

OVERVIEW OF HEALTH FACILITY PLANNING IN MOH

(Grand Blue Wave, 10-13 October 2016)

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HEALTH FACILITY PLANNING IN MOH

Scope of Presentations

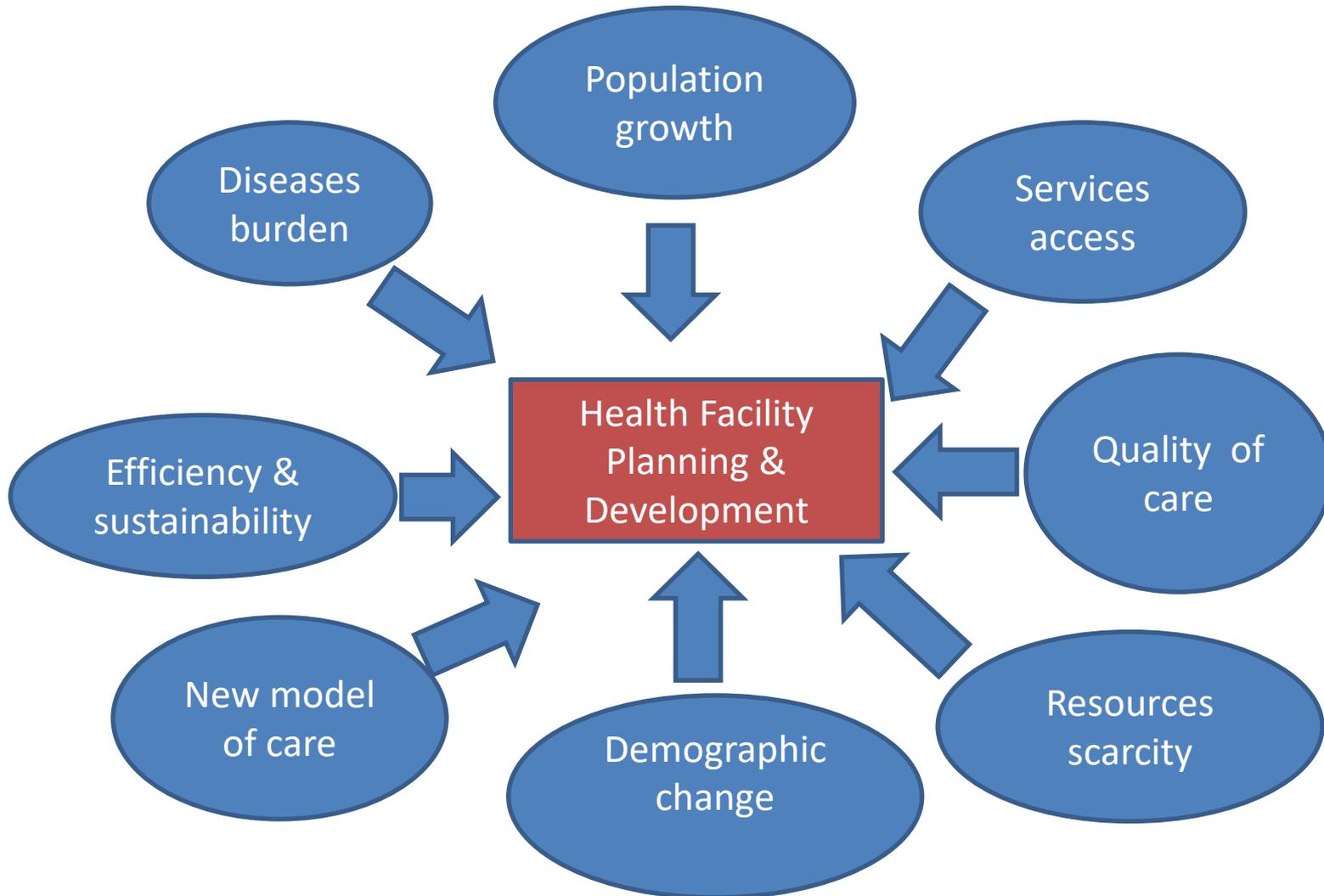
- HFP Objectives
- The Driving Forces
- Basis And Guiding Principals
- Projects Development Process
- Allocations Distributions
- Issues And Observations
- Way Forward

Health Facility Planning (HFP) And Development:

