

OUR PATIENTS



We promote a patient-centred culture, prioritising quality of care and patient satisfaction in order to have an impact on the well-being of our patients and their families.

QUALITY OF CARE

Our efforts to improve the quality of care to our patients involve integrating practices that are patient-centred, including the improvement of time spent and communication with patients.

All of our hospitals strongly believe that clinical excellence and the creation of

value for our patients are best achieved through having a rigorous system of measurement, and by using this information to make continuous improvements. For instance, in 2007, the Parkway Pantai hospitals in Malaysia and Singapore embarked on the Enterprise Balanced Scorecard project. This Balanced Scorecard identifies

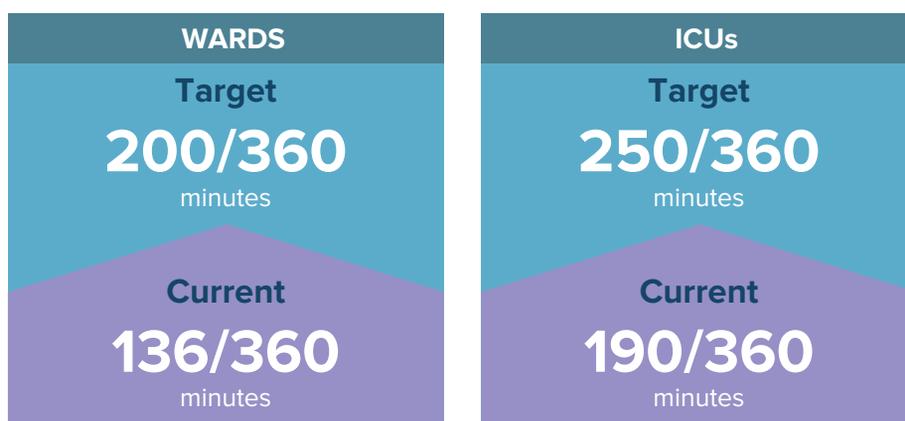
key performance indicators and measurements in five strategic initiatives: People, Quality, Service, Finance and Growth.

INDIA: CASE STUDY

Value-added care towards improving the well-being of patients involves implementing lean management where we are constantly improving the quality of time spent in patient care. Nurse staffing ratios and patient maximums are a question of care quality, and we make sure that each patient is given enough attention by assigning a number of administrators accordingly. In determining the staffing ratio, we have also taken into consideration the fact that patient safety and care quality would be compromised if the nurses take on too many patients. The table below lists the staffing ratio per patient at the different wards and units in the hospitals in India.

STAFFING RATIOS PER PATIENT	
Specific Unit	Current Practice
General Ward	1:6
Special General Ward	1:5
Sharing Ward	1:5
Private Ward	1:4
Super Deluxe Ward	1:3
High Dependency Unit/ Step Down ICU	1:3
Post-Operative Liver, Heart & Lung in Ward	1:1
Bone Marrow Transplant Unit	1:1
Transplant ICU (Others)	1:1
Transplant ICU (Liver, Heart & Lung) — Ventilated	2:1
ICU — Non-Ventilated	1:2

The average time spent, i.e. the current time and target time, in Parkway Pantai hospitals in India for direct nursing care with patients on a six-hour shift in the wards and ICUs is as follows:



Wasted time, energy, and material are pervasive in healthcare. From a study conducted on Parkway Pantai India, it was observed that the majority of a nurse's time during a shift is spent on indirect nursing care, housekeeping activities, such as documentation and billing related activities, patient care coordination with other treating teams, and pharmacy-related activities.

In order to achieve the aforementioned targets, Parkway Pantai India's action plan involves going lean and adopting practices that reduce wasted time spent by healthcare providers and improve the quality of time spent in patient care. Some of the key considerations that are underway or in the planning stage are listed below:

- Transforming the *Nurse Call Bell System* to a *Patient Request-Specific Call Bell System* to reduce time wasted on receiving calls for non-nursing activities
- Installing a special software application for instant complaints, and rectification of the same to reduce the number of nurse call bells – a pilot study has been implemented in Continental Hospitals
- Designating a dedicated nurse for handling billing, pharmacy and patient care coordination activities
- Reducing the number of pharmacy sub-stores managed by nurses
- Reviewing the existing system of documentation and simplifying it with less writing requirements, but in keeping with Joint Commission International (JCI) requirements.

