

The background of the slide is a detailed architectural blueprint in shades of blue. It features a complex network of lines, circles, and rectangular shapes, resembling a floor plan or a technical drawing. The lines are of varying thicknesses, and there are several circular elements scattered throughout the design.

Blueprint for Palliative Care in Malaysia

Dr. Richard Lim Boon Leong,
MBBS, MRCP(UK)

Consultant Palliative Medicine Physician
Hospital Selayang

**Main
Objective/Goal**

**Key
Components**

**Resources
Required**

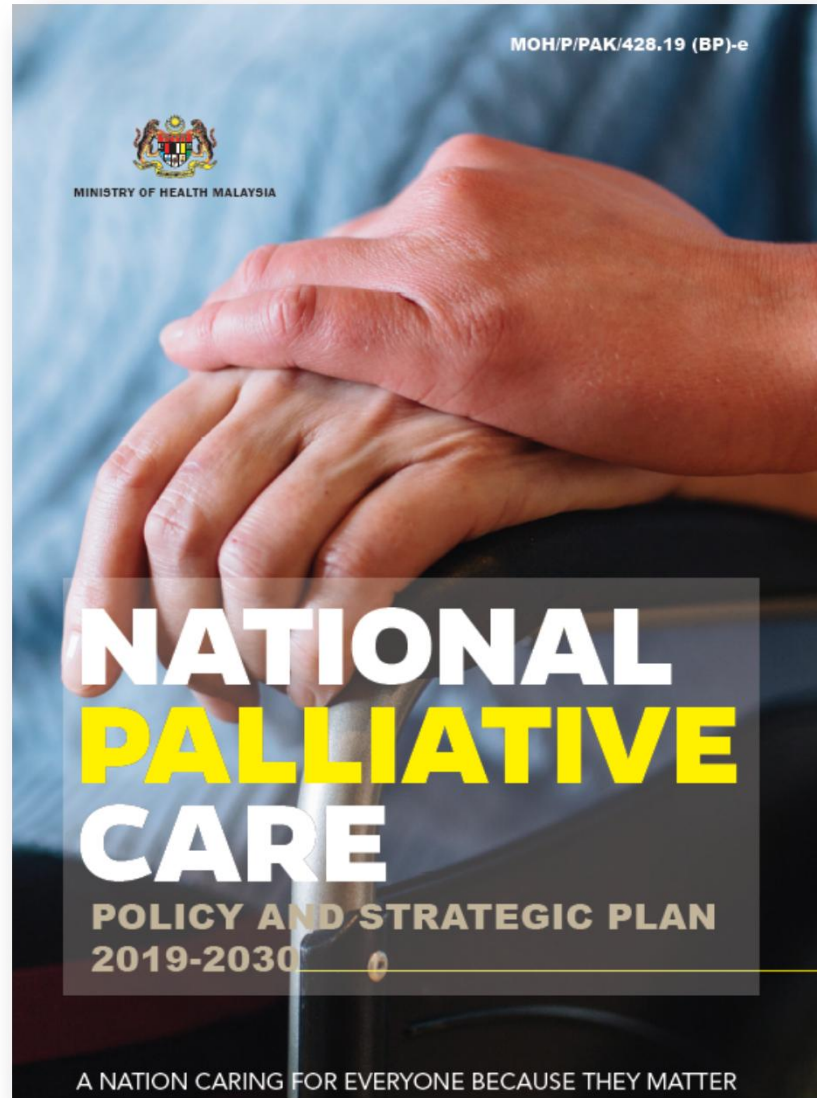
**A blueprint is a complete
plan which serves to
explain and guide the
development of something
(goal/concept)**

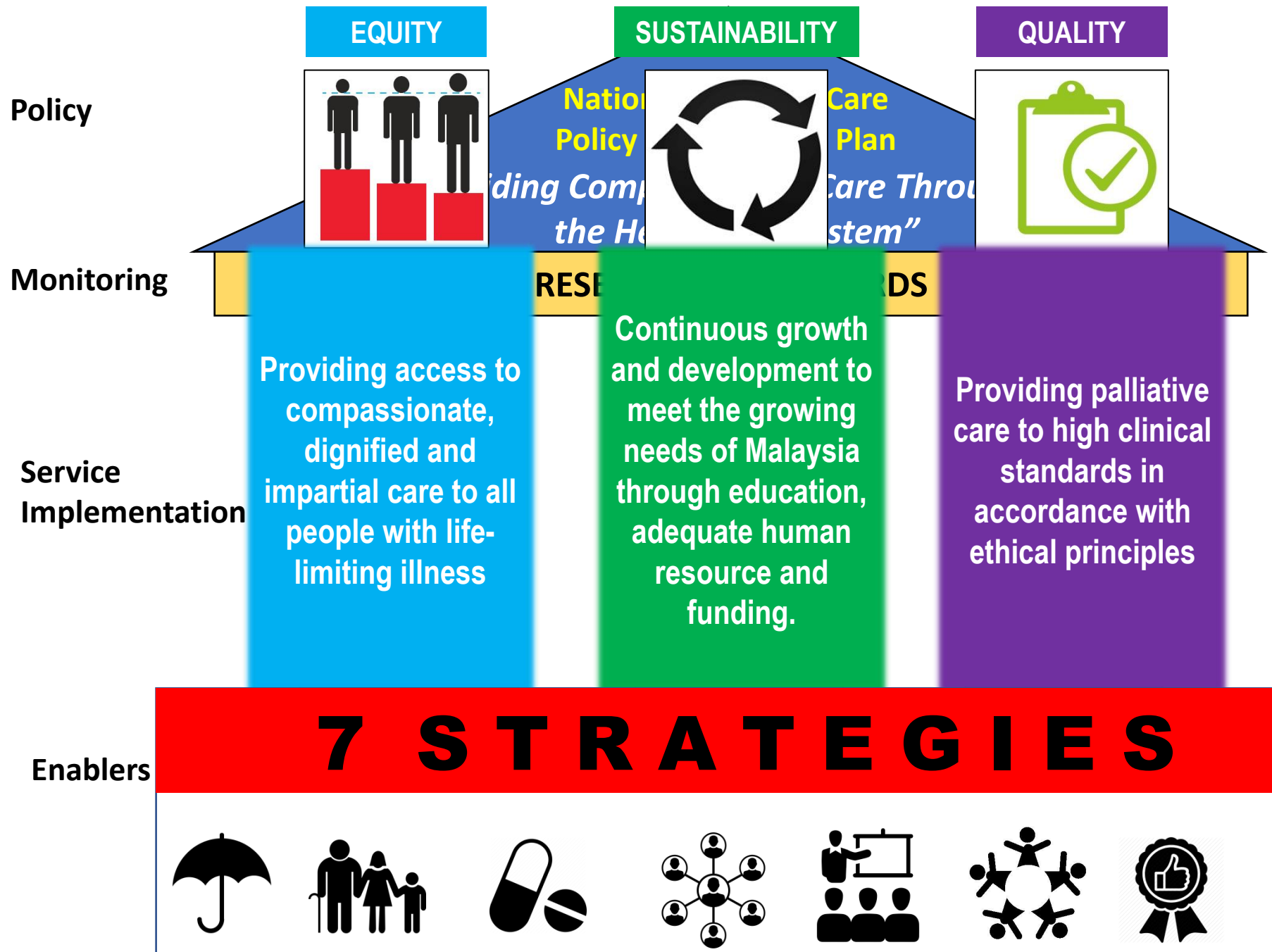
Implementation

**Targets &
Quality Indicators**



Malaysia's Palliative Care Blueprint





1.

