

CLINICIAN'S LINK

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Editorial

A very happy new year to each and everyone of you.

2009 promises to be an exceptionally challenging year as we grapple with the problems arising from the financial crisis and the economic slowdown.

More than ever, ParkwayHealth hospitals need to be able to demonstrate "value", in order to maintain their share of the market. We have already started a major exercise to review and make our processes more cost-efficient in order to remain competitive. Even as we do this, we must make sure that we do not compromise patient safety. We need to look after our patients even better than we did before.

This issue of the Clinicians Link features an interview with our Managing Director, Dr Lim Cheok Peng. Dr Lim will personally oversee Singapore Operations with immediate effect. In this interview, he gives an insight into ParkwayHealth's strategies to meet the challenges ahead.

2009 will see the Joint Commission International (JCI) re-certification audit take place. Whilst some may argue that accreditation has not resulted in any increase in patient volumes (especially) from the North American market, ParkwayHealth remains convinced that JCI provides an excellent platform of basic standards upon which to build a clinical governance system. The focus of all JCI standards is patient safety. This is ParkwayHealth's focus as well.

This issue also features another International Patient Safety Goal - Reducing the Risk of Health Care Associated Infections. Reducing ventilator associated pneumonia and central line infections are critical patient safety goals. There is evidence that simple measures can significantly reduce the risk of both ventilator associated pneumonia as well as central line infections. These measures are described as the Ventilator Bundle and the Central Line Bundle. These "bundles" will be implemented in January 2009.

Happy Reading.



Dr S Thanasekaran
Group Vice President
Medical Affairs
Clinical Quality & CMO

JCI INTERNATIONAL PATIENT SAFETY GOALS (IPSG)

Since 2006 Parkway has adopted six of the JCI International Patient Safety Goals (IPSG). The purpose of the patient safety goals is to promote specific improvements in patient safety and assist us in our efforts to provide safe, high-quality patient care.

The six patient safety goals are:

1. Identify patients correctly (*Poster was published in the Clinicians' Link in August 2008*)
2. Improve effective communication (*Poster was published in the Clinicians' Link in August 2008*)
3. Improve the safety of high-alert medications (*Poster was published in the Clinicians' Link in October 2008*)
4. Ensure correct-site, correct-procedure, correct-patient surgery (*Poster was published in the Clinicians' Link in November 2008*)
5. Reduce the risk of health care-associated infections
6. Reduce the risk of patient harm resulting from falls

The TIPS (Techniques for Improving Patient Safety) poster to address the first goal is: **Reduce the Risk of Infections**

Hand hygiene plays an important role in reducing infections.

- ✓ When your hands are visibly dirty, contaminated or soiled, wash them with soap and water.

Be sure to vigorously wash your hands for at least 15 seconds.

- ✓ If your hands are not visibly soiled, you can use an alcohol-based hand rub.

Wash your hands before:

- Patient contact
- Donning gloves when inserting a CVC (Central Venous Catheter)
- Any invasive procedure

Wash your hands after:

- Contact with patient's skin
- Contact with body fluids or excretions, non-intact skin, and wound dressings
- Removing gloves

See also: "Guidelines on Hand Hygiene" (HOP_PIC_035)



"RULES ON THE DISPLAY OF TITLES AND DESIGNATIONS BY MEDICAL PRACTITIONERS

- A Reminder from the Singapore Medical Council

The Singapore Medical Council has sent a reminder to all medical practitioners to refrain from using titles that relate to the scope of practice or area of clinical expertise such as Practitioner, Consultant, Expert, Physician, Therapist, or other descriptives (either as a prefix or a suffix).

Only those specialist titles listed in Annex A can be used or displayed.

Please visit the SMC website at <http://www.smc.gov.sg> for more details under *Newsflash*.

SMC reminds all that full compliance of the contents spelt out in the circular of 21 April 2008 must be met by 31 October 2008. Medical practitioners found contravening these rules will be subject to disciplinary proceedings by SMC.