Another measure that helps reduce wasted time in ad-hoc management, and provides a method by which healthcare providers can reliably deliver the best possible care for patients undergoing particular treatments with inherent risks, is the use of infection control bundles in ICUs. The use of bundles is a set of evidence-based practices, generally three to five, that when performed collectively and reliably, have been proven to improve patient outcomes.

Another key aspect of quality care is patient and family engagement. At Parkway Pantai India, engagement has increased through our efforts to provide patients with education or counselling on medication safety, prevention of patient falls, pain management, consents and discharge information.

Sustainability

OUR PATIENTS

PATIENT AND FAMILY SAFETY

The safety of our patients and their families is of paramount importance as it has a direct impact on our business. Key aspects of patient and family safety that are also pertinent in ensuring sustainable healthcare are food quality and the rational use of medicine. Our efforts to implement checks and measures throughout our operations are elaborated in this section.

PATIENT MENU

At IHH, we care about the quality and nutritional benefits of our food products that are served to our patients. Our approach to food quality is to provide food that is sustainable, locally-focused, clean, safe and specific to each of our patients' nutritional needs. Aside from hospital patients, the comprehensive food menu prepared by our in-house and external food and beverages team is able

to cater to the needs of our hospital staff, patients' families and other visitors.

Dietitians create food menus for patients and their companions according to the daily and weekly nutritional requirements by a value calculation of carbohydrate, protein, fat, vitamins and minerals. All products are ensured to be of the highest quality and compatible in terms of food safety and nutritional value as monitored by our nutrition and dietetics professionals.

Nutrition screening is carried out for all in-patients within 24 hours of admission, and a nutrition assessment is completed on patients who are identified to have a moderate or severe nutritional risk. A clinical dietitian initiates a calorie count where the results are documented in the progress notes as a diet prescription. The nutrition assessment and plan of care will include a chart review of laboratory

data, diagnosis, anthropometric measurements, weight history, pertinent medications, diet order, nutritional needs, appropriateness of diet order, assessment of nutritional status and recommendations/nutrition goals.

In terms of food handling, our food products are prepared in a clean kitchen where all staff working in the cooking and preparation lines are required to be equipped with appropriate personal protective equipment (PPE), such as hairnets, disposable/cloth aprons, safe closed-toe shoes, masks and gloves with no hand jewellery or watches. Food is delivered to patients in our exclusive trolleys to maintain the hot or cold temperature of the meal, and a colour-coded system is used to label the different dietary requirements of patients in order to avoid confusion.

SINGAPORE: CASE STUDY

When designing menus for patients, Parkway Pantai hospitals in Singapore put the trust in our reliable dietitian guidelines for healthy product selections and chemical-free food products. We never fail to consider and prioritise our patients' health conditions and their nutritional requirements.

Our F&B management team works together with our dietitians to deliver the best meals for our patients. All of our food handling and production staff are trained in food safety and hygiene and are certified by the National Environment Agency (NEA), a local government agency. Our in-house dietitians are very experienced and are

dedicated to providing for the dietary needs of our patients. They share their knowledge and work alongside the F&B team to supply therapeutic diets¹, such as texture-modified diets², to patients with special dietary needs. Also, to ensure the patients' dietary requirements are labelled and categorised, we have in place a food labelling system.

Parkway Pantai conducts a series of prerequisites to source for the best food supplier. Firstly, we support local food suppliers that are Hazard Analysis Critical Control Points (HACCP³) or ISO certified and examine their supply chains before awarding them the contract. Secondly, as a means of quality assurance and as

a control measure, we conduct frequent visits to the vendor and prepare audits when necessary.

In our product kitchen, we conduct daily hygiene checks, audits (three times a week), monthly food product testing by a third-party lab and quarterly quality Maintenance Department audits to ensure that the food we provide to our patients are safe and of the highest quality to foster health.