Palliative Care must be developed as part of **UNIVERSAL HEALTH COVERAGE**.



2.

The palliative care **NEEDS** of all people including children and elderly with life limiting conditions must be **RECOGNISED** wherever they seek healthcare.



3.

All people who need palliative care should be able to **ACCESS** the **CARE** and **MEDICATIONS** they require in a manner that minimises burdens.



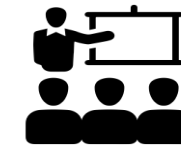
4.

A network for the **CONTINUITY OF CARE** and sharing information must be developed throughout the healthcare system



5.

Develop **EDUCATION PROGRAMMES** for all involved in palliative care provision and deploy skilled human resources in an optimal manner



6.

Encourage **COMMUNITY PARTICIPATION** in the provision and promotion of palliative care



7.

Establish **STANDARDS OF CARE** based on best evidence and good ethical principles



7 STRATEGIES

Action plan tables for implementation of national palliative care strategy

Table 6a: Hospital Based Palliative Care

Goals	Activities	Implementation period	Outcomes	Activities	Implementation period	Outcome indicator	Collaboration/ Coordinating agencies
<p>1. All State/ Major Specialist Hospitals and teaching hospitals to Develop Palliative Care services</p> <p>Establish dedicated Domiciliary under Domiciliary</p> <p>Create operating processes to access Domiciliary</p> <p>Increase identification of patients in community using SPIC patient identification. (Table 2b)</p>	<p>a) Develop Paediatric Palliative Care</p> <p>i. 1. Each state hospital should have Paediatric Palliative Care (PPC) Service</p> <p>a) Integrate PPC as part of enhancement of paediatric service</p> <p>Develop policy for the formation of either</p> <ul style="list-style-type: none"> Specialist (full time) PPC service Generalist (part-time) PPC service <p>f) Establish collaboration with hospices or NGOs for paediatric palliative care in community</p> <p>i. Enlist their interest and collaboration towards working for children with palliative care need</p> <p>ii. Listing their organization name under MyPPC (PPC subcommittee of Malaysian Association of Paediatric), MHC and MAPPAC website</p> <p>iii. Conjoint training programme with Malaysian Hospice Council (MHC), MyPPC and MAPPAC for PPC training programme for hospices</p>	<p>1 year at policy implementation</p> <p>1-5 years</p>	<p>c) Develop palliative care services in minor specialist and non-specialist KKM hospitals</p> <p>i. Harmonise services among these hospitals</p> <ul style="list-style-type: none"> Mapping exercise of palliative care service Create guidelines and standards for providing palliative care Establishment of palliative care <p>ii. Engage and develop</p> <ul style="list-style-type: none"> Establishment of Of <p>iii. Identify functional</p> <ul style="list-style-type: none"> Establishment of <p>iv. Establish</p>	<p>1. Make essential medicines in palliative care universally available and accessible</p> <p>Within the NEML, designate essential medicines in palliative care as "universal" to encourage the availability of these medicines at all healthcare facilities.</p> <p>Track the availability of essential medicines in palliative care from private and public health care facilities</p> <p>Ensure centers identified as palliative care hubs have palliative medicines available in adequate quantities, and can serve as distribution center if needed</p> <p>Develop a national palliative medicine protocol that guides the use of palliative medicines based on evidence and best practices</p> <p>Track the availability of medicines in palliative private and public health facilities</p> <p>Ensure centers identified as palliative care hubs have palliative medicines available in adequate quantities, and can serve as distribution center if needed</p> <p>Develop a national palliative medicine protocol that guides the use of palliative medicines based on evidence and best practices</p>	<p>1 year</p> <p>3 years</p> <p>3 years</p> <p>5 years</p> <p>5 years</p> <p>ongoing</p>	<p>Updated NEML list reflect palliative care needs</p> <p>List of hospitals with essential medicines in palliative care available</p> <p>Every state with palliative care hub equipped with adequate supply of medicines, and an efficient distribution system.</p> <p>National palliative medicine protocol</p> <p>National Palliative Care Working Group</p> <p>National Palliative Care Working Group</p>	<p>Pharmaceutical Services Programme, MOH</p> <p>Public - MOH</p> <p>Private - Association of Private Hospitals Malaysia (APHM)</p> <p>Pharmaceutical Services Programme, MOH</p> <p>National Palliative Working Group</p> <p>Nursing Division, MOH</p> <p>Allied Health Sciences Division, MOH</p> <p>Nursing Division, MOH</p> <p>Allied Health Sciences Division, MOH</p>

Understanding the National Palliative Care Strategy (Blueprint)



#1

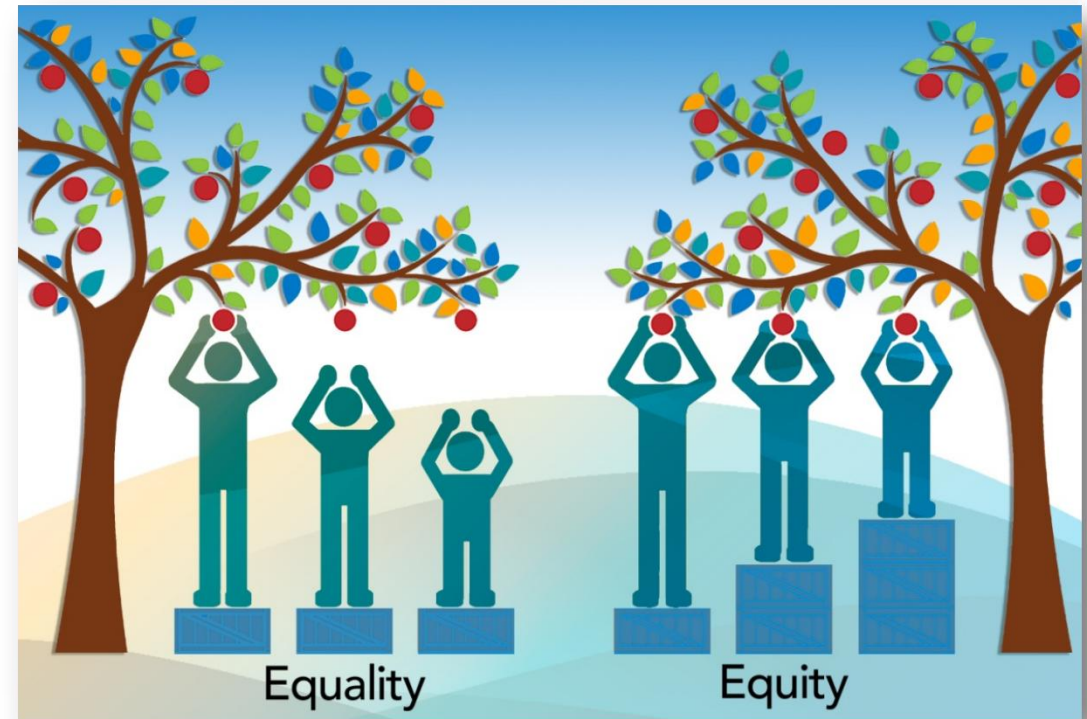


#1

Palliative Care must be developed as part of **UNIVERSAL HEALTH COVERAGE.**

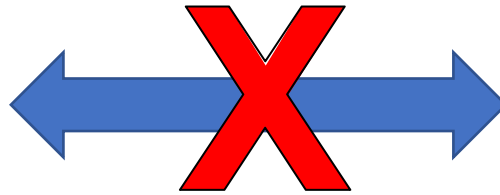


*“Universal health coverage means that all people and communities can use the promotive, preventive, curative, rehabilitative and **palliative health services** they need of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”*





