



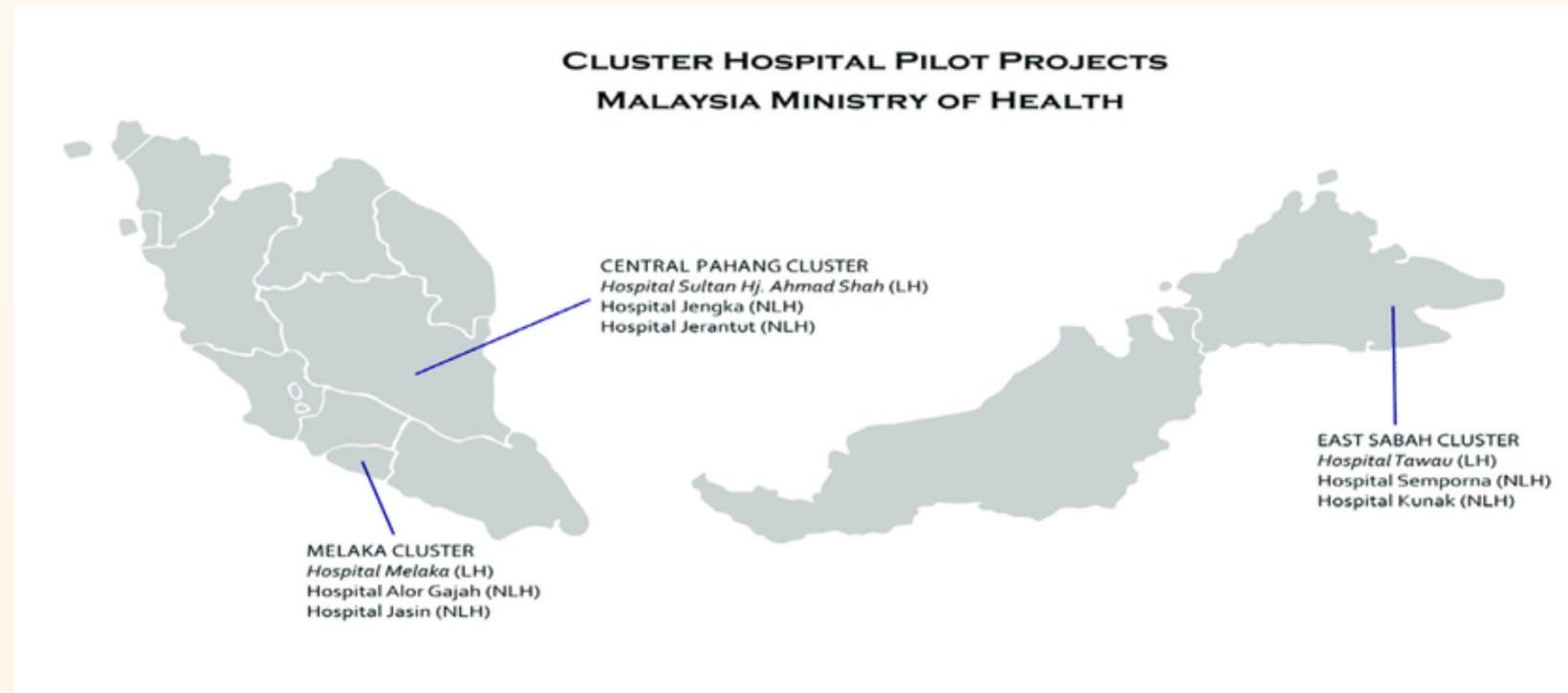
Avoiding 16000km worth of patient transfer – A Possibility?

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BACKGROUND

The Cluster Hospital Initiative (CHI) was launched in 2014, with Hospital Tawau as the acting lead and the referral centre for Hospital Semporna. Patients who need a higher level of care would need to travel a distance of 110km to Hospital Tawau on a journey that takes almost 2 hours via ambulance.