Objectives

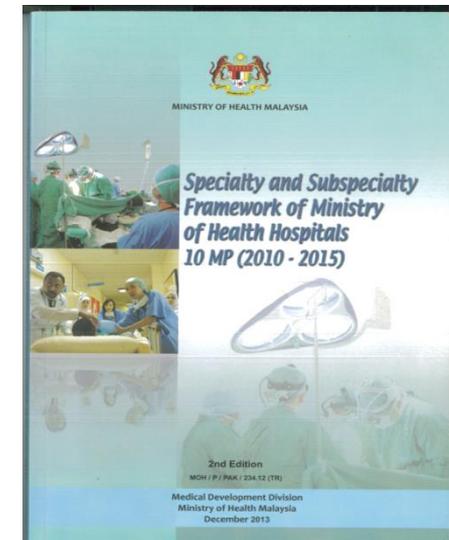
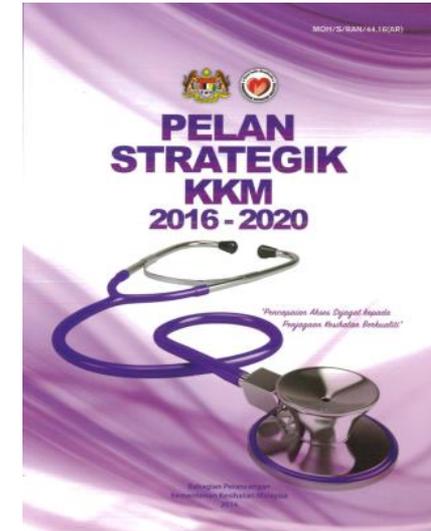
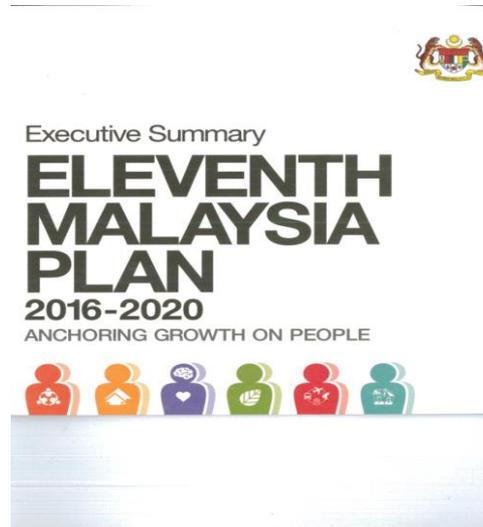
- a. To provide appropriate environment and equipment required for healthcare services and health related activities.
- b. To improve access to health care services as required by Malaysian population
- c. To provide better healthcare services in terms of quality, safety

HFP: The Driving Forces



HFP: The Basis & Guiding Principles

- National 5 Year Development Plan (11th Malaysia Plan)
- MOH Strategic Plan (2016-2020)
- Specialty and sub specialties framework of MOH hospitals



Six Strategic Thrusts Of 11th Malaysia Plan;

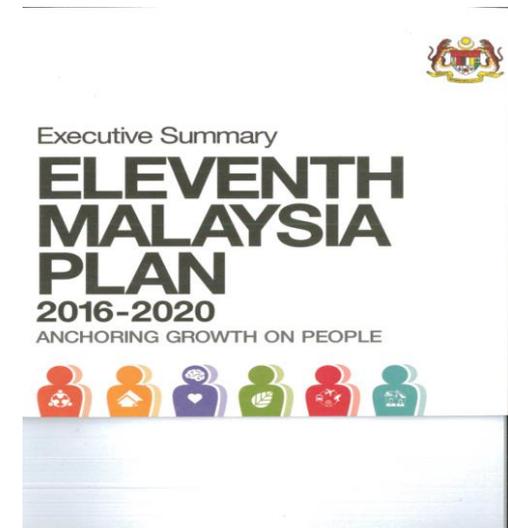
| | | | | | |
|------------------------------------------------------|------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| Enhancing inclusiveness towards an equitable society | Improving wellbeing for all | Accelerating human capital development for an advanced nation | Pursuing green growth for sustainability and resilience | Strengthening infrastructure to support economic expansion | Re-engineering growth for greater prosperity |
|------------------------------------------------------|------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|



Key initiatives :

- right care, right setting , right time
 - *Mobile health care, mobile emergency services,*
 - *hospitals adopt lean management practices (increase capacity and reduce waiting time)*

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VISION 2020

11MP 2nd Strategic Thrust : Improving Well Being For All

THEME : ACHIEVING UNIVERSAL ACCESS TO QUALITY HEALTHCARE

STRATEGIC OBJECTIVES

| | | | | |
|------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|-----------------------------|-----------------------------------------|
| Reduced health risks and improved health | Improved access and equity in delivering healthcare services | Improved responsiveness of the health care system | Optimised used of resources | Enhanced adoption of healthy life style |
|------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|-----------------------------|-----------------------------------------|