**Inequitable
Care
Provision**



Mapping Palliative Care Availability and Accessibility: A First Step to Eradicating Access Deserts in

Malar Velli Segar
MRCP(UK)³, CI
Salimah Othman
MMED⁶, Dingle
Fazlina Ahmad,
E. Rosa, PhD, M
Nirmala Bhoop

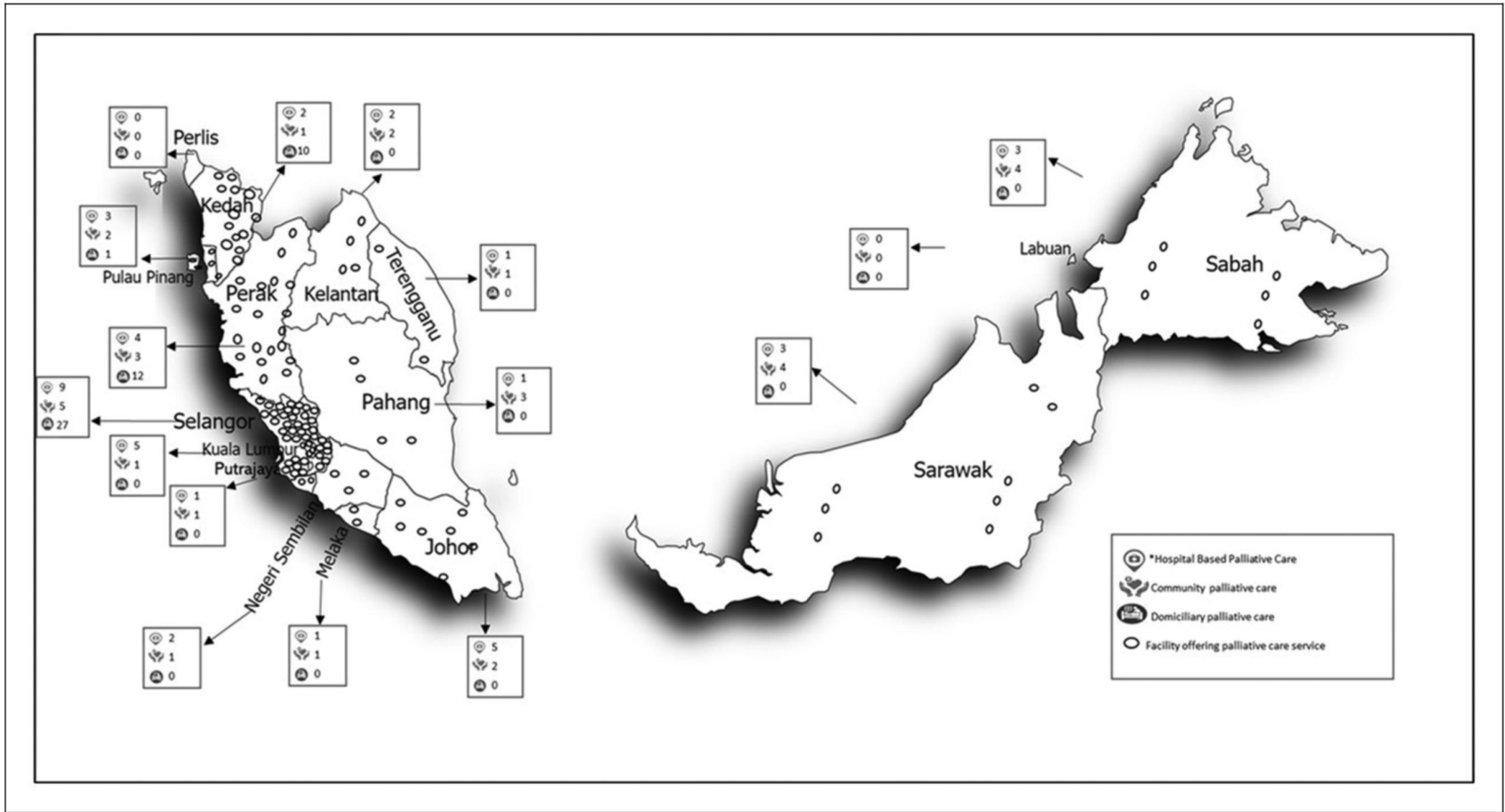


Figure 1. Distribution of palliative care facilities, by Malaysian states.

East
Malaysia
82.3 km

East
Coast
45.7km

Central
Region
3.7lm



MEDIAN DISTANCE

Central
Region
RM4.45

East Coast
RM34.30

East
Malaysia
RM 104



**MEDIAN COST TO
TRAVEL VIA PUBLIC
TRANSPORT**

**Marked INEQUITY in
Access to Palliative Care**

Malaysia
60-65min

Central
Region
14-16min

East Coast
70-80 mins

East
Malaysia
110mins



PERSONAL TRANSPORT

Malaysia
70-75min

East Coast
80-90min

East
Malaysia
82-111min

Sarawak
Daro & Matu
→Sibu
2.5 hr
(via boat)



**PUBLIC TRANSPORT
(BUS/TAXI/FERRY)**

Malaysia's commitment to the right to health

7 April 2024 | Joint News Release | Putrajaya, Malaysia

By YB Datuk Seri Dr Dzulkefly Ahmad, Minister of Health Malaysia, and Dr Rabindra Abeyasinghe, WHO Representative for Malaysia, Brunei Darussalam, and Singapore.

As we observe World Health Day this year, it is paramount for us to reflect on an essential principle central to human well-being – the right to health. In Malaysia, like many parts of the world, access to quality healthcare has become more crucial than ever. While Malaysia has made significant strides in this regard, there are still disparities and barriers that need addressing to fully realise the right to health for all.

The theme for this year's World Health Day, "My health, my right" emphasises the importance of ensuring that every individual, regardless of their background or circumstances, has the right to

Achieving the right to health requires collaborative efforts. The MADANI Government is committed to partnering with various stakeholders including policymakers, healthcare providers, civil society organisations, and the private sector. Recognising universal health coverage (UHC) in ensuring equitable access to healthcare, Malaysia has been actively working to expand UHC coverage and improve the quality of healthcare services.

Use UHC as leverage to:

- Justify service development
- Drive your motivation and goals
- Be brave to know this is the right thing to do





#2



#2

Everyone needing palliative care must be identified and their **NEEDS RECOGNISED** wherever they seek care



Palliative Care can **ONLY** begin when suffering is recognised.



Strategy #2

Everyone needing palliative care must be identified and their **NEEDS RECOGNISED** wherever they seek care



All humans are born compassionate.
↓
Bystander Effect

HIGHER ADMINISTRATION

PUBLIC / COMMUNITY



Train people to open their eyes and see the needs


HEALTHCARE PROVIDERS



STATISTICS ON CAUSES OF DEATH, MALAYSIA, 2023

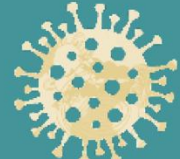
Non-Communicable Diseases are the cause of 73.4% of deaths in Malaysia
WHO 2019

1




16.1%
Ischaemic heart diseases

4




4.2%
COVID-19 infection (due to)

