hospital USM.

This presentation will give an overview of how governance plays a role in delivering the value of Shari’ah compliance to satisfy Hospital USM stakeholders need while at the same time carrying out the Hospital USM mission to achieve the vision using the governance, risk and compliance (GRC) management framework.

Planning as a whole enterprise, using enterprise architecture methodology modelling hospital USM as a not for profit sustainable enterprise with the outcome of becoming a resilient learning enterprise, digital and boundariless, practising just culture in ensuring a safe environment of care for Hospital USMs staff, patient and students.

The planning incorporates competency building, process management (including critical Shari’ah compliance control points) and resource optimisation for shari’ah compliance and at the same time to ensure the sustainability of Hospital USM over a period of 7 years.

The critical control points selected in the first phase were halal/haram, aurat, mahram, Ibadah dan muamalat and these were incorporated into the modelling for business processes for both clinical and managerial domains in Hospital USM. In the subsequent phases, more points will be incorporated into the Hospital USM management system and the Hospital USM Information System.

A RACI matrix assigns the responsibilities as follows: Pengarah Hospital USM is accountable to Majlis Hospital USM (or Hospital USM Board of Directors), the three Timbalan Pengarah Hospital USM and Penyelaras are responsible to carry out the strategic plan, Penyelaras Sistem Pengurusan Hospital USM is consulted and the Vice-Chancellor USM is informed of the matter via the Majlis Hospital USM.

SYMPOSIUM 2 - SHARI'AH HOSPITALS IN THE 21ST CENTURY

Planning for the control mechanism incorporates a monitoring, reporting and continuous improvement framework from operations (Department Heads) to management (the Management of Hospital USM) to the governance body (Majlis Hospital USM) that involves regular surveys to mitigate risks of failure of the implementation to carry out Hospital USM mission.

The plan is executed in phases over the period of 7 years with 5 yearly review/revision cycles. The execution is packaged as 6 strategic programs for the environment of care safety, patient and staff safety, education and research, resource management and enterprise architecture management program. The shari'ah critical control point monitoring was incorporated in the programs as mentioned above embedded within the processes for each program. The execution is preceded by competency building, followed by process management and resource optimisation in iteration.

Reporting and continuous improvement includes internal surveys that are done at regular intervals, reported to Hospital USM management in the Hospital USM Management Committee (JKPH) as a fixed agenda. The continuous improvement is done as the gaps are identified and gap bridging initiatives are incorporated into the strategic program.

The execution of such a framework is bound to have challenges, and in this case, there were many challenges and constraints that need to be addressed to ensure success. This presentation will discuss further on these.

SYMPOSIUM 2 - SHARI'AH HOSPITALS IN THE 21ST CENTURY



Asst. Prof. Dr. Betania Kartika Muflih
INHART, IIUM

“Muslim Friendly Medical Tourism ; Maqasid
As-Shari’ah Approach”

ABSTRACT

The growing interest in medical tourism products and services creates a valuable and rewarding industry and allows Malaysia to position itself as a Muslim-preferred halal medical care centre and a Muslim-friendly destination. Despite the tremendous capability of this industry, Muslim-friendly medical tourism is a rationally new idea, and efforts to clarify such tourism product are insufficient. The mechanism should be designed in accordance with the approach of Maqasid as-Shariah, which aims to increase information on Muslim-friendly medical tourism service providers and improve providers' capacity to facilitate this growing sector by providing quality medical care services and opportunities that meet the needs of Muslim patients. Muslim-friendly medical care services face challenges due to differences in general and spiritual values. A thorough investigation into the best way to advance and establish an emerging Muslim-friendly medical tourism market mechanism is required. Furthermore, it is critical to comprehend the best way to outline the Muslim-friendly medical tourism market in order to make it more useful to various spiritual and religious acceptability.

Keywords: Muslim Friendly services, medical tourism, Maqasid as-Shari’ah approach

SYMPOSIUM 3 - CLINICAL CONUNDRUMS



Prof. Dr. Che Suraya Hj. Mohd Zin
Kulliyah of Pharmacy, IIUM

“Pharma Value – Rising Costs of Drugs and Patient Compliance”

ABSTRACT

Spending on prescription drugs has been one of the fastest-growing health care costs and the cost will continue to spiral upward. Among factors that have driven the increases in spending are increased drug use, changes in use to newer higher-cost drugs, and price increases by manufacturers for existing drugs. Other factors include treatment advances from research and development, promotion of products in traditional and new ways and an ageing population with more needs for prescription drugs.