STRATEGIC THRUST

| | | | |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Strengthen delivery of healthcare services for each level of disease spectrum, emphasising on primary health care | 2. Strengthening Health System Governance and Organisational capacity | 3. Empowering individual, family and community in health matters | 4. Intensifying Collaboration with Public, Private Sector and NGOs |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|

STRATEGIC MEASURES

| | | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 1. Expanding Healthcare Services with emphasis to Rural and Remote Areas | 8. Reviewing and Formulating Legislations and Policies | 14. Enhancing Community Empowerment and Mobilisation Programme | 16. Enhancing Multi-sectoral Efforts in Healthcare Delivery |
| 2. Implementing Domiciliary Healthcare in Community Setting | 9. Strengthening ICT Readiness and Integration through eHealth | 15. Strengthening Health Promotion in Schools | 17. Engaging the Private Sector |
| 3. Establishing Integrated Primary Healthcare Teams | 10. Intensifying Research and Development and Commercialisation | | 18. Strengthening the Role of NGOs |
| 4. Implementing Lean Management for Healthcare | 11. Enhancing Safety for Patients and Healthcare Personnel | | |
| 5. Implementing the Hospital Cluster Concept | 12. Addressing Healthcare Personnel Shortage and Unequal Distribution | | |
| 6. Improving Pre-hospital Care | 13. Improving Human Resource Capacity Building Programmes | | |
| 7. Building New and Upgrading Healthcare Facilities | | | |

3. MOH Strategic Plan (2016-2020) Indicators

- ** Doctor population ratio
- Pharmacist population ratio
- No. of clinics with family health specialist
- Percentage population coverage of KB1M
- Percentage waiting time less than 90 minutes at GOPD with TPC
- **Bed population ratio
- Clinic population ratio
- +
- + + (Total 61 indicators)

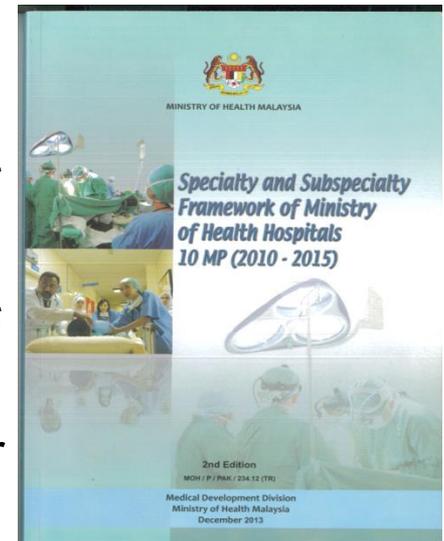
(** also indicators of Strategic Thrust 2 ,11th MP)

Specialty and subspecialties framework of MOH hospitals

Way forward for the 11th MP services development:

“Realizing the resource constraints and unmet goals in MP10, Planning for 11th MP will focus on:

- *Maintain target of 10 basic specialty services in minor specialist hospitals*
- *Maintain target of 20 specialties in major specialist hospitals*
- *Upgrade 4 subspecialty services (geriatrics, palliative care, neurology & uro-gynaecology) from regional services to state hospital services level in view of ageing population”*



Minor Specialist Hospitals (10 services)

1. General medicine
2. General surgery
3. Paediatrics
4. Orthopaedics
5. O &G
6. Anaesthesiology
7. Emergency medicine
8. Radiology
9. Pathology
10. Psychiatry

Major Specialist Hospitals (20 Services)

1. General medicine
 2. Nephrology
 3. Dermatology
 4. Respiratory medicine
 5. Infectious Diseases
 6. General surgery
 7. Paediatrics
 8. Neonatology
 9. Orthopaedics
 10. O &G
 11. Maternal fetal
 12. Anaesthesiology
 13. Emergency Medicine
 14. Radiology
 15. Pathology
 16. Psychiatry
 17. ENT
 18. Ophthalmology
- Dental**
19. Paediatric dental
 20. Oral Surgery

State Hospitals (49 Services)

1. General medicine
2. Nephrology
3. Dermatology
4. Respiratory medicine
5. Infectious diseases
6. Endocrinology
7. Cardiology
8. Gastroenterology
9. Rheumatology
10. General surgery
11. Neurosurgery
12. Plastic surgery
13. Urology
14. Trauma surgery
15. Colorectal surgery
16. Paediatrics
17. Neonatology
18. Paediatric surgery
19. Paediatric intensive care
20. Orthopaedics
21. Spine orthopaedics
22. Joint arthroplasty
23. O&G
24. Maternal fetal
25. Gynae-oncology
26. Anaesthesiology
27. Adult intensive care
28. Pain medicine
29. Emergency medicine
30. Radiology
- Pathology
31. Anatomical pathology
32. Chemical pathology
33. Microbiology
34. Haematology
35. Psychiatry
36. Child psychiatry
37. ENT
38. Ophthalmology
39. Vitro-retinal
40. Glaucoma
- Dental
41. Paediatric dental
42. Oral surgery
43. Forensic medicine
44. Rehabilitation medicine
45. Transfusion medicine
- Additions in 11MP
46. Geriatrics
47. Uro-gynaecology
48. Neurology
49. Palliative care