10




1.5%
Malignant neoplasm of breast

9




1.7%
Diabetes mellitus

8



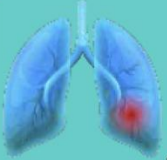
1.7%
Hypertensive diseases

7



1.8%
Chronic lower respiratory diseases


6



2.1%
Malignant neoplasm of trachea, bronchus and lung

5

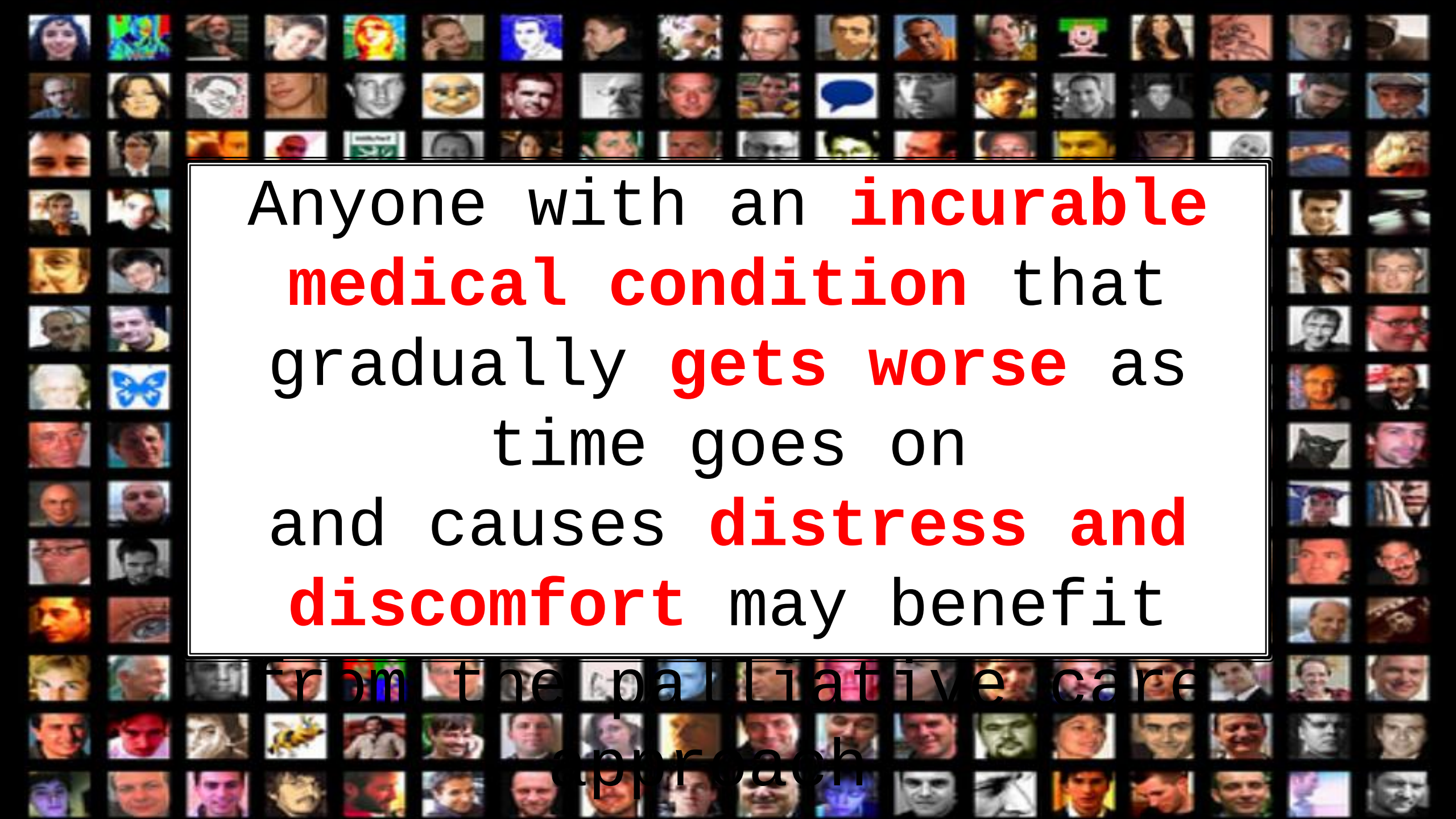
3.2%
Transport accidents



10 Principal Causes of Death 2022

Most of Us Will Need Palliative Care





Anyone with an **incurable**
medical condition that
gradually **gets worse** as
time goes on
and causes **distress and**
discomfort may benefit

from the palliative care
approach



“ Would you be SURPRISED if this patient DIED in the next 3-6 months?”

If you say **“NO, I would NOT be surprised”**
Then you should shift the focus of your care to address and prepare for end of life issues.



The SPICCT™ is used to help identify people whose health is deteriorating. Assess them for unmet supportive and palliative care needs. Plan care.

Look for any general indicators of poor or deteriorating health.

- Unplanned hospital admission(s).
- Performance status is poor or deteriorating, with limited reversibility. (eg. The person stays in bed or in a chair for more than half the day.)
- Depends on others for care due to increasing physical and/or mental health problems.
- The person's carer needs more help and support.
- The person has had significant weight loss over the last few months, or remains underweight.
- Persistent symptoms despite optimal treatment of underlying condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptom control.



Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile episodes or infections; aspiration pneumonia.

Heart/ vascular disease

Heart failure or extensive, untreatable coronary artery disease; with breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.



Respiratory disease

Severe, chronic lung disease; with breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

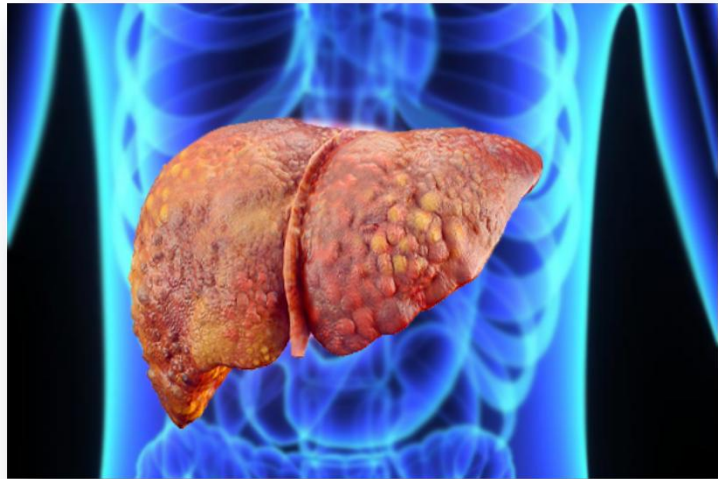
Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping or not starting dialysis.



Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

Available on Apple App Store or Google Play



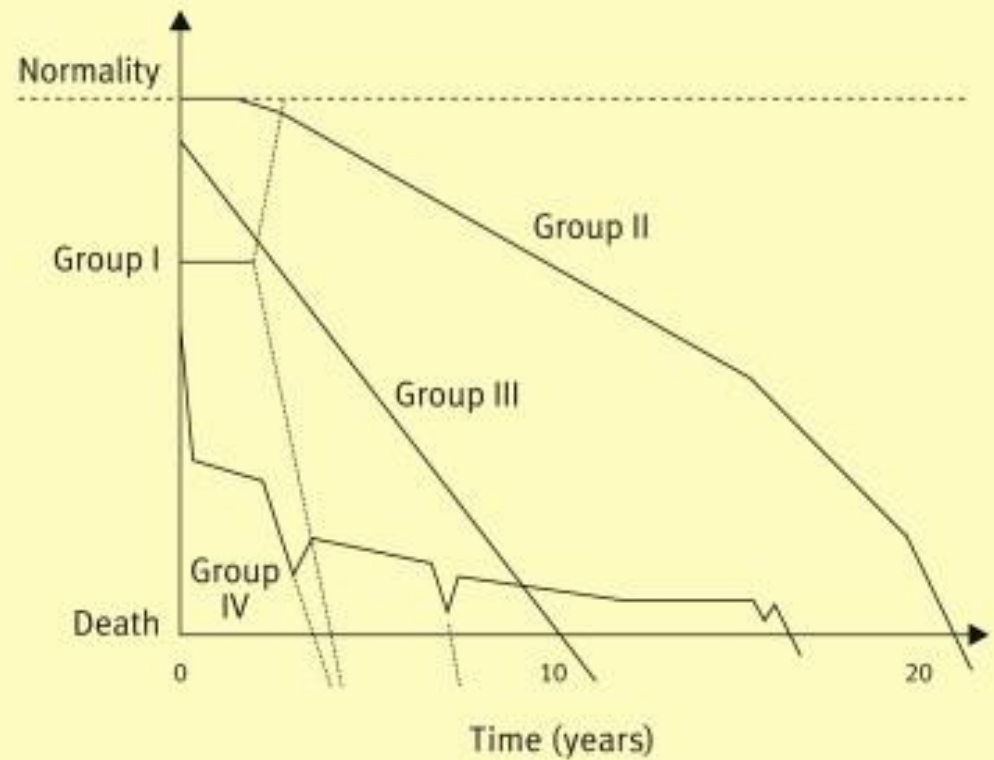


MAPPAC

MALAYSIAN PAEDIATRIC PALLIATIVE CARE



What is children's palliative care?



Group I – Life-threatening conditions for which treatment is possible but may fail, e.g. cancer

Group II – Conditions where there may be long periods of intensive treatment aimed at prolonging life, but premature death is still possible, e.g. cystic fibrosis

Group III – Progressive conditions without curative treatment options where treatment is exclusively palliative and may extend over many years, e.g. Batten disease

Group IV – Conditions with severe neurological disability, which may cause susceptibility to health complications. Patients may deteriorate unpredictably but conditions are not considered to be progressive e.g. severe cerebral palsy



#3



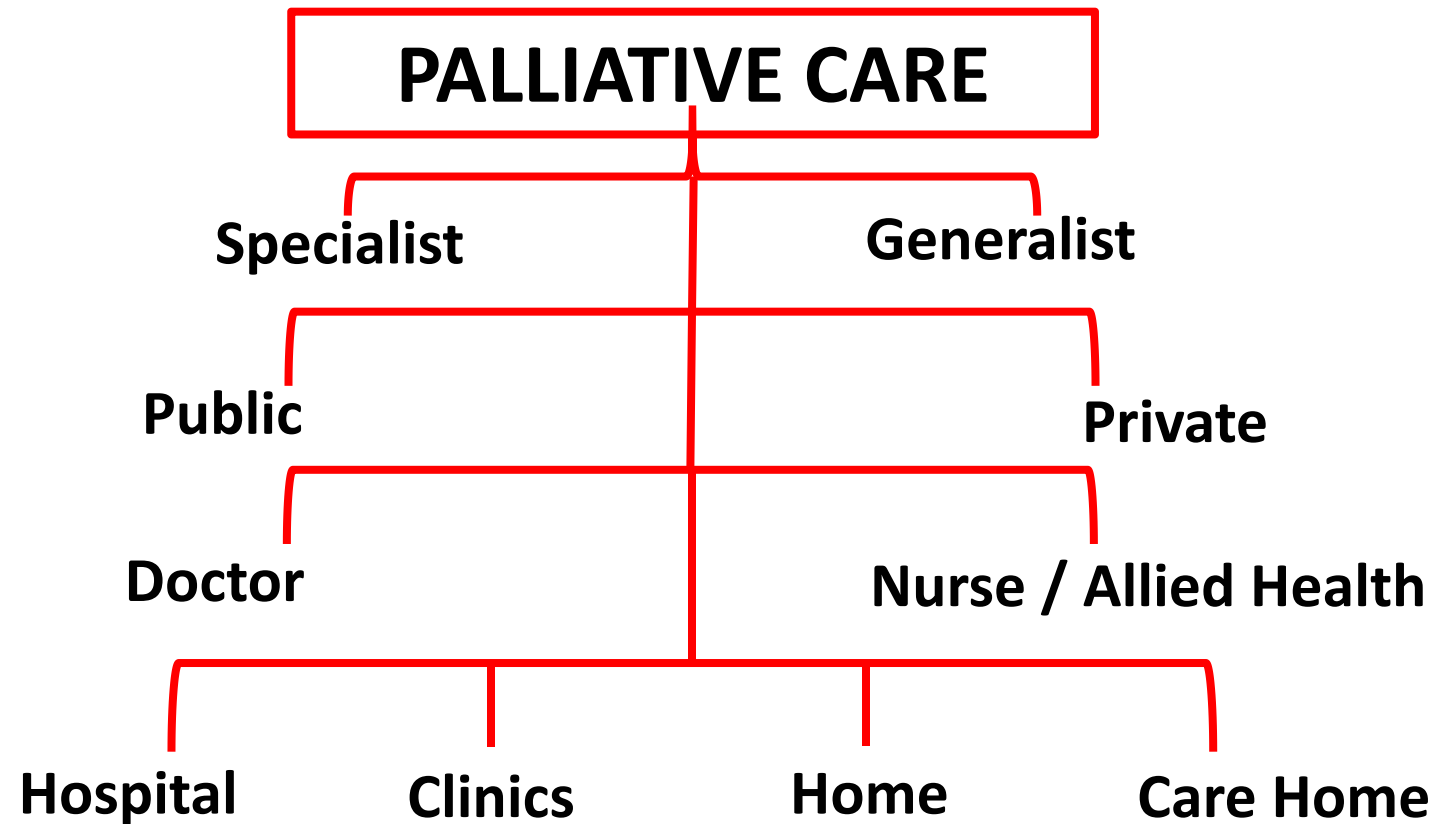
#3

Everyone in need of palliative care must be able to **ACCESS** the **CARE** and **MEDICATIONS** they require in a manner that minimises burdens.



Following through
with **COMPASSION**

“A deep awareness
of suffering with a
desire to relieve it”