Annex A - 35 Official Specialties & their specialist Titles

- | | | |
|--|---|--|
| 1. Anaesthesiology - Anaesthesiologist | 12. Hand Surgery - Hand Surgeon | 24. Paediatric Medicine - Paediatrician |
| 2. Cardiology - Cardiologist | 13. Infectious Diseases - Infectious Disease Physician | 25. Paediatric Surgery - Paediatric Surgeon |
| 3. Cardiothoracic Surgery - Cardiothoracic Surgeon | 14. Internal Medicine - General Physician | 26. Pathology - Pathologist |
| 4. Dermatology - Dermatologist | 15. Medical Oncology - Medical Oncologist | 27. Plastic Surgery - Plastic Surgeon |
| 5. Diagnostic Radiology - Diagnostic Radiologist | 16. Neurology - Neurologist | 28. Psychiatry - Psychiatrist |
| 6. Emergency Medicine - Emergency Physician | 17. Neurosurgery - Neurosurgeon | 29. Public Health - Public Health Physician |
| 7. Endocrinology - Endocrinologist | 18. Nuclear Medicine - Nuclear Medicine Physician | 30. Radiation Oncology - Radiation Oncologist |
| 8. Gastroenterology - Gastroenterologist | 19. Obstetrics & Gynaecology - Obstetrician & Gynaecologist | 31. Rehabilitation Medicine - Rehabilitation Physician |
| 9. General Surgery - General Surgeon | 20. Occupational Medicine - Occupational Physician | 32. Renal Medicine - Renal Physician |
| 10. Geriatric Medicine - Geriatrician | 21. Ophthalmology - Ophthalmologist | 33. Respiratory Medicine - Renal Physician |
| 11. Haematology - Haematologist | 22. Orthopaedic Surgery - Orthopaedic Surgeon | 34. Rheumatology - Rheumatologist |
| | 23. Otorhinolaryngology/ Ear, Nose, Throat (ENT) Surgery - Otorhinolaryngology/ Ear, Nose, Throat (ENT) Surgeon | 35. Urology - Urologist |

PARKWAYHEALTH UP CLOSE & PERSONAL WITH DR LIM CHEOK PENG



Dr Lim Cheok Peng

We sat down with Dr Lim Cheok Peng, Managing Director, Group President and Chief Executive Officer of Parkway Holdings, to find out more about his hopes and plans for the company and its employees.

Q1: Thank you for taking the time to chat with us, Dr Lim. First of all, as we move into the New Year, is there anything you would like to say to our readers, the employees of ParkwayHealth, and what are your wishes for 2009?

A1: Well, definitely I want to wish all of our staff a very Happy New Year, and I hope it will be a prosperous, fruitful and rewarding year for all of us, and for ParkwayHealth. 2008 has been a rather eventful year; my wish in 2009 is to see a less turbulent year on the global economic front and fewer natural disasters.

Q2: What is the direction in which ParkwayHealth will be headed in 2009?

A2: ParkwayHealth, like all other companies, will be preparing ourselves for a global economic storm. We will be developing our capabilities to enable us to better serve our patients and develop future market opportunities more effectively for long-term regional growth, ensuring that the Group emerges stronger from this turbulent period.

In 2009, besides continuing to provide the best possible clinical care at our existing hospitals, our key priorities will include forging ahead with construction and development of our Novena hospital, and working with our partners in Abu Dhabi on the upcoming Danat Al Emarat hospital.

Q3: Does that mean that we can expect more management deals similar to the one to manage a hospital in Abu Dhabi?

A3: Certainly, if the opportunity arises and if it makes business sense, Parkway will capitalise on such opportunities. After all, The Business Times did recently call the Group "the Ritz-Carlton of hospitals"! So we will definitely continue to explore such business opportunities as they arise.

ParkwayHealth is internationally renowned for our clinical outcomes, especially when you consider that our outcomes exceed international benchmarking standards. That, plus the expertise of our doctors and our experience with international patients also contributed to ParkwayHealth being chosen by our Abu Dhabi partners to manage the Danat Al Emarat hospital, and we are confident that we will be able to attract more invitations for international collaborations.