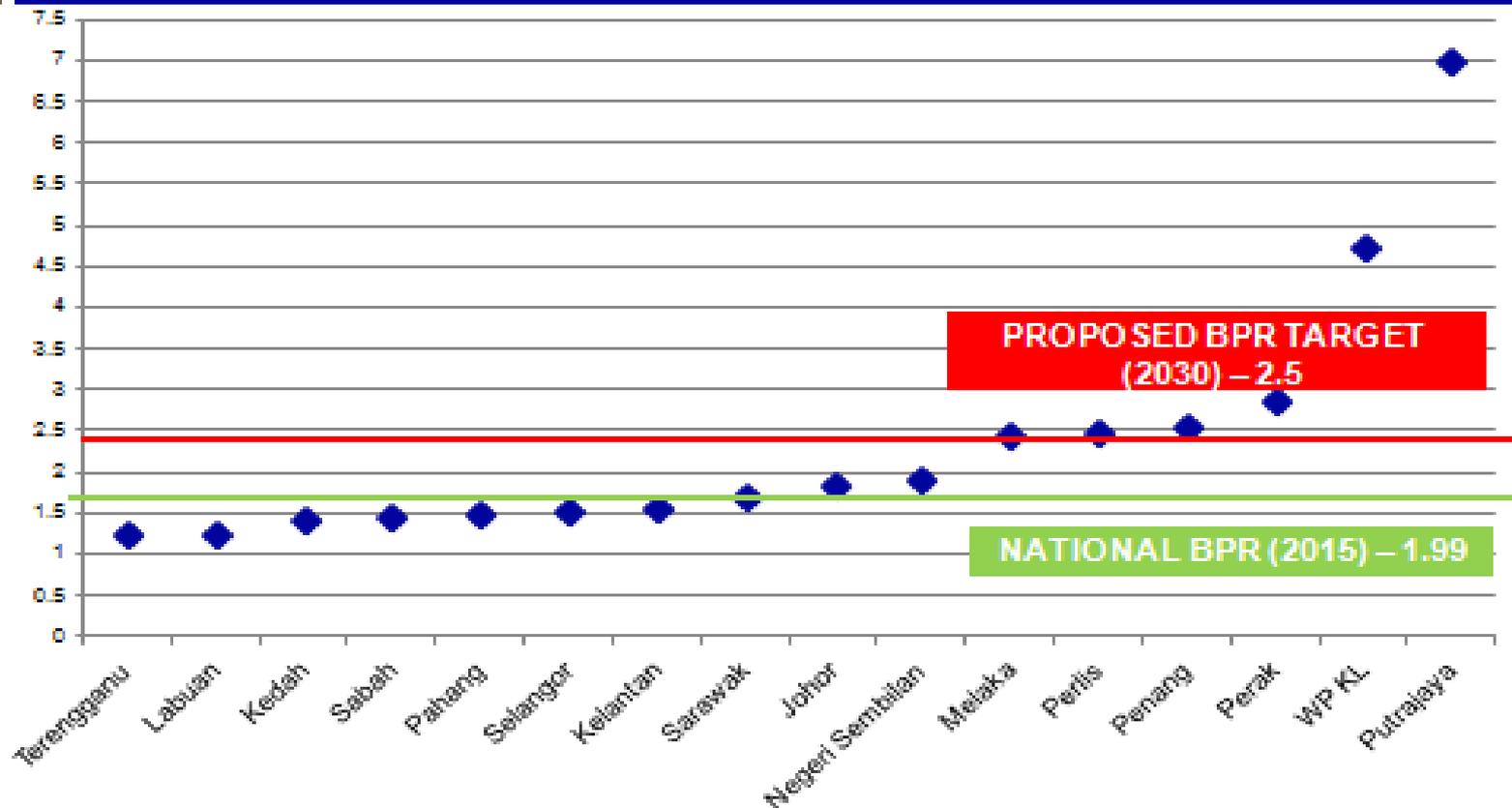
Regional Services (22 Subspecialties)