From patient perspective, medication nonadherence is one of the factors contributing to rising health care costs. It is an important public health consideration that has an impact on patient health outcomes. Adherence to medication therapy often is a critical aspect of medical treatment, particularly the treatment of chronic conditions such as diabetes and hypertension. Despite the importance of adherence, medication nonadherence is a serious problem, with the World Health Organization noting that the average nonadherence rate is 50% among those with chronic illnesses. Consequences of nonadherence include worsening condition, increased comorbid diseases, and death. Nonadherence results from many causes; therefore, no easy solutions exist. The first step to addressing nonadherence is to recognize that collaboration must occur between health care practitioners and patients to increase adherence, with the goal of achieving optimal health outcomes.

SYMPOSIUM 3 - CLINICAL CONUNDRUMS



Dr. Noor Airini Ibrahim
Intensivist, UPM

“Challenges of Providing Quality End of Life Care in a Pandemic”

ABSTRACT

Most patients' idea of a good death is a 'decent farewell', experiencing end-of-life (EOL) without pain, comforted and peaceful, dying with dignity and respect with family members close by. Healthcare providers (HCP) involved in the end-of-life care and decision making process will strive to allow critically ill patients to experience a good death when cure is no longer a reasonable option. However, under the strains of a pandemic, this complex process which involves various stakeholders become unattainable as decisions often have to be made under pressure and not always supported by a holistic interdisciplinary team.

The dying process during the recent Covid19 pandemic saw some patients die unexpectedly, many in isolation with limited family contacts. Video calls replaced family meetings and important decisions were made before trust and familiarity were gained and end-of-life wishes become known. The already impersonal video calls were made with the HCPs in personal protective equipment (PPEs), increasing the barrier to good communication.

Moral distress among the HCP were high during the Covid-19 pandemic and the inability to provide quality EOL care to the dying patients ranked high as one of the causes. One of the ways of humanising the ICU again during the pandemic was to allow family members to come into the Covid- 19 ICU in PPEs to spend the last hours with their loved ones. This practice has been shown to be appreciated by family members, helped them acquire closure and reduce prolonged bereavement.

SYMPOSIUM 3 - CLINICAL CONUNDRUMS



Puan Adida Datuk Yang Amri
TruCAT

“Enhancing Strategic Talent Management
Competencies”

ABSTRACT

Like all vocations, being in healthcare is a ‘calling’. We want our children to be doctors because we assume that they will have a comfortable life and contribute to the betterment of our society. Those that are in the pipeline to become doctors and healthcare practitioners, may not all have ‘the calling’. Some enter this career due to the academic selection process; parents dreams and, or romantic visions of a future that they will impact lives of others.

Each country’s National Healthcare characteristics / ecosystem is unique. According to the Journal of the American Medical Association – “Any healthcare policy should focus on Cost, Equity, and Access”. Not mentioned is ‘Quality’. Our National Healthcare policies and principals are guided by these three fundamental questions:

1. How does it affect our health as a country?
2. Are the benefits greater than the cost?
3. How well does it reflect our values?

In year 2020, our health minister had informed the Dewan Rakyat that our national ratio of doctors to population was 1 doctor for 454 people. An acceptable ratio recommended by WHO, which is 1:500 ratio. Does this mean that we have reached the recommended ratio and therefore Malaysia’s healthcare has achieved the quality standards required?

SYMPOSIUM 3 - CLINICAL CONUNDRUMS

The question of is the national healthcare provided for the people are at the highest quality and effectiveness required by its people? This question would not be able to be answered easily. Too many factors need to be analyzed. We all must work together as a nation to shape our healthcare system – to have access to quality healthcare at a cost that is sustainable for both the Government and its people. In all segments of the economy, for each segment to be both effective and efficient, two elements are critical. Technology and a competent and ethical workforce. These elements must be on par with each other to ensure the 3 fundamental questions above are focused on. Technology that is scalable and utilizing best value for money solution. A highly motivated, highly trained, and ethically guided workforce is required. Let us focus on the people aspect.

One of the tools that can be used to ensure the most strategic and effective manner to deploy our health professionals is by using 'competency-based talent management' processes and principals. From the selection process for nurturing such talents to deploying these talents into the workforce and developing these talents to maximize their potential. By using competency-based talent management (CBTM) – it will result in maximizing potential of the professionals together with creating a conducive work environment that creates a bond between an employee and the organization. There is a focus in CBTM on how to nurture leaders and to measure individual leadership gaps.