East Sabah	Hospital Tawau	Hospital Kunak	Hospital Semporna
Year started operation	1922	2006	1975
Total operating beds	334	48	70
Staffing	1,630	250	276
BOR (%)	85.6	47.7	50.5
Services offered	11 specialties	Visiting specialists	Visiting specialists
Distance from Hospital Tawau	-	80km	110km

Overview of the hospitals in the three CHI pilot projects

Figure from Social Sciences & Humanity

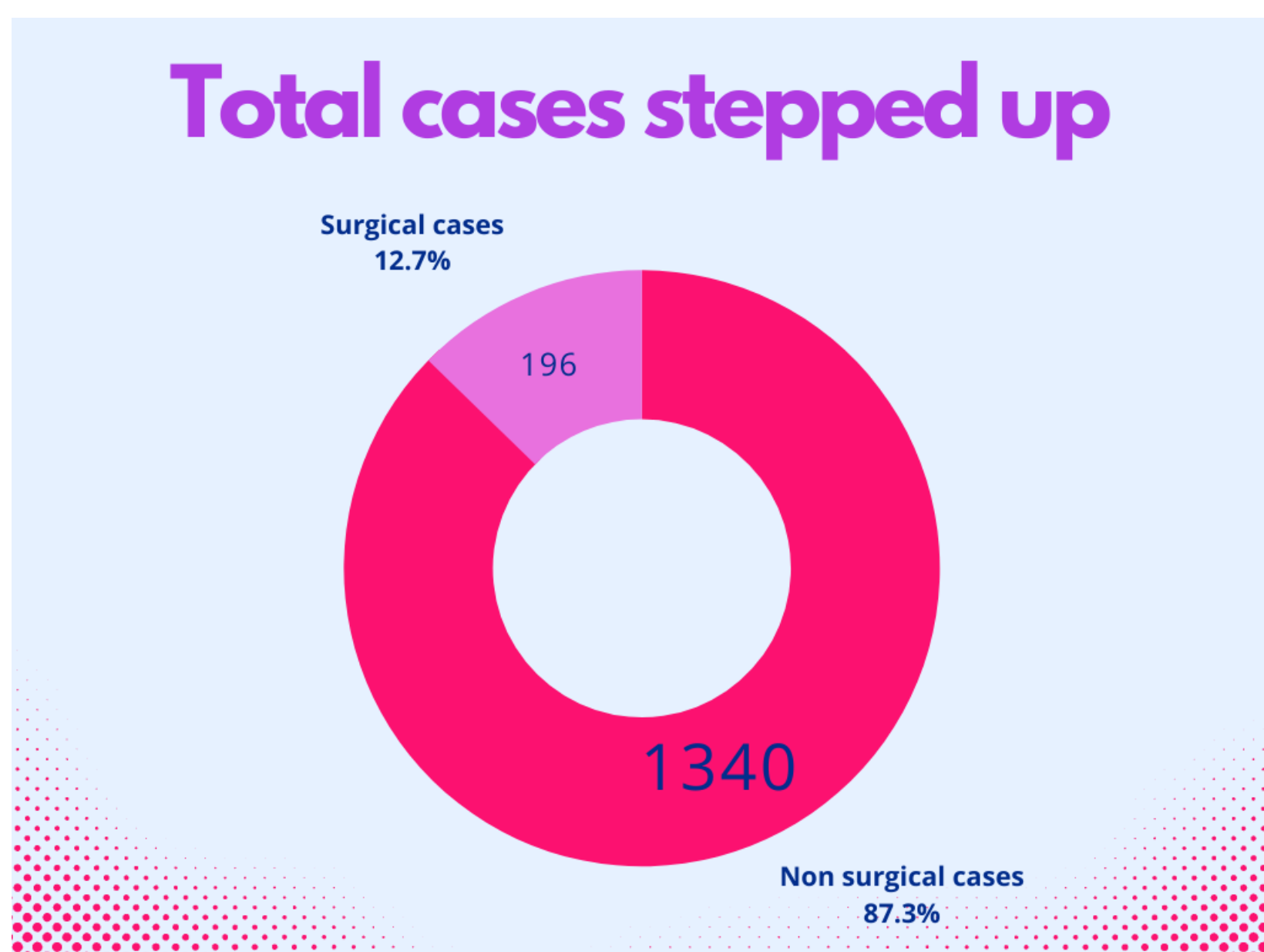
AIM AND OBJECTIVES

- To assess the burden of surgical cases in Hospital Semporna
- To determine measures that would facilitate patient's care without the need to undergo long traveling