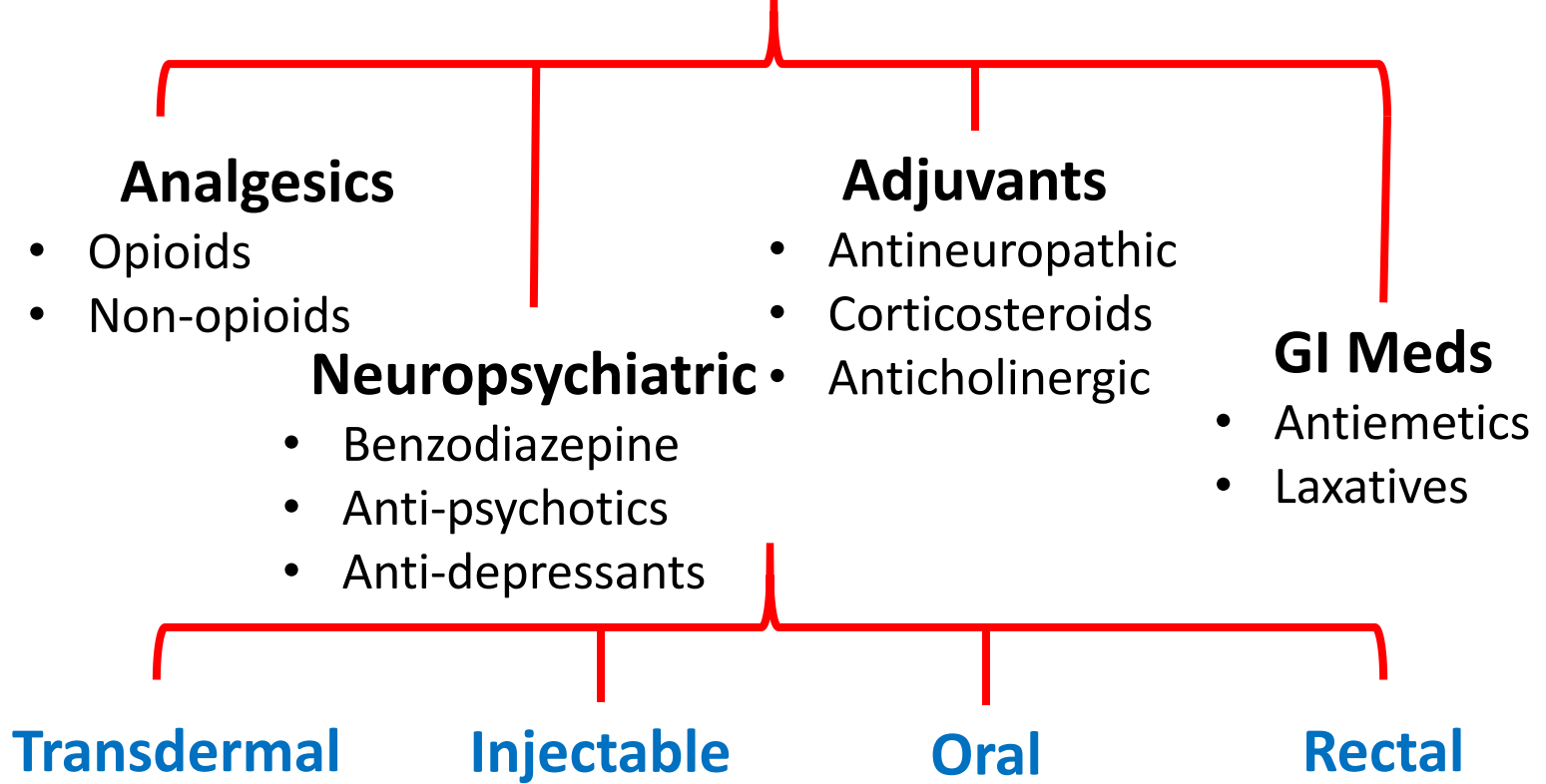


Everyone in need of palliative care must be able to **ACCESS** the **CARE** and **MEDICATIONS** they require in a manner that minimises burdens.



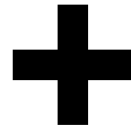
ESSENTIAL MEDICATIONS
Must be available to relieve symptoms effectively at all stages of illness

ESSENTIAL MEDICATIONS





**ACCESS TO PALLIATIVE
CARE PROVIDERS**



**ACCESS TO ESSENTIAL
MEDICATIONS**



**ACCESS TO EFFECTIVE
PALLIATIVE CARE**

Hospital Palliative Care Services

MOH HOSPITALS

- 13 Specialist PC
- 14 Visiting PC
- 5 Hospital PC




UNIVERSITY HOSPITALS

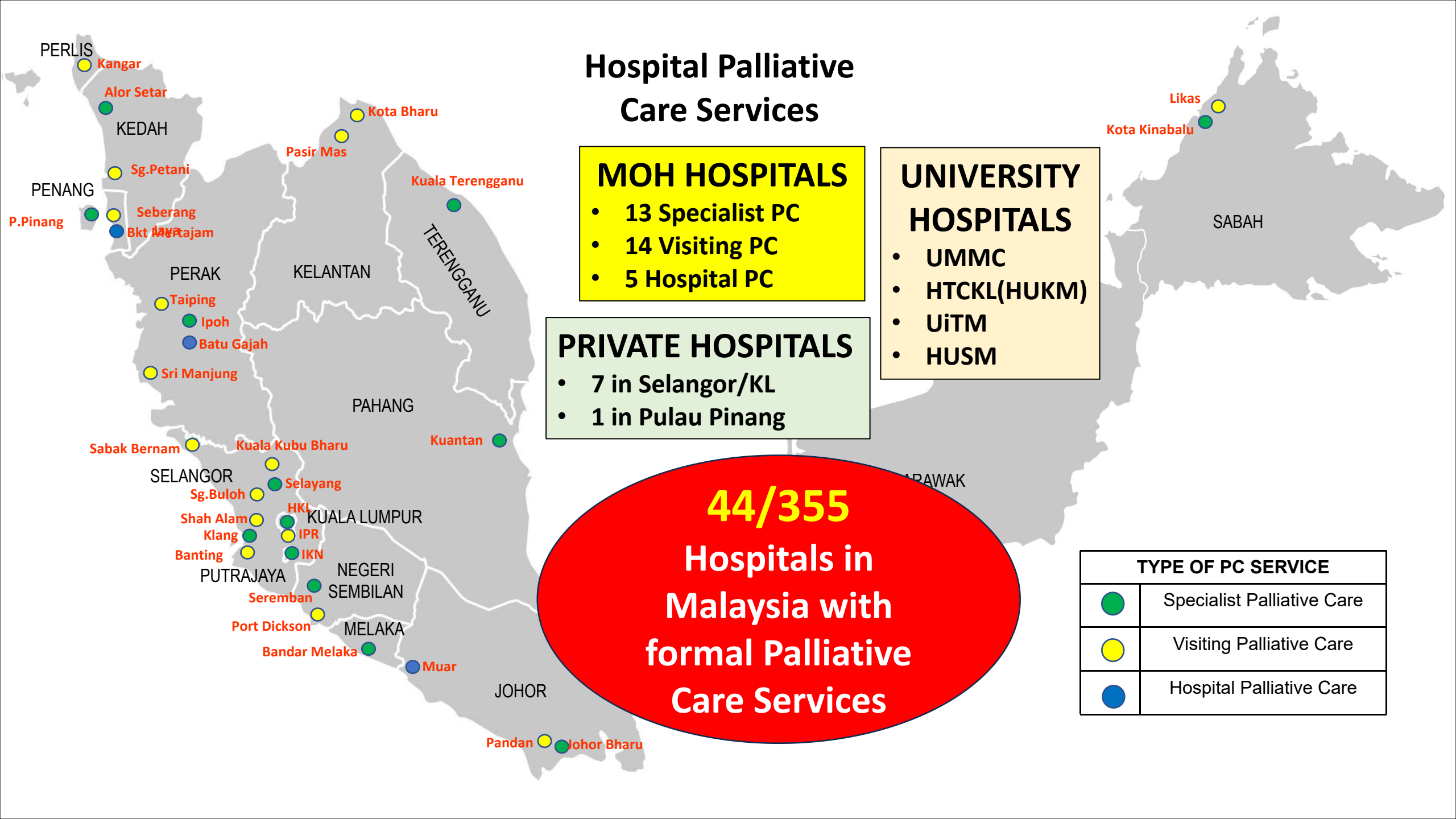
- UMMC
- HTCKL(HUKM)
- UiTM
- HUSM

PRIVATE HOSPITALS

- 7 in Selangor/KL
- 1 in Pulau Pinang

44/355
Hospitals in Malaysia with formal Palliative Care Services

TYPE OF PC SERVICE	
	Specialist Palliative Care
	Visiting Palliative Care
	Hospital Palliative Care



Improving Access to Hospital PC



The banner features a blue background with a faint image of a smiling female doctor in a white coat and blue hijab. In the top left corner, there are two logos: the Malaysian Ministry of Health logo and a circular logo with the text 'SUPPORTING' and 'PALLIATIVE CARE'. The main text is centered and reads 'Palliative Medicine and End-of-life Care' in a large, white, sans-serif font. Below this, in a smaller white font, is 'Special Interest Group (SIG)'. At the bottom center, there is a white rectangular button with the text 'LEARN MORE' in blue capital letters.

