

OUR ORGANISATION



To strengthen our international market presence without compromising aspects of quality and sustainability, and to be responsive to the challenges and changing expectations of stakeholders within the healthcare industry.

INTERNATIONAL HEALTHCARE SERVICES

IHH's international healthcare services play an increasingly important role in building market presence in the home markets of Malaysia, Singapore, Turkey and India. Our efforts in catering to international patients include building infrastructure, medical expertise, ancillary services and collaborations with travel

agencies. We continuously aspire to create an inclusive, comfortable and pleasant environment for our patients where their needs are always conveyed and received accurately.

The economic and social impact of building our international healthcare services include ensuring long-term economic opportunities in which socio-economic benefits are equally

distributed among all stakeholders, generating stable employment opportunities and maintaining the socio-cultural authenticity of host communities. Moreover, by serving the higher demands and diverse needs of international patients, we are able to continuously improve healthcare quality and expertise.

MALAYSIA: CASE STUDY

In Malaysia, the international healthcare services mainly attract patients from Indonesia, Singapore, the Middle East, Bangladesh and Indo-China. To facilitate communication between staff and international patients, we have multilingual employees who are fluent in Bahasa Indonesia, Japanese, Korean and Mandarin.

In 2017, we experienced a 13 per cent increase in the number of international patients from 2016, amounting to 67,689 patients. Consequently, the total revenue contribution from international healthcare services in 2017 was RM 77.4 million, which was a four per cent increase from that of 2016. We have seen a year-on-year increase in the number of

international patients and revenue generated. The increase in the first half of 2018 is illustrated below:



The pull factors for international patients to choose Parkway Pantai hospitals in Malaysia are:



The different organisational bodies Parkway Pantai has partnered with to foster international healthcare services include independent agents, foreign doctors, banks, associations, community clubs, travel agents, insurance and third-party administrators (TPA). Our international health services help generate income and employment opportunities within sectors, such as travel and tourism, transportation and medical tourism related departments such as Malaysia Healthcare Travel Council (MHTC) within MOH.

In 2018, our efforts to expand the scope of international healthcare services included collaborating with international insurance and TPAs for the purpose of providing cashless services, which make it easier for international patients. We have also begun to collaborate with local banks for the purpose of providing additional services and privileges to attract each bank's customers. We also organise joint events with insurance agencies to create better awareness amongst policy holders, and are growing our efforts in digital marketing as well as on social media platforms like Facebook.

Our outstanding international healthcare services achieved recognition from the International Medical Travel Journal at the 2018 Medical Travel Awards. At these Awards, Gleneagles Kuala Lumpur was awarded the "International Hospital of the Year", "Best Marketing Initiative" and Highly Commended in the 'Excellence in Customer Service' category.

COST-EFFECTIVENESS

Cost-effectiveness is an increasingly important consideration in the healthcare industry. It defines the extent to which healthcare operations have achieved, or are expected to achieve, at a lower cost

compared to alternatives. At IHH, we recognise the benefits of cost-effectiveness in minimising administration and improving quality, accountability and accessibility to healthcare and its relevance in the context of sustainability. However,

we take every precaution in assessing the risks involved before considering cost-effective alternatives. Ultimately, we are accountable to our patients, and we prioritise the maintenance of high standard of patient health and safety.

INDIA: CASE STUDY

In each of the home markets, there are ongoing as well as prospective plans for cost-effectiveness. The table below captures the initiatives undertaken by Parkway Pantai hospitals in India. Initiating cost-effectiveness in areas such as procurement, pharmaceutical processes and hospital operation structures involves standardisation and consolidation, and implementing a lean

methodology to improve clear communication and coordination within the process or system.

As we explore ways of getting better value in healthcare, the trend is to shift care from the most expensive inpatient settings to providing care in ways that reduce spending while improving outcomes. Technology is a key

consideration in this aspect to optimise internal support services and processes by using predictive and responsive platforms that are efficient, automated and move in real time. Parkway Pantai is looking into technological intervention to achieve cost-effectiveness in manpower.

Target Areas	Current Status	Reduction Target	Initiatives towards Cost-Effectiveness
Material Cost	Current Material cost at 20.8%	19%	<ul style="list-style-type: none"> Central procurement Formulary implementation and efficient usage Price negotiation Brand substitution Vendor consolidation

Target Areas	Current Status	Reduction Target	Initiatives towards Cost-Effectiveness
Doctor Cost	Current Doctor cost at 25.7%	24%	<ul style="list-style-type: none"> Initiating innovative engagement models
Manpower Cost	Current Manpower cost at 20.4%	19%	<ul style="list-style-type: none"> Rationalising manpower cost in each hospital Standardising hospital operations structures Technology implementation

EMERGENCY PREPAREDNESS

Emergency preparedness in a healthcare facility requires extensive planning, documentation and communication. An effective response from all hospital employees is required during an emergency, and towards this, we have in place the necessary emergency plans and procedures. An Emergency Response Team (ERT) or Disaster

Management Committee, a Disaster Management Plan and drills/exercises/training are made available at all IHH hospitals to improve the unit’s readiness and to ensure the safety of staff, patients and visitors while managing an emergency situation.