- General medicine
 1. Hepatology
 2. Haematology
 3. Oncology
- General surgery
 4. Upper GI surgery
 5. Hepatobiliary surgery
 6. Breast & endocrine surgery
 7. Vascular surgery
 8. Cardiothoracic surgery
- Anaesthesiology
 9. Cardio
- O&G
 10. Reproductive medicine
- Paediatric
 11. Paediatric cardiology
 12. Paediatric endocrinology
 13. Paediatric haemato-oncology
 14. Paediatric nephrology
 15. Paediatric neurology
- Radiology
 16. Interventional radiology
- Dentistry
 17. Oral path/ med
 18. Forensic dental
 19. Dental special care
- Others
 20. Nuclear medicine
 21. Sports medicine
 22. Genetics

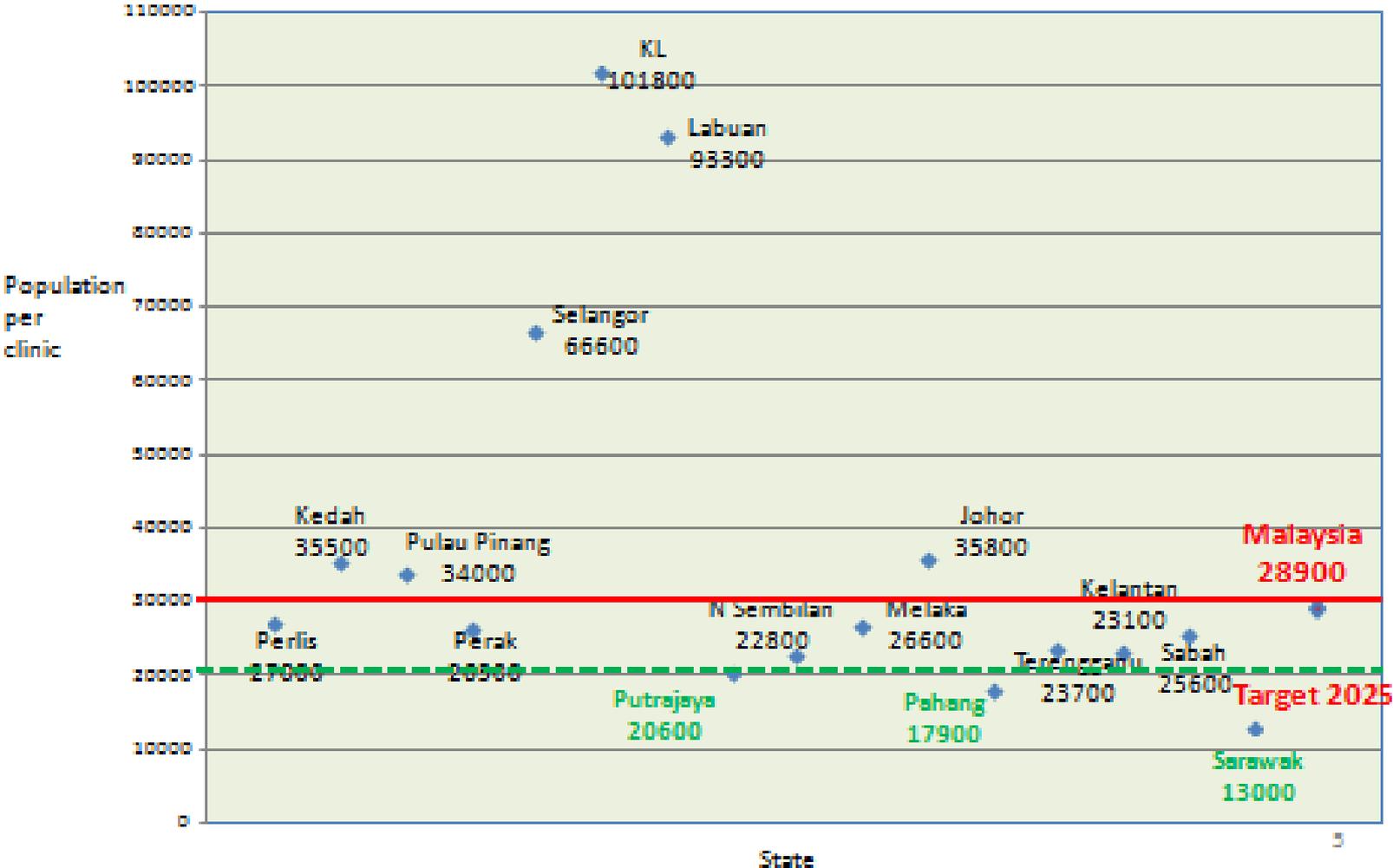
Table of Hospitals under 11TH MP

| HKL+ State Hosp. | Major Specialist Hospitals | Minor Specialist Hospitals | | | Special Medical Institutions | Non-Specialist Hospitals | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14 (14) | 31 (26) | 35 (27) | | | 18 (11) | 59 | |
| <ol style="list-style-type: none"> 1. Kangar (HTF) 2. Alor Setar (HSB) 3. P.Pinang 4. Ipoh (HRPB) 5. Klang (HTAR) 6. HKL 7. Seremban (HTJ) 8. Melaka 9. J.Bahru (HSA) 10. Kuantan (HTAA) 11.. K.T'ganu (HSNZ) 12. K.Bahru (HRPZ ii) 13. HQE 1 14. HUS Kuching | <p>Sg.Petani Kulim Langkawi Sbg Jaya Taiping T. Intan Sri Manjung Kajang Sg.Buloh Selayang Ampang Serdang Shah Alam Putrajaya K. Pilah S.I. Pandan Muar B. Pahat Segamat Temerloh