In many technical or technology centered industries, portion to supervisory or leadership roles, are usually based on the technical competency of the person. However, the higher one climbs the organitonal ladder, technical competency is a given. What is not is the ability to manage effectively other human beings. As for employees, CBTM will help them assess the suitability of their chosen career path and the suitability of the work environment they are in.

Early identification of individuals with the potential to be effective leaders and having accurate data on current workforce baseline, will enable both the organization and the Government to strategically put in place an effective workforce plans for the current and future needs of the Nations' Healthcare segment.

FREE PAPER PRESENTATION ABSTRACTS

FP01: Pandemic Fatigue among Administrative Staff of University Hospitals: Sultan Ahmad Shah Medical Centre @IIUM's Experience

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Introduction: Fatigue is a psychosocial hazard at workplace that can impairs the health and safety of the workers. It is a collection of the symptoms of extreme tiredness, exhaustion, weary and burnout. It is a consequence of prolong and extensive exposure to the work which require the physical, mental and emotional effort. The emergence of COVID-19 pandemic substantially contribute to the fatigue situation among the clinical frontliners. However, the impact towards the administrative groups should not be forgotten as they are the backbone in supporting the running of the hospital. Therefore, it is pertinent to assess the fatigue situation among the administrators in order to formulate the situation and synthesize an effective fatigue management particularly at the university hospital.

Methodology: A cross sectional online survey using self- reported symptoms of fatigue and associated factors were distributed among the Sultan Ahmad Shah Medical Centre @IIUM (SASMEC@IIUM) administrative staff regardless of their position in the hospital.

Results: Descriptive analysis of the data encompassed of socio-demographic, departments, their core function and the fatigue symptoms. The result will be presented, discussed and compared with any available local or international data.

Conclusion: The findings would serve as the guiding principles to develop the pandemic fatigue management among administrators at the university hospital. It is certainly would support the administrative staff to face endless work related to the pandemic.

Keywords: *pandemic fatigue, hospital administrative staff*

FP02: Covid-19 Vaccination At A Minor Specialist Hospital In Perak: A Cross-Sectional Study of Recipient's Satisfaction Of The Vaccination Process

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Introduction: In response to Covid-19 pandemic, many healthcare facilities in Malaysia began Covid-19 vaccination for the general public. Both the strategy of nationwide vaccination and the vaccines were new, and therefore it was envisaged that the level of recipients' satisfaction towards the vaccination process may affect the public's willingness to register for and receive the vaccine. Hence, the primary objective of this study was to assess vaccine recipients' satisfaction with the covid-19 vaccination process at our hospital and to identify the factors that would affect the overall satisfaction.

Methodology: A cross-sectional study involving 377 vaccine recipients was conducted using a questionnaire.

Results: The findings indicated that 88.1% of the respondents were "very satisfied" with the overall vaccination process. Demographic factors and distance from home to hospital were not significant in affecting overall satisfaction. However, respondents who were not strongly satisfied (score 1 to 4 on the 5-point Likert scale) with any of the processes assessed were less likely to be very satisfied with the overall process. The processes were: appointment allocation, registration, waiting time, covid-19 vaccine briefing, consent-taking and vaccine administration, which were all included in the questionnaire.

Conclusion: Our finding highlights the importance of making each step as smooth and effortless as possible in order to achieve excellent vaccine recipient satisfaction. More study should be done on recipient satisfaction towards covid-19 vaccination to give the public assurance of the quality of vaccination process and to ensure more people are being vaccinated to achieve better coverage.

Keywords: *covid-19 vaccination; vaccination recipient's satisfaction*

FP03: Implementation of Insulin Exchanged-based Policy at the Outpatient Pharmacy Unit, Sultan Ahmad Shah Medical Centre @IIUM: A Preliminary Evaluation of Adherence and Cost-saving

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Introduction: Medication wastage is a critical issue in any healthcare setting, particularly wastage caused by inappropriate utilisation of essential biological medication such as insulin. The Outpatient Pharmacy Unit, Sultan Ahmad Shah Medical Centre @IIUM (SASMEC@IIUM), has taken the initiative to establish a policy on the exchanged-base supply of insulin started in December 2019. However, the patient's adherence to the policy and the cost-saving impact of such intervention has never been evaluated. This study aims to: 1) assess the patients' adherence to the insulin exchange-based policy after about two years of gazettelement; and 2) evaluate the cost-saving impact of the implementation.