In Malaysia, Singapore, Turkey and India, the requirements for effective response to contain any outbreaks of emerging

and dangerous pathogens are detailed in the laboratory associated infections and biosafety guidelines. Safety training is an essential part of preparing laboratory and other staff for managing such outbreaks, and these training sessions are conducted on a regular basis.

MALAYSIA: CASE STUDY

As part of a Laboratory Readiness and Response Plan for the rapid detection and containment of outbreaks of emerging and dangerous pathogens, Parkway Pantai hospitals in Malaysia ensure manpower is well trained and up to date with emergency procedures. The necessary equipment and reagent supply are identified and prepared. Communication and engagement with relevant authorities, such as the Institute for Medical Research (IMR), Center for Disease Control and Prevention (CDC) and the Ministry of Health (MOH), are established to come up with a flow and plan for the

containment of outbreaks. The outcome from the meeting is updated to all relevant personnel in Parkway Pantai.

In the event of a suspected outbreak or incident, the Manager or Person-in-Charge of the laboratory is required to contact the Infection Prevention and Control Nurse of his or her hospital, even if the situation is unclear. The Infection Prevention and Control Nurse will assess the situation and will inform the Hospital Management and Head of Infection Prevention and Control and update them on the developments that occur throughout. If necessary, the Head of

Infection Prevention and Control Nurse or any person authorised by the hospital will subsequently inform the Occupational Health Unit of the MOH.

Should an outbreak be confined to an individual site, the Hospital Infection Prevention and Control Nurse will manage the outbreak by liaising with the appropriate clinicians. Depending on the situation, the Hospital Infection Prevention and Control Nurse Team will initiate appropriate infection control procedures.

INFECTION CONTROL PROCEDURES		
Isolation	Case Finding	Data Collection
Diagnostic And Screening Microbiological Tests		

Where possible, specimens should be collected immediately and sent for diagnostic and microbiological screening tests before control measures are introduced. If the disease is notifiable by law, the medical staff responsible for the patient and the Safety and Health Officer must notify the MOH and Department of Occupational Safety and Health Malaysia (DOSH).

If the outbreak is not limited to an individual site, the infection control procedures undertaken by the Manager/Person-in-Charge are as follows:

1. Control measures:
 - (a) Antibody Therapy/prophylaxis
 - (b) Immunisation
 - (c) Staff Screening
 - (d) Decontamination of Laboratory or equipment
 - (e) Personal Protective Equipment (PPE)
2. Assessing the outbreak at regular intervals
3. Liaising with Hospital Support Services
4. Giving infection control advice to staff to limit a potential spread
5. Increasing staff awareness of the organism involved, mode of transmission and rationale for control measures being taken
6. Involving a DOSH Certified Occupational Health Doctor (OHD) for reassurance and support
7. Preparing reports to disseminate information and findings

International Medical University (IMU)

The IMU Research Lab Disaster Management Plan (DMP) was established to outline the policies and procedures of any large-scale emergency or disaster. This plan will be implemented to ensure the maximum and efficient utilisation of resources during an emergency event/disaster.

The IMU Research Laboratory (IMU-RL) strives to provide a safe environment to facilitate and support research activities. The DMP will use IMU-RL and outside resources to:

1. Protect the safety and life of IMU-RL students, faculty, staff and visitors;
2. Protect and stabilise research, teaching and learning activities;
3. Minimise damage and the cost to facilities and material resources on IMU Bukit Jalil campus;
4. Provide for the continuity of facility management, damage assessment and re-establish IMU-RL's normal operations.

The DMP provides guidelines, procedures and information necessary to recover from an emergency event or a disaster. This is used for planning and executing through a priority list for damage control and prevention. The top priorities are human life and health and safety, followed by hazardous materials and chemical containment, experimental animals, infrastructure and resources, as well as document preservation. The DMP also outlines a disaster responsibility chain, a list of emergency supplies and

materials, emergency response and contacts to facilitate coordination.

The chemical spill procedure outlines the general requirements for the management of chemical spills on the IMU-RL to minimise effects to the health and safety of individuals from exposure to chemical spills and to reduce the impact on the environment. In the event of a chemical spill, the individual who causes the spill is responsible for prompt and proper clean up. Related authorities, such as the IMU-RL office (and/or IMU Safety and Health Organisation and medical assistance), should be informed immediately.