K. Krai Kemaman T.Merah Sandakan Tawau Keningau Sibu Miri Bintulu Petrajaya Pasir Gudang</p> | <p>Baling Kuala Nerang</p> <p>Sg Bakap B.Mertajam K.Batas</p> <p>Slim River K.Kangsar Grik</p> <p>Banting K Kubu Baru KSelangor <i>(Tg Karang)</i></p> <p>P.Dickson Tampin Jempol</p> | <p>Jasin</p> <p>Kluang K. Tinggi /Mersing Pontian</p> <p>K.Lipis Bentong Pekan</p> <p>Dungun Besut</p> <p>G Musang</p> | <p>Lahad Datu Labuan K Marudu Beaufort</p> <p>Sri Aman Sarikei Kapit Limbang Mukah Serian</p> | <p>IPR Bahagia Permai Mesra Sentosa PDN PKKN WCH Likas Rehab Cheras NCI WCH, KL Nat Forensic Center 6 Regional Blood Centres</p> | <p>Yan Jitra Sik Pendang Pdg Besar Balik Pulau Parit Buntar Batu Gajah Kampar Tapah Selama Sri Iskandar <i>(C Melintang)</i> Sg Siput S.Bernam Jelebu Rembau A.Gajah Kulai Tangkak Raub Jerantut Mdzm Shah Jengka Cameron H Rompin Bera</p> | <p>H. Trg Setiu Macha Tumpa Pasir M Pasir M Jeli Bachok Kudat Kota E Papar Ranau Tambu Tenom Belura Semp Sipitan Kinaba Kunak K. Pen Pitas Tuaran Lundu Sarato</p> |
| Target: 49/20 resident specialty / subspecialties to be determined | Target: 10 resident specialty / subspecialties to be determined | | | Specific resident specialties | Visting spec | | |

Beds Population Ratio Malaysia – By States (2015)



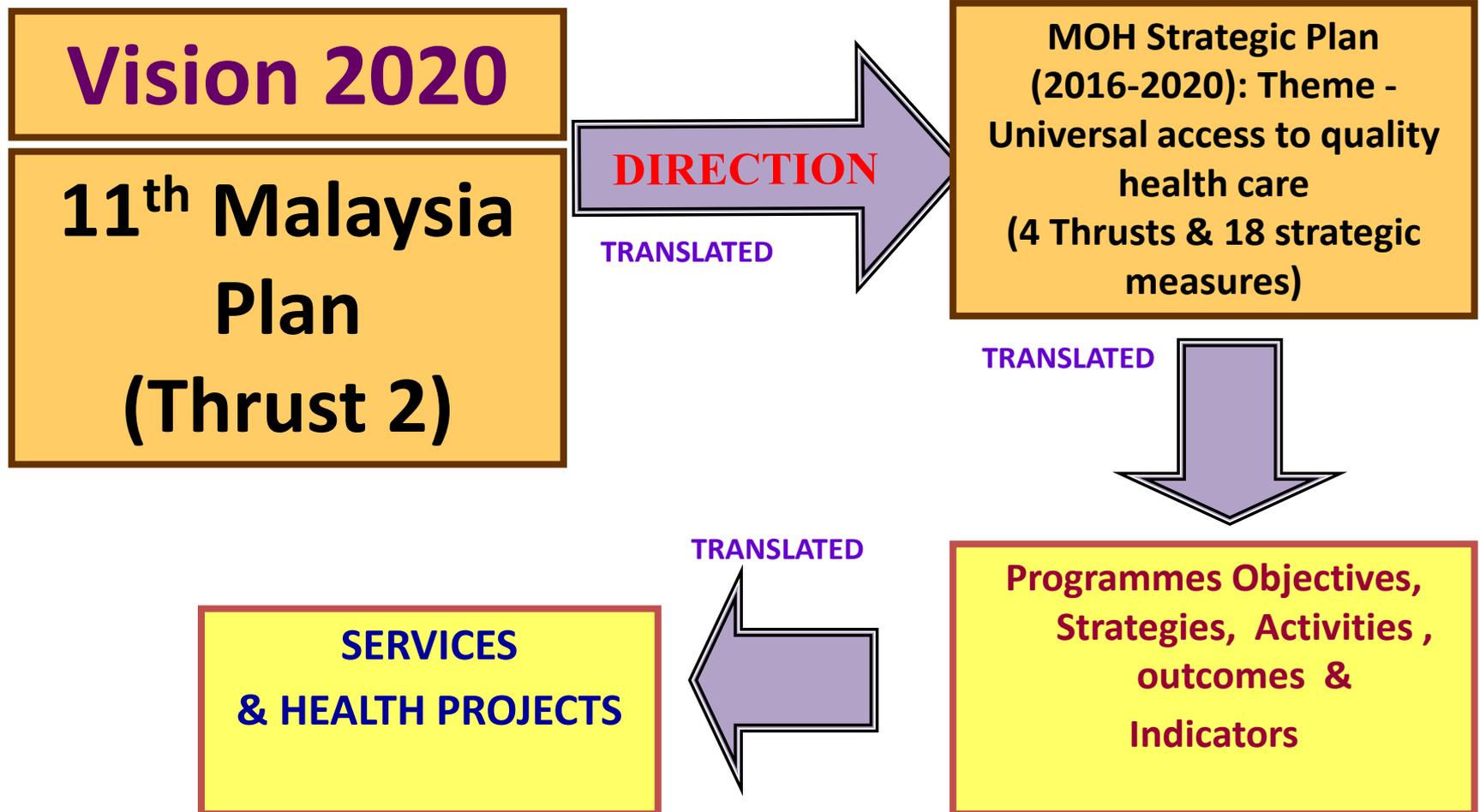
Health Clinic to Population Ratio 2013 by States