METHODOLOGY

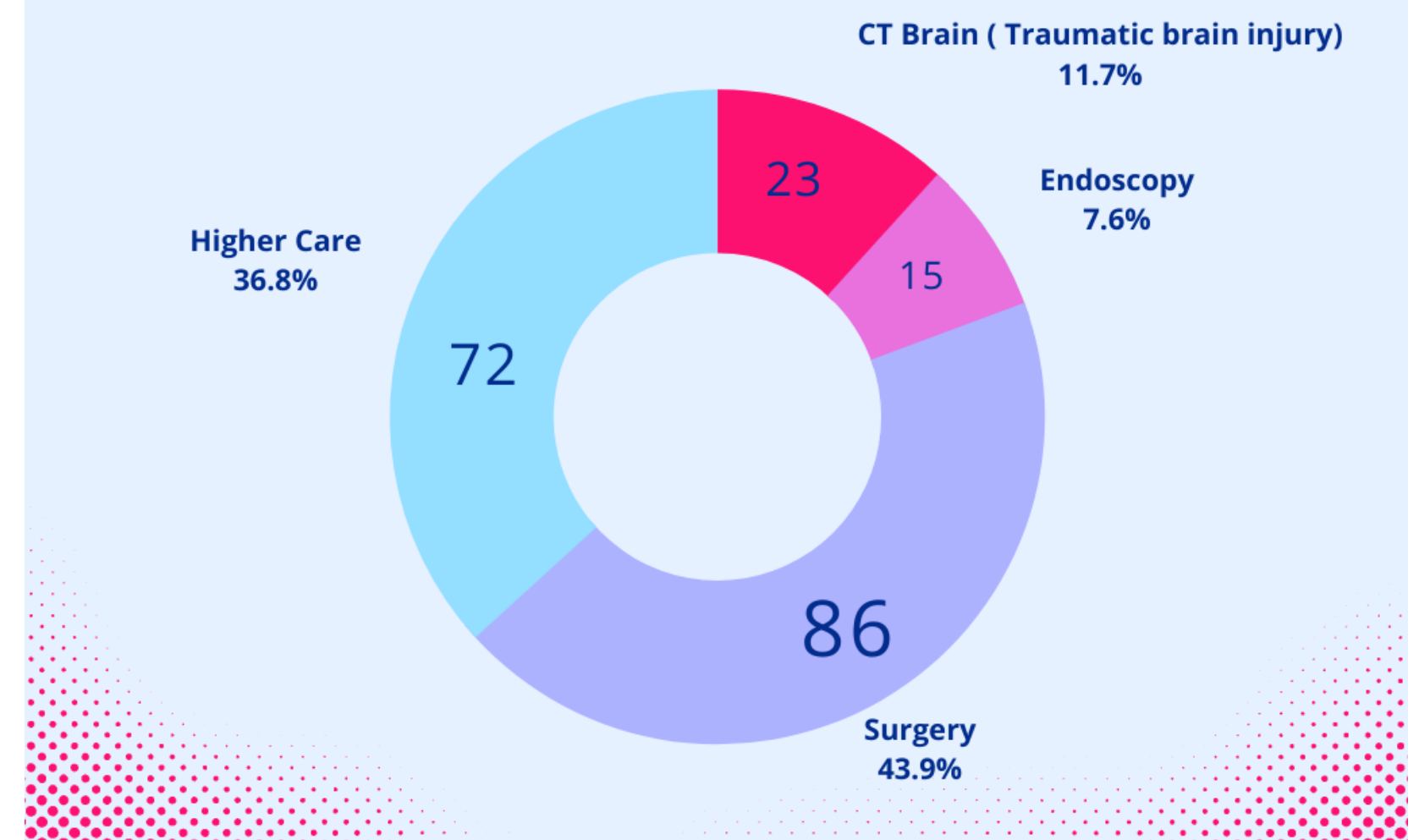
- A retrospective analysis were made
- Data obtained via Semporna Hospital MECC and surgical admissions record in Hospital Tawau
- The total number of surgical patients who were stepped up along with their diagnosis and subsequent treatment received is recorded and analysed