- Formalised Special Interest training programme
- Aimed at Generalist / Medical Officers
- Privileged to run dedicated PC service
- Bridge gap in minor / non-specialist hospitals

IS THE SIG PROGRAMME FOR YOU?

General Selection Criteria of AOI Officers

1. Candidates must have no disciplinary problems or history of disciplinary actions
2. Candidates should have an interest in providing palliative care service in their current place of practice for at least the next two years
3. Candidates need to get permission for release from the Head of Unit/ Department and approval from hospital director to participate
4. If the trained personnel plans to leave the current place of practice, a new provider should be identified for training and service continuation.

Specific Selection Criteria for AOI Officers

1. **Medical Officer Selection Criteria**
 - Medical Officer of at least 1 year after housemanship training
 - Identified by physician in charge and/or hospital director
2. **Specialist Selection Criterion**
 - Specialist from any discipline who planned to stay in the current place of practice for the next 2 years

Development of the rural Palliative Care Services by the Kuala Lipis District Hospital

Carol Lai Cheng Kim, MMED (UKM)¹, Tay Khok Tjian, MRCP(UK)¹, Rafidah Abdullah, MRCP(UK)²

¹Department of Internal Medicine (Palliative Care Subspecialty), Hospital Kuala Lipis, Pahang, ²Department of Medicine Hospital Putrajaya

SUMMARY

In recognising the palliative care (PC) needs globally and in Malaysia, services were developed to serve the rural area of Kuala Lipis, Pahang. This communication describes the initial a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, stages of development towards achieving a successful implementation. PC services were led by Kuala Lipis district hospital include inpatient referrals, outpatient and community care through home visits. These services involve multi-disciplinary team inclusive of representatives from health clinics and allied health. Referrals and opioid usage have demonstrated an increasing trend since its implementation in October 2018. Implementation of rural PC services is feasible; however, long-term sustainability needs to be addressed.

KEYWORDS:

Palliative care, community, opioid usage, Kuala Lipis

annually for on-going training and education. Opioids are available to be prescribed by physicians. The main challenges lie in the fourth aspect - in the on-the-ground implementations especially in the rural and district regions.

In recognising the need to deliver PC, a dedicated team of healthcare professionals and volunteers have initiated services to the community of a rural area. Prior to its development, there was no access to PC or hospice services for patients within the rural district of Kuala Lipis; with the nearest availability is in Kuala Lumpur, the capital city (approximately distance of 60 km). Kuala Lipis is located in the north east region of the state of Pahang, in the middle of the Peninsular Malaysia and has a total of 10 Mukims (sub-districts), covers an area of 5,168 km² which is 14.6% of the Pahang state area with a population of 106,814. The main industries in Kuala Lipis are agriculture and gold mining. The healthcare facilities consist of 1 district hospital with minor specialists as the referral centre and eight Klinik

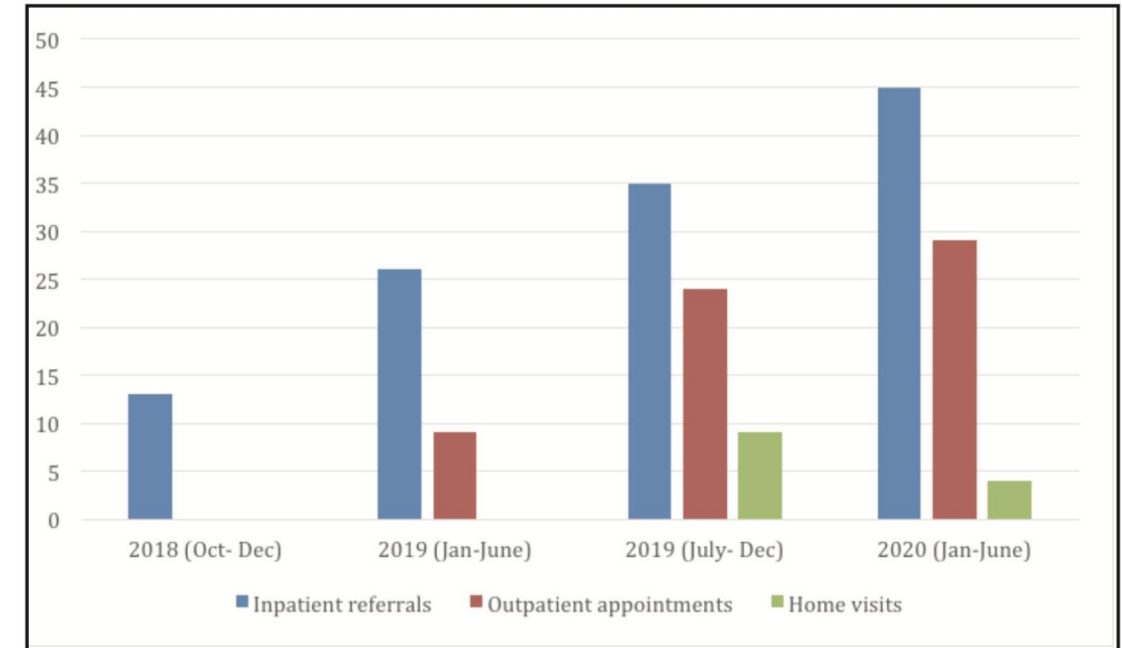
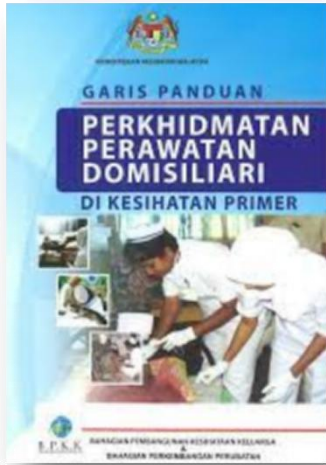
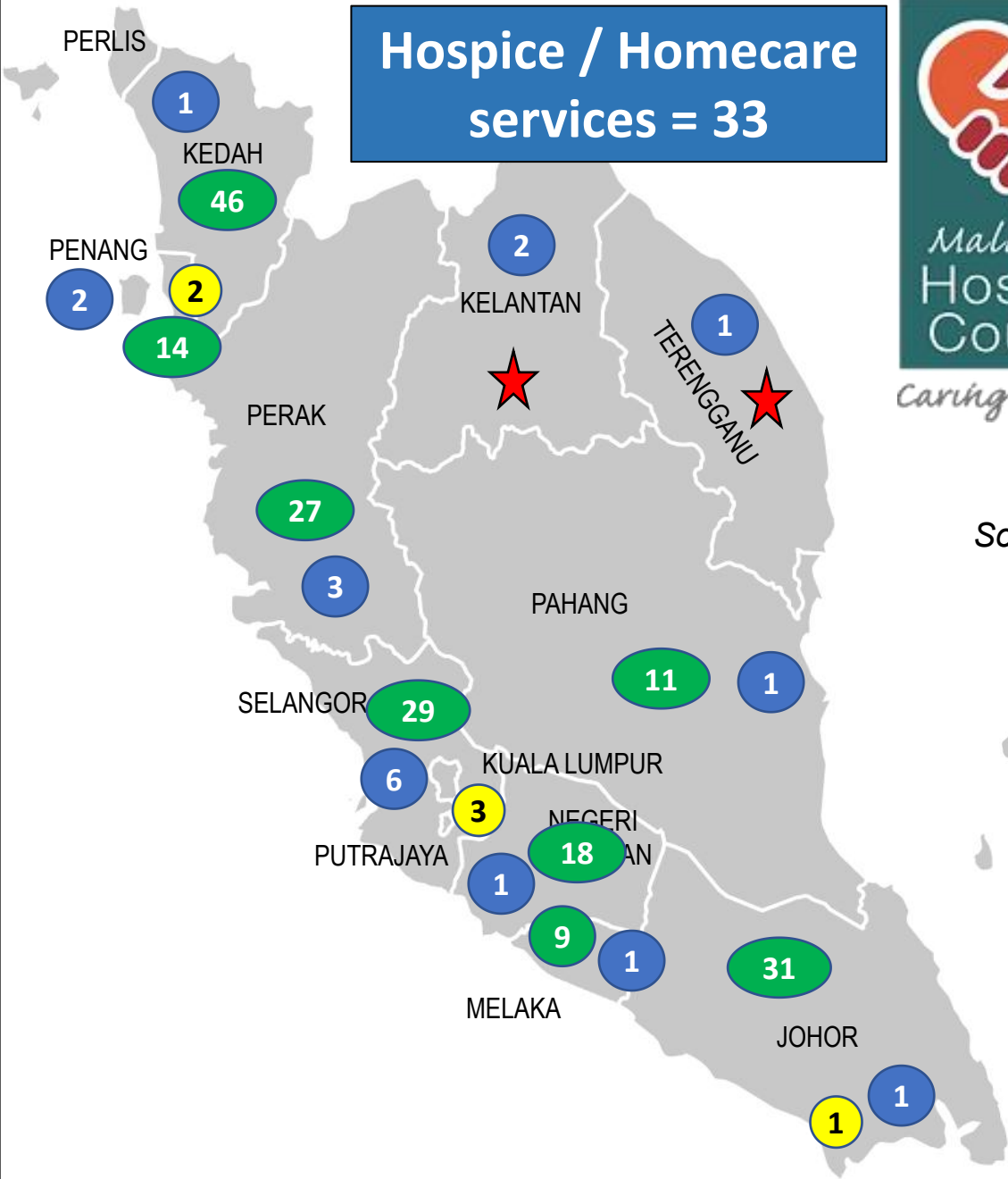


Fig. 2: Statistics of PC services.

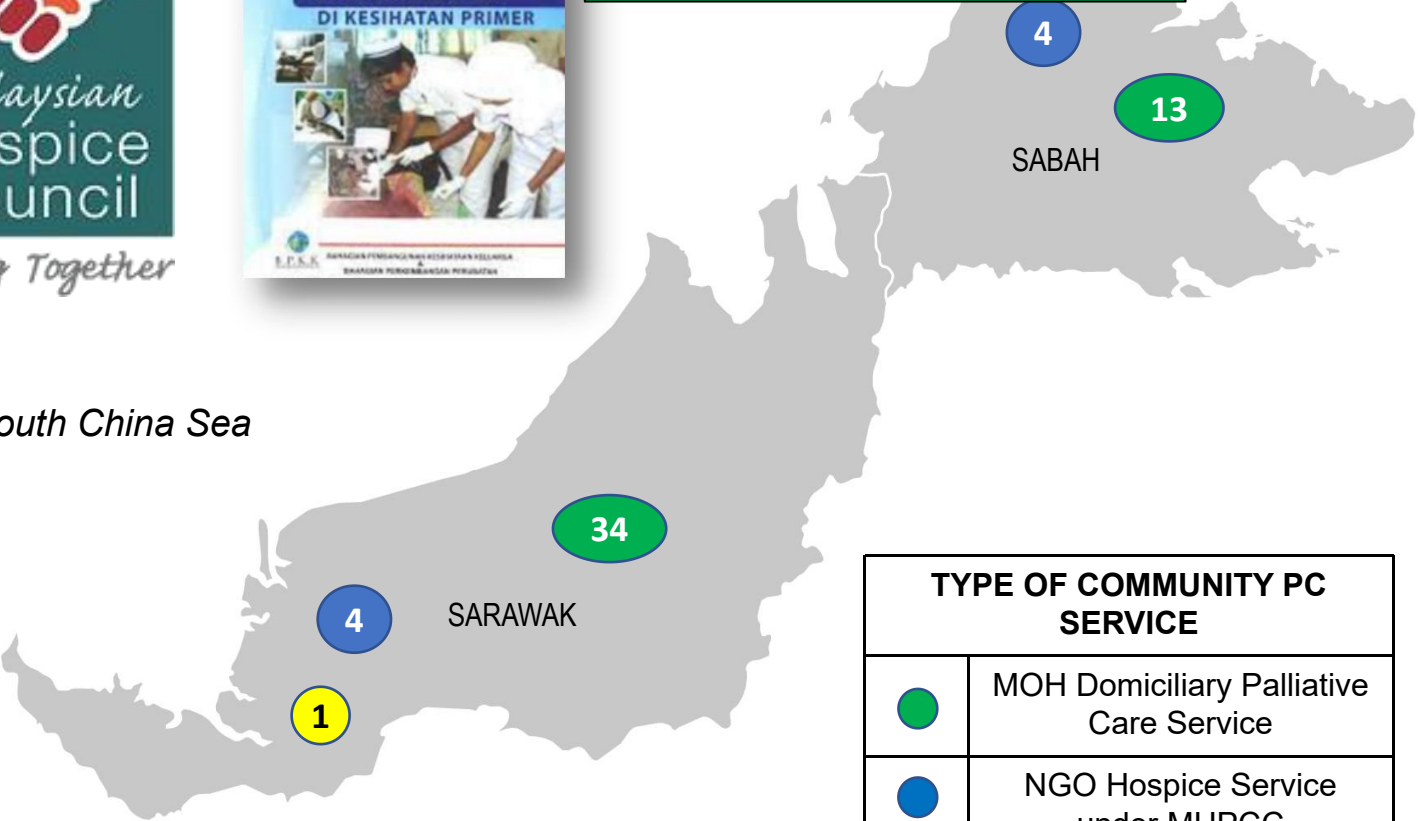
Hospice / Homecare services = 33



Domiciliary PC services = 232



South China Sea



Community Palliative Care Services in Malaysia

TYPE OF COMMUNITY PC SERVICE	
	MOH Domiciliary Palliative Care Service
	NGO Hospice Service under MHPCC
	Other Homecare Service
	Upcoming Expansion

Improving Access to Community PC

S'wak to be first training ground in palliative care

Marilyn Tan

KUCHING: Sarawak marked another milestone after being selected as the first state in the country to be the training ground for doctors and nurses in palliative care.

Fifty doctors, the majority of whom are from Sarawak, will receive their training at Lien Collaborative Workshop next month, which is an international collaboration with Asia Pacific Hospice & Palliative Care Network (APHN) and Singapore's philanthropic group Lien Foundation.

Project manager Dr Sharon Choo said the state had sent a detailed proposal for this collaboration as Sarawak has a vision to become a centre of excellence for palliative care.

The event including Lien Collaborative Workshop Executive Director Dr Sharon Choo visited Sarawak before the collaboration was formalised. She said the collaboration would help to improve the quality of palliative care in Sarawak.



and complete all three modules to become 'master trainers'.

Their commitment is for three years with Module 1 starting in April, followed by Module 2 in September and Module 3 in April next year," she said.

For the selection process, 12 health clinic teams (one from each division in Sarawak) are chosen after a discussion with their respective divisional health officer and state Health Department.

There are also three hospital teams selected, namely Sarawak General Hospital, Sibuloh Hospital and Miri Hospital with selections made after discussion with their respective palliative care leads, head matrons and hospital directors.

"We have looked into details that the selected participants

- Lien Collaborative Workshop in Palliative Care for FMS / Domiciliary Care