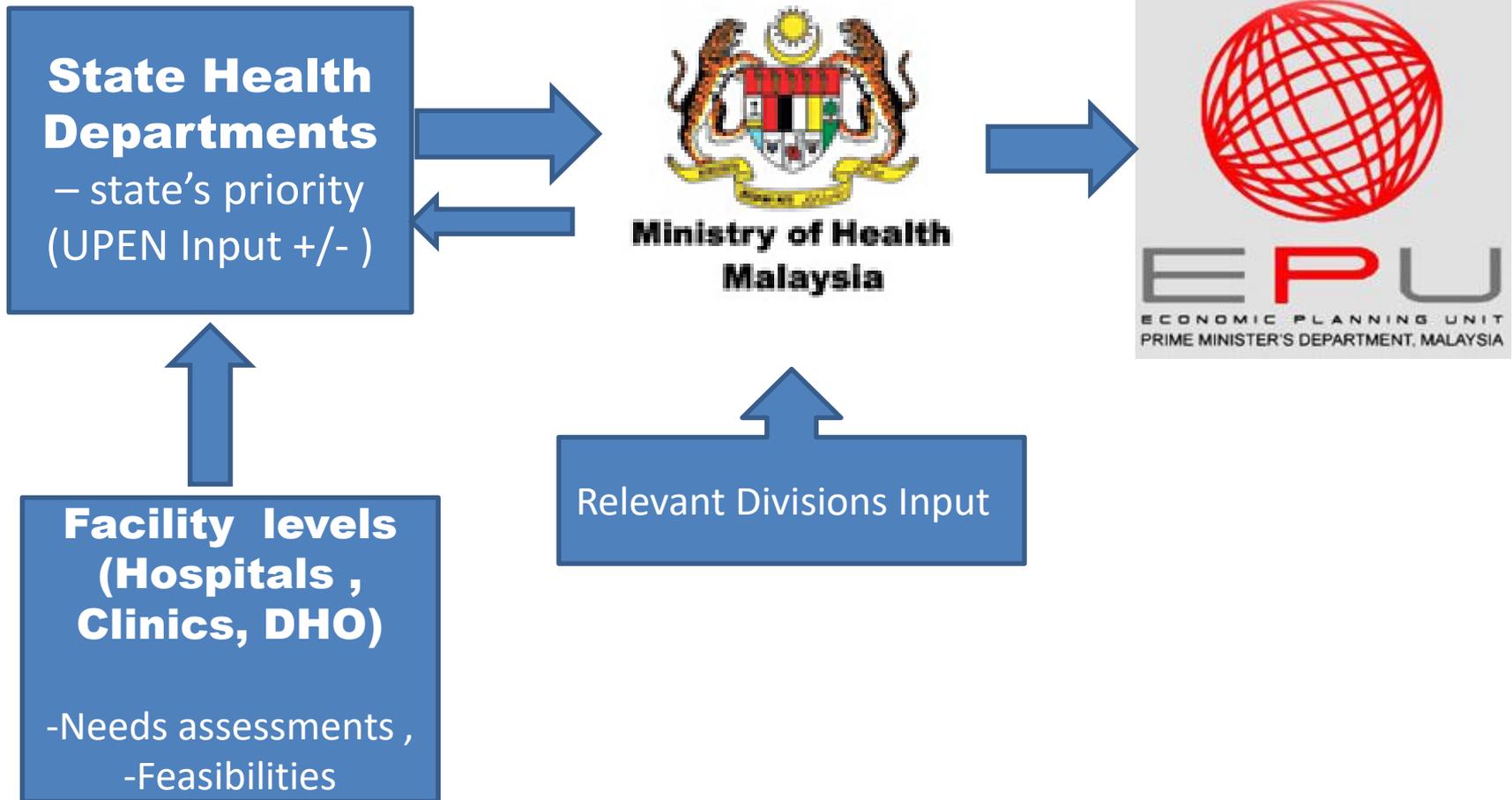
10 Initiatives of HCT: YBMK's Main Focus