Methodology: This was a cross-sectional study among patients who came to the outpatient pharmacy for their medication refill from September until October 2021 (1-month duration). All patients who met the inclusion criteria during the study period were included. The returned insulin is considered empty if the amount left in pen is less than 50 units.

Results: The data were collected from 154 outpatients with their prescriptions. It was found that 131 (85.1%) of the patients adhered to the policy, with 594 (78.4)% of the expected empty insulin pens being returned for exchange with the new one. There was also a 15.6% reduction in the total number of insulin dispensed. The highest amount of unreturned insulin was the rapid-acting insulin (Novorapid) (42.4%). The estimated cost-saving from implementing this policy is between RM3000 to RM4000 per month.

Conclusion & Recommendation: Most patients have complied with the introduced policy, and there was a pronounced impact on the cost reduction. Longer study duration and further investigation are needed to identify factors associated with the unreturned insulin and their correlation with patients' clinical outcomes.

Keywords: *insulin-exchange based policy, patients' policy adherence*

FP04: Establishing the Outpatient Pharmacy Value-added Services (PVAS) in a Teaching Hospital in Malaysia: Braving the COVID-19 Pandemic

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Introduction: Medication accessibility and continuation of medication supply are essential for patients with chronic diseases to maintain their quality of life and reduce the overall healthcare cost. Pharmacy Value Added Services (PVAS) was introduced by the Malaysian Pharmaceutical Services Division, Ministry of Health Malaysia, in 2003. PVAS is the innovative method(s) of supplying and dispensing medication that provides patients with preferred options to collect their monthly drug supply from the hospital. This report shares the experience and effort of an Outpatient Pharmacy Unit in establishing various Pharmacy Value Added Services (PVAS) for patients' convenience. The main objective of such initiative is to address the patients' needs while providing a safer environment to both staff and patients in ensuring uninterrupted medication supply during the COVID-19 pandemic.

Methodology: The initial stage of implementation was based on the many restrictions of the Movement Control Order (MCO) by the government as well as the patients' feedback received. The actual implementation was introduced in phases where every challenge faced inspired new ideas that further aspired into another innovation of PVAS.

Results: Overall, five PVAS have been developed and established; i) Appointment Card service, ii) Drive-Thru service, iii) Call and Collect service, iv) Scan and Collect (ScanCo) service, and v) Medication on Wheels (MeoW) service.

Conclusion: With this emerging PVAS, the Outpatient Pharmacy team met the objective mentioned above without compromising the quality of service given to the patients.

FP05: If Women Are Potential Leaders, Then Why Are They Still The Minority?

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Problem: Over the past decades, gender has been playing a role in selecting a leader.

Background: A person's leadership abilities should depend on the individual strengths and personality traits. However, in many cases, women aren't encouraged to take on leadership roles as often as their male counterparts, contributing to an imbalance of who's in power.

Objective: This article aims to give a view on women leadership, specifically discussing on why women are still the minority.

Definition: In this context, leadership is defined as the art of influencing people to attain group objectives willingly and directs the organization in a way that makes it more cohesive and coherent.

Findings: A meta-analysis on gender differences in perceptions of leadership effectiveness shown that there were no gender differences in leadership effectiveness. However, when self-ratings only are examined, men rate themselves as significantly more effective than women rate themselves. Meanwhile, when other-ratings only are examined, women are rated as significantly more effective than men.

Discussion: It is typically perceived that men are more appropriate and effective than women in leadership positions; whereas they are actually not. But if women are just as qualified as men to lead, so why is there such a huge disparity between them? Studies have shown that there are four types of barriers to leadership for women: structural barriers (lack of access to important informal networks); institutional mindsets (include various types of gender bias and stereotyping); individual mindsets (the thoughts and behaviours women might have that hold them back); and lifestyle choices (include work-life balance, family choices and breadwinner or caregiver priorities).

Conclusion: Gender shouldn't be a factor in determining a leader as there is no significance gender difference in leadership effectiveness. The barriers to leadership of a women causing of the leadership gender gap can significantly impact an organizational diversity and inclusion. Hence it is essential for both men and women to be aware of the barriers and work together to minimize them.

Keywords: leadership, gender, barriers, mindset, life style

FP06: Islamic Leadership in Hospital-Associated Cluster of Covid-19 Management

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Introduction: The pillar of accountability embodies the notion of leadership, which is greatly emphasized in Islamic culture. 'Each of you is a guardian and is responsible for his subjects,' says the Prophet Mohammad in the Hadeeth (Saheeh al Bukhari: 212). Here we share our experience in managing hospital-associated cluster of Covid-19 at Sultan Ahmad Shah Medical Centre @ IIUM that was inspired by Islamic leadership principles.