1. A therapeutic diet is a meal plan that controls the intake of certain foods or nutrients. It is part of the treatment of a medical condition and is normally prescribed by a physician and planned by a dietitian. A therapeutic diet is usually a modification of a regular diet.
2. A texture-modified diet is a type of therapeutic diet designed to make chewing and swallowing safer and easier.
3. The HACCP scheme meets the requirements of the Codex Alimentarius Commission – established by the World Health Organization and the Food and Agriculture Organization of the United Nations to bring together international food standards, guidelines and codes of practice to ensure fair trade.

RATIONAL USE OF MEDICINES

The Ministry of Health (MOH) in Malaysia published the National Survey on the Use of Medicines (NSUM) in 2016 and it stated that 60 per cent of medicines in public health facilities and 70 per cent of medicines in private facilities were prescribed and sold inappropriately in developing countries.

The inapt use of medicines results in not only reduced safety and quality of healthcare but also the increased wastage of health resources. The Group has a systematic approach to ensure the rational use of medicines, which includes proper dispensing practices, adherence to protocol for prescribing medicine and consideration for cost-effectiveness and

efficacy. The Group also regulates improper patient adherence to dosing schedules and treatment regimens and inappropriate self-medication. The checks and measures towards these practices are in place throughout our operations.

SINGAPORE: CASE STUDY

Multidisciplinary committees have been set up to coordinate policies and monitor the use of medicines in Parkway Pantai hospitals in Singapore:

- Medical Advisory Board
- Medical Quality Assurance Committee
- Therapeutics and Infection Control Committee (TICC)
- Pharmacy and Therapeutic Committee

Our professional healthcare administrators ensure patients are protected from adverse drug events and harm from medications. One process that we have implemented is medication reconciliation. Upon admission, a pharmacist will perform medication reconciliation where prescribed medications are reconciled with the patient's own medications taken prior to admission with the purpose of looking out for duplication, omission or an unintentional change in the dosage or dosage regimen.

The backbone of Parkway Pantai's approach to ensure the rational use of medicines is the electronic order system. Computerised prescription

order entry (CPOE) reduces prescription errors at the point of care, and medications are prescribed using the hospital's electronic health records (EHR). The CPOE system uses a clinical decision support database that allows checking for any drug-drug cross allergy and drug-drug interaction(s).

A pharmacist will verify the prescribed medications for the appropriateness of the drug, dosage regimen, route of administration, drug interactions, therapeutic duplication and potential cross allergy.

For medication administration, the nurse utilises knowledge-based medication administration (KBMA) where he/she scans the patient tag and medication barcode to ensure that the right medication is given to the right patient, at the right dose, right frequency and right time. Furthermore, a pharmacist will provide counselling on the proper use of medications to the patient, including specialised medications such as anticoagulants¹ and medications requiring devices for delivery, such as inhalers, injections and sprays. Yet another measure to ensure proper drug usage is that our pharmacies operate 24 hours – whereby at least one

pharmacist is continuously available to provide medication information services to doctors, nurses and patients.

Anti-microbial resistance has been recognised as a global health threat and is now on the political agenda with organisations such as the World Health Organization (WHO), which recognises the necessity to act to preserve the potency of antimicrobial agents and invest funds to discover new ones. The Antibiotic Stewardship Programme (ASP) in our hospitals seeks to enforce judicious antimicrobial prescription to improve individual patient care and reduce microbial resistance. Treatment guidelines for antimicrobial use are developed to optimise its use and minimise any resulting side-effects. Furthermore, the Pharmacy Division tracks the usage of antibiotics, such as Carbapenems² and Vancomycin³, and reports this to the TICC.

1. Anticoagulants are medications that thin the blood.
2. Carbapenems are antibiotics used for the treatment of infections known, or suspected, to be caused by multidrug-resistant bacteria.
3. Vancomycin is an antibiotic used to treat a number of bacterial infections. The World Health Organization's List of Essential Medicines features the most effective and safe medicines needed in a health system, and Vancomycin is on the list.