- *Primary Care as focus of NCD agenda*
- *ICT Transformation*
- *Promote and Support Non-Profit Organisation*
- *Develop Cluster Hospital*
- *Establish Low Risk Birthing Centre (LRBC)*
- *Transformation of Pre-Hospital Care (Emergency Services)*
- *Housemen's Training Reform*
- *Career Pathway for Medical Officer*
- *Private Practice for Senior Consultants*
- *Voluntary Health Insurance (VHI) Scheme*

Health Facility Development Process



Project Identification & Selection Process



Development Allocation Distribution

| Butiran Projek | Kategori /Jenis Projek |
|----------------|--------------------------------------------------------------------|
| BP 1 | Latihan (pembinaan kolej, outsourcing latihan, LDP) |
| BP2 | Projek Kesihatan (KKs, KDs, baru dan naiktaraf) |
| BP 3 | Kemudahan Hospital (Naiktaraf) |
| BP 4 | Hospital Baru (Baru dan Gantian) |
| BP5 | R & D |
| BP6 | Naik taraf dan Pembaikan kecil |
| BP 7 | Perolehan & Penyenggaraan Tanah |
| BP 8 | ICT |
| BP 9 | Pejabat dan kuarters (PKD, JKN, penyenggaraan, pembinaan kuarters) |
| BP 11 | Perolehan kenderaan (semua jenis) |

Issues and Challenges

Observations:

1. Scope project brief Vs MBOR; not consistent
 - *implications on cost, prolong pre construction planning/delayed construction , who prepared brief/MBOR?*
 - *treasury letter September 2016 : project scope must follow approved cost.*
2. Initial project brief : feasibility studies were not comprehensive
 - *Engineering infra were not included/ cost for, PDA > estimated cost , compromised clinical areas*
 - *Decanting current services (if required) was not included (brief and cost)*

Other issues

- Pre construction planning takes too long, due to:
 - *unsure of project scope, MBOR documentation issues,*
 - *mismatch scope with estimated cost (scope reduction exercise)*
 - *site problems(encumbrances, topographic issues, high cost for site preparations,)*
- Hospital upgrading: decanting issues
- Change request during construction stage : contract implications (VO, EOT)

Other Issues

- Equipment procurement
 - *Turnkey Vs Design & Build contract(without loose equipments),*
 - *advantages*
 - *Disadvantages*
 - *cost optimization strategy, decanting from old site/spaces issues (who and how)*
- Utilizing the completed facilities:
 - *inadequate staffing*
 - *delivery of equipment (procurement not on time, budget constraints, lack of trained personnel etc.)*
 - *change of clinical practices*

..Way Forward

- Development of Pre Approved Plant (PAP) /standard plan;
 - *to reduce time for Pre-construction planning*
 - *Available; KK3, KK6 and KK7*
 - *KK2, KK4 and KK5 , finalising stage by JKR.*
 - *New hospital (76 bedded) 11th MP*
 - *Next ? 150 beds or bigger hospital. What about specific departments?
Issue of non standard user requirements*
- Hospital master plan
 - *Ideally every hospital need to have own master plan, split into packages (to address cost, decanting, staffing issues) for implementation in few phases (Development control Plan, DCP)*
 - *To optimize use of resources, ensure good interdepartmental relationship , optimal use of site .*

..Way Forward

- To get allocation for planning only (finalised scope, MBOR, design development, site preparations, realistic development cost.
- Approval for construction, with design already available
- Alternative funding for health facility development: PPP, Land Swap

THANK YOU

FOR YOUR ATTENTION