Methodology: Exercise of justice, fulfilment of trust, observance of righteousness, perseverance in doing what is right, and keeping commitments are some of the operational principles that Muslim leaders should follow. The four dimensions of Islamic leadership are: God-consciousness, competence, consultation, and consideration (The 4C model). Based on those principles, the hospital leaders, all hospital management team, rapid assessment team (RAT), experts comprising mathematician and researcher in genomic sequencing together with Emergency Disaster and Crisis Center (EDCC) got together and coordinate the outbreak management.

Results: We share our experience in investigating and managing one of the large SARS-CoV-2 outbreak in a "non-Covid" hospital ward that affect nearly total 46 individuals in August 2021. The representative sample was sequence and revealed that this outbreak is due to delta variant.

Conclusion: A multidisciplinary approach, good infection control measures, an adequate planning and response strategy, and individual-level compliance within the hospital population and importantly a good leadership can all help ensure the safety of a hospital population during the COVID-19 pandemic.

Acknowledgment: We would like to thank all the leaders, physicians, healthcare workers and all who contribute directly and indirectly for their contribution during the outbreak investigation.

FP07: Values-based Culture at SASMEC@IIUM: A Case Study

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Introduction: Values are an integral part of an organization's overall culture. Designing a values-based culture in an organization requires a thorough and systematic study and analysis. This will cover all aspects of the organization's culture and they need to be aligned to support the values-based culture rather than becoming the resistance to the culture.

Methodology: This case study will look at the overall understanding of the core values, its implementation and practice, through a survey among staff of Sultan Ahmad Shah Medical Centre @IIUM, a university hospital under IIUM. The result shall be analysed and the key aims of the study are to look at the level of awareness of the importance of values among staff towards establishing and sustaining values-based culture within the organization. Key aims of the case study are to identify the roles of staffs in developing values-based approach towards a sustainable culture based on values particularly on the staff awareness, understanding, support, communication and practice of the stated core values.

Results: The case study considers the theoretical approaches available to organizations in developing and sustaining the values-based culture in relation to organizational development, systems and processes that address the values. It also critically comments on the situation presented within the case analysis, providing opinion, conclusion, way forward, ideas as well as recommendation in order to improve the values-based culture in SASMEC @IIUM.

Conclusion: Further case studies are needed to provide insights and research initiatives related to this case-based field investigation.

Keywords: *value-based culture, values, value-based leaders, culture*

FP08: Overcoming the Domino Effect of Temperature and Humidity in the Isolation Rooms of the Intensive Care Unit at Sultan Ahmad Shah Medical Centre @IIUM

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Introduction: Managing a domino effect in healthcare services is not an easy task. It requires a multidisciplinary approach consisting of teams that work together to achieve the same desired goal. This paper demonstrates the challenges faced by the management and the solutions taken to overcome the recurrent issues of leaking and condensation in the isolation rooms of the Intensive Care Unit at Sultan Ahmad Shah Medical Centre @IIUM. We also highlight the values portrayed by all personnel involved in overcoming the domino effect.

Material & Method: The method used was effective two-way communication between the top management of SASMEC @IIUM, end-users and the Department of Engineering. A total of four coordination meetings were held between September 2020 to June 2021 to monitor the progress of repair and maintenance work done for the isolation rooms.

Results: It was found that the root cause of the problem was improper maintenance of the ducting system, resulting in non-optimal temperature, humidity and pressure of the room. This led to condensation and mould formation. Repair work was done and the vital parameters for each isolation room was monitored closely via an online system. Upon completion of repair work, continuous monitoring of the isolation rooms for eight months since repair has shown optimal parameters.

Conclusion: Implementation of values such as critical thinking, integrity and unity are important in solving the issues that arise especially in the healthcare system. One simple mistake can compromise patient safety.

FP09: Curtain Up on Theatre Management Systems: Pros & Cons of the Implementation of Operation Theatre Management System and Its Impact on OT Efficiency at SASMEC @IIUM

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Introduction: The operation theatre (OT) is a key for revenue in a hospital but is also an expensive hospital resource. Hence, the optimization of planning and scheduling of surgeries is paramount. Utilisation of electronic records via the Operation Theatre Management System (OTMS) is fast becoming the mainstay of healthcare systems in developed countries and was implemented in SASMEC @IIUM since 1st March 2019. This paper illustrates the impact of OTMS implementation on the efficiency of operation theatre management and addresses the barriers that need to be overcome in the future.