RESULTS AND DISCUSSION



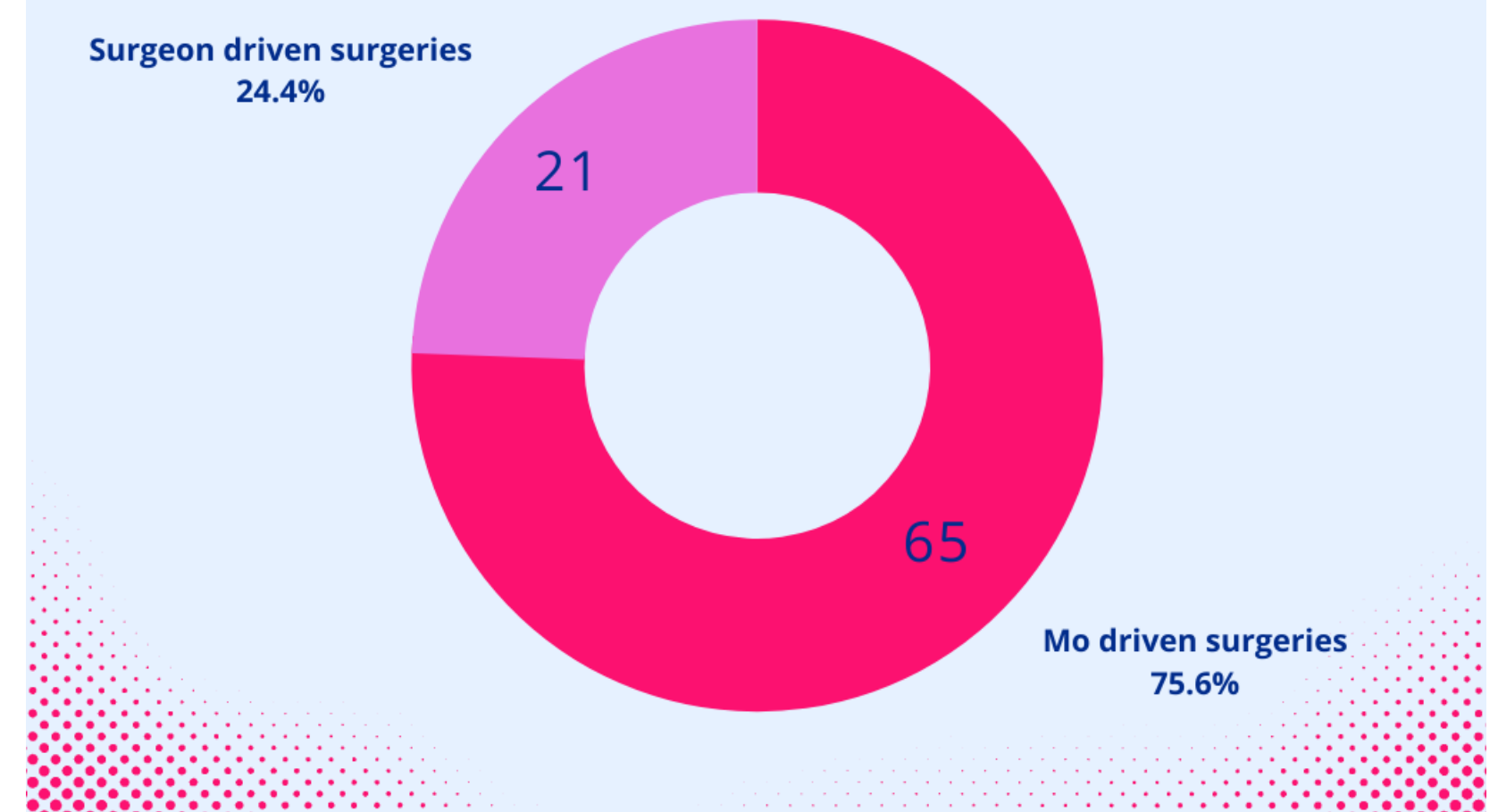
After screening and assessment by resident MO in Hospital Semporna, cases which require surgical attention and intervention are referred to oncall surgeon in Hospital Tawau via direct phone call. If necessary, arrangement is made to transfer patient via ambulance. Priority of transfer depends on patient's clinical condition and severity, and transfer is by a team made up of a driver, a nurse and an MO if patient is unstable.

Indication for step up



Higher care refer to cases in which patients who are transferred to Hospital Tawau after initial resuscitation and stabilisation in Hospital Semporna.

MO driven versus Surgeon driven surgeries



MO driven cases are conducted by MO credentialed for the surgeries. Examples are:

- Appendicectomy
- Hernioplasty
- Incision and drainage
- Wound debridement
- Saucerization

Surgeons are called in for complicated cases.

IMPROVISATION/ADJUSTMENT	NUMBER OF PATIENTS POTENTIALLY PREVENTED FROM TRANSFER	KM SAVED
In-house surgically trained care provider (MO with credential)	65	14,300
CT scan	23	5,060

With an in-house surgical and anaesthetic care provider in Hospital Semporna and the availability of CT scan, we are able to perform basic surgical services, thereby cutting the cost and time required for inter-hospital transfer and avoiding hazards of transferring patients. Most importantly, we can provide timely surgical care to the population of Semporna, which is in line with the global surgery initiative.

CONCLUSION

With the combination of adequate facilities, presence of trained surgical and anaesthetic care provider, it is perhaps possible to distribute the burden of specialized district hospital. Further analysis is required for step up of non-surgical patients. With the accumulative data it is worthwhile to consider setting up a CT scan and to station trained healthcare providers in Hospital Semporna.

REFERENCE:

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