Such collaborations will allow us to export our international expertise and expand our brand footprint, building up recognition of our "ParkwayHealth" master brand.

Q4: There has been talk that Parkway is having some financial concerns. What are your views on this?

A4: Let me state here categorically that Parkway has always been prudent in managing our resources, thus we are not in any sort of financial trouble. I would like to assure all of our employees and shareholders that Parkway's finances remain healthy and our development projects will be executed in a timely and prudent manner.

Q5: The recent optimization of corporate services and Singapore operations has led to people doubting our business capabilities. What are your thoughts?

A5: I'd like to urge all of our employees not to be worried over such rumours. We remain committed to our new hospital at Novena, as well as to all our other hospitals in Singapore.

Thus, in 2009 and over the next few years, we will be upgrading our Singapore hospitals progressively to ensure that our premier hospitals continue to deliver the best patient care and clinical outcomes. In fact, renovations at East Shore have already started since November 2008 and we have also recently completed renovations of a maternity ward in Gleneagles Hospital. Our new hospital at Novena will strengthen our network of hospitals in Singapore and provide our doctors with an even wider range of services and facilities within the ParkwayHealth system. Upgrading our Mount Elizabeth Hospital will be carried out progressively once Novena is commissioned. Mount Elizabeth Hospital will continue to attract regional patients as we have the best specialists there and we will support them and uplift Mount Elizabeth to a world class hospital.

The reduction in workforce does not mean that the management has a hidden agenda of getting rid of Parkway's hospitals in Singapore. Instead, it is one of the many pre-emptive measures that we are taking to enable the Group to navigate through current market challenges, increase our future competitiveness and build on our leadership position in providing the highest quality of patient care and clinical outcomes for all patients. Other measures we have been implementing include maximizing operational synergy benefits from site to site across Asia, implementing economies of scale through centralized procurement, optimizing labour productivity, and freezing overall business travel.

We are committed to our existing Singapore operations and expanding our network.

Q6: Thank you, Dr Lim. Before we end, do you have last words for the staff of ParkwayHealth?

A6: I'd like to thank all of our staff, doctors and partners in Parkway for being so supportive of the organisation and I look forward to your continued support. I want to assure everyone that we are already looking beyond the economic gloom to brighter days ahead. Thus, we have implemented Project Parkway 2013, with a working team, Team Radix (editor's note: 'Radix' is Latin for 'new beginning'), who is committed to reinventing ParkwayHealth for 2013 and propelling us into that year and beyond as the global leader in value-based integrated healthcare.

Specifically, Team Radix is looking into improving the ways in which we source for supplies and pharmaceuticals; contract for services; measure and manage the productivity of our processes; and invest in information technology so as to allow us to work smarter, not harder.

With Team Radix on the job, I believe we can all look forward to a bright and promising future for Parkway. Parkway will emerge stronger and better.

PARKWAYHEALTH TIME SCHEDULE FOR DRUG ADMINISTRATION



The objective of the "Time Schedule" is to standardise the time of administration of routine medication by nurses in ParkwayHealth Hospitals so as to reduce the risk of errors.

The time schedule will be adhered to unless there are specific reasons/instructions to indicate otherwise.

Frequency	Time Schedule	
OM	0700 to 0800 hrs (Premeal) 0800 to 0930 hrs	
ON	1930 to 2030 hrs 2200 to 2300 hrs (Night Sedation)	
BD	0700 to 0800 hrs (Premeal) 0800 to 0930 hrs 1800 to 1830 hrs (Premeal) 1930 to 2030 hrs	
TDS	0700 to 0800 hrs (Premeal) 0800 to 0930 hrs 1300 to 1400 hrs 1800 to 1830 hrs (Premeal) 1930 to 2030 hrs	
QDS	0800 to 0930 hrs 1300 to 1400 hrs 1730 to 1830 hrs 2200 to 2300 hrs	
4 hrly	0200 hrs 0600 hrs 1000 hrs 1400 hrs 1800 hrs 2200 hrs	
6 hrly	0600 hrs 1200 hrs 1800 hrs 2400 hrs	For ICU Only 0800 hrs 1400 hrs 2000 hrs 0200 hrs
8 hrly	0800 hrs 1600 hrs 2400 hrs	
Stat	To be given immediately (within 30mins of prescribe time)	

- The Time Schedule acts as a guide for drug administration; changes may be made by the attending doctor to meet the needs of the patient.
- All newly ordered medication shall be served within 2 hrs or earlier as appropriate.

PARKWAYHEALTH ROUND-UP

Joint Commission International Accreditation for Apollo Gleneagles Hospital, Kolkata

Apollo Gleneagles Hospital in Kolkata, India has developed a reputation for delivering the finest clinical care to patients from East and North East India along with neighboring countries like Nepal, Bhutan, Myanmar & Bangladesh.

The stage is set for January 2009 - when the hospital shall become the first JCI accredited hospital in Eastern India. The preparation for JCI Accreditation started about a year and half back. Since then, the hospital has undergone a series of internal audits. These audits helped us to recognize gaps and improve processes to further enhance clinical quality and patient safety in the hospital.

Dr Lee Hong Huei – Appointment as Chief Executive Officer, Mount Elizabeth Hospital

Dr Lee Hong Huei has assumed responsibilities as CEO, Mount Elizabeth Hospital (MEH) since January 2009. Hong Huei is responsible for all the day-to-day management and operations of MEH. He is accountable for planning, organizing and directing the Hospital to ensure that quality patient care is provided and that the financial integrity of the hospital is maintained.

ParkwayHealth breaks ground for new flagship hospital in Singapore

A new chapter in ParkwayHealth's history was opened on 11 November 2008, as the groundbreaking for our new flagship hospital took place at the hospital site in Novena. The 350-bed hospital will provide world-class healthcare for Singaporeans and international patients seeking high quality, affordable healthcare.

At the groundbreaking ceremony, the Guest of Honour, Minister for Health Mr Khaw Boon Wan, was led through exhibition panels with artist impressions of and information about the new hospital by members of our senior management, with our Chairman, Mr Richard Seow, briefing Mr Khaw on the design features of the new hospital, such as patient-floor balconies and rooftop landscapes to promote a healing environment, automated bedside terminals, and easy access between inpatient facilities and diagnostic and treatment facilities. Later, both Mr Seow and Mr Khaw broke ground for our new hospital by symbolically planting golden shovels into sand, marking the official start of construction on the hospital.

Our new hospital at Novena will offer unprecedented levels of patient care and is integral to achieving our vision of being the global leader in value-based integrated healthcare. The successful groundbreaking ceremony marked one of the key milestones in the journey to get this project off the ground, and we are all looking forward to the scheduled opening of the hospital in 2011.

GLENEAGLES MEDICAL ADVISORY BOARD 2008/2009

Chairman, Medical Advisory Board & Representative, General Surgery/ Urology/ Plastic Surgery Specialty Group	Dr Anthony Heng	Chairman, Quality Assurance Committee	Dr Edward Pang
Vice-Chairman, Medical Advisory Board	Dr Chan Siew Chee	Chairman, Therapeutics & Infection Control Committee & Representative, Internal Medicine Specialty Group	Dr Tan Chi Chiu
Chairman, Continuing Medical Education Committee	Dr Yeo Poh Teck	Chairman, Tissue Committee & Representative, Obstetrics & Gynaecology Specialty Group	Dr See Tho Kai Yin
Chairman, Credentials Committee & Representative, Orthopaedic Surgery Specialty Group	Dr Chan Heng Thye	Representative, Cardiology/Cardiothoracic Surgery Specialty Group	Dr Bernard Ee
Chairman, Critical Care Committee & Representative, Anaesthesiology Specialty Group	Dr Boey Wah Keong	Representative, Ophthalmology, Specialty Group	Dr Tong Heng Nam
Chairman, Mortality Review Committee	Dr Huang Shoou Chyuan	Representative, Otorhinolaryngology/ Dentistry/Oral & Maxillofacial Surgery Specialty Group	Dr Lim Chong Teck
Chairman, Neonatal/Perinatal Committee & Representative, Paediatric Medicine/ Paediatric Surgery Specialty Group	Dr Steven Ng	Member, Medical Advisory Board	Dr Peggy Cheng
Chairman, Operating Theatre Committee & Representative, Neurology/ Neurosurgery/Psychiatry Specialty Group	Dr Alvin Hong	Member, Medical Advisory Board	Dr Ravishankar K Diddapur

PARKWAYHEALTH ANAESTHETIC EMERGENCY CALL ROSTER

An emergency call roster for Anaesthetists was implemented on the 3rd of November 2008. This roster will cover all three ParkwayHealth hospitals.

The roster is to be used for medical emergencies when an Anaesthetist is urgently required or for surgical emergencies where the attending Surgeons preferred Anaesthetist is unavailable immediately.

The emergency Anaesthetic call roster lists 6 Anaesthetists. Ward staff or the telephone operator will go down the list until an Anaesthetist able to respond to the call immediately is found.

The Emergency Anaesthetic Call roster is displayed in all high risk clinical areas.

VOICE LOGGER SYSTEM GOING LIVE IN MOUNT ELIZABETH HOSPITAL

The voice logger system at Mount Elizabeth Hospital has been implemented since October 2008. As you may already be aware, a similar system was implemented in Gleneagles Hospital in 2005. The voice logger system will enable clinical staff to record all the incoming and outgoing calls at the wards. This is to enhance patient safety.

The voice logger system is implemented at wards 3A&B, 4A&B and Nurseries, 5A&B, 6A&B, 9, 10, 11, 12, 13, 14, 15, CCU, Children's, Delivery Suite, HDU, NICU, A&E and EOC.

VENTILATOR AND CENTRAL LINE BUNDLES

In line with international best practices, ParkwayHealth hospitals in Singapore will be adopting and implementing two evidence-based bundles recommended by the Institute of Healthcare Improvement (IHI) based in U.S. from January 2009. The objective is to significantly reduce the risk of infections associated with the use of mechanical ventilators and central lines.

Ventilator Bundle

By definition, ventilator-associated pneumonia (VAP) is an airways infection that developed more than 48 hours after the patient was intubated. There are reasons to be concerned about the impact of pneumonia associated with ventilator use. VAP is associated with high morbidity and mortality among ICU patients. In addition, VAP prolongs time spent on the ventilator, length of ICU stay, and length of hospital stay after discharge from the ICU and adds an additional cost to a typical hospital admission.

Reducing morbidity and mortality due to VAP requires an organized process and consistent application of the best evidence-based practices. The ventilator bundle is a series of interventions related to ventilator care that, when implemented together, can achieve significantly better outcomes than when implemented individually.

The key components of the Ventilator Bundle are:

1. Elevation of the Head of the Bed
2. Daily "Sedation Vacations" and Assessment of Readiness to extubate
3. Peptic Ulcer Disease Prophylaxis
4. Deep Venous Thrombosis Prophylaxis

Central Line Bundle

Central venous catheters (CVCs) are being used increasingly in the inpatient and outpatient setting to provide long-term venous access. CVCs disrupt the integrity of the skin, making infection with bacteria and/or fungi possible. Infection may spread to the bloodstream and hemodynamic changes and organ dysfunction (severe sepsis) may ensue, possibly leading to death.

The central line bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, can result in better outcomes than when implemented individually.

The 5 components of central line bundle are:

1. Hand hygiene
2. Maximal barrier precautions
3. Chlorhexidine skin antisepsis
4. Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters
5. Daily review of line necessity, with prompt removal of unnecessary lines

*Submitted by:
Sim Tian Seng
1 Dec 2008*