Methodology: We combined several methods to obtain the data needed to fulfil the objectives of this study. Firstly, a retrospective review of operation theatre start time data was reviewed for 3 months after the implementation of OTMS at SASMEC @IIUM. Secondly, interviews were conducted among a group of healthcare staff that utilise the OTMS on a daily basis to identify the pros and cons of this system.

Findings: We found that the average duration of time between a patient's arrival to the OT to the start of anaesthesia was 12 minutes. 53.6% of cases were below the average time. The average duration between the start of anaesthesia to the start of surgery was 28 minutes with 53.8% of cases starting below the average time. As for the benefits and disadvantages of the OTMS implementation, it reflected an improvement of documentation quality and conscious efforts to minimise paper usage. However, administration efficiency and better quality, safety and coordination of care is seen to be lacking and can be improved on in the future.

Conclusion: The optimization of operation theatre planning activities are essential. A more productive OT can result in significant savings to the hospital management, increase efficiency of healthcare staff and reduce liabilities to patients. We recognize that there is much left to be desired, but with the tools already in place for an effective system, overcoming the barriers and improving OT services is a definite possibility.

FP10: Sustainable Healthcare- SASMEC @ IIUM Experience

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Healthcare industry is facing several challenges as the industry continues to grow, whereby healthcare providers need to address the impact of healthcare services not only to the environment, but also to the economy and society in order to have a better sustainable healthcare system.

This presentation will look briefly into the challenges faced by the healthcare industry before addressing on what is sustainable healthcare, the aspect of sustainable healthcare and general ways of promoting sustainable healthcare at workplace. The presentation will also share the experience faced by SASMEC @IIUM in ensuring sustainable healthcare is viable in its operation as a healthcare provider.

FPI1: Women Are Better Leaders Than Men

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Problem: We are living in a sham meritocracy.

Background: We pretend to pick the best person for each job, while simply picking those we prefer: and when the jobs pay well, they are still overwhelming male.

Objective: This article aims to give a view on women leadership, specifically discussing on why women would make a better leader.

Definition: Leadership is one's ability to influence others to achieve common goals. To accomplish this, a leader needs to possess skills that can effectively communicate goals, motivate others, help others improve, give support when needed and ensure the well-being of their subordinates.

Findings: Over the past decade, scientific studies have consistently shown that on most of the key traits that make leaders more effective, women tend to outperform men.

Discussion: A meta-analysis studies shown that, on average, women are more likely to lead democratically, show transformational leadership, be a role model, listen to others and develop their subordinates' potential, and score higher on measures of leadership effectiveness.

Conclusion: Women make highly competent leaders as they not only outperform men in educational settings but also in key traits of leadership.

Keyword: *sham meritocracy*

FP12: Reliability And Validity Of Self-Assessment Questionnaire For The Internalization Of Core Values Evaluation Among SASMEC @IIUM Staff

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Internalization of core values among health care personnel are very essential in healthcare organisation. Core values bind health care personnel to work and interact each other to achieve the mission and vision of healthcare organisation. Therefore, a set of values are chosen as SASMEC @IIUM core values which include: Responsibility, Excellence, Sincerity, Trust and Unity (RESTU). The internalization of core values among healthcare personnel needs to be identified and it can be obtained through self-assessment. **Aim:** To identify the reliability and validity of self-assessment questionnaire for the internalization of core values evaluation among SASMEC @IIUM staff. **Materials and methods:** The data were collected using cluster random sampling method and the questionnaire were distributed to the target respondent via Google Form. 345 of SASMEC @IIUM staff were involved as respondent of this study which consist of 261 clinical staff and 84 non-clinical staff. The reliability of the study is measured using internal consistence reliability, which is measured by Cronbach's Alpha.

Result: The result shown that all the construct used are acceptable as Cronbach's Alpha values are above than 0.7 which the value of each construct is responsibility (alpha=.903), excellence (alpha=.884), sincerity (alpha= .875), trust (alpha=.908), and unity (alpha=.766). **Conclusion:** Self-assessment questionnaire used for the evaluation of core values internalization among SASMEC @IIUM staff are valid and reliable to use.

Keywords: *self-assessment questionnaire, core value, healthcare, reliability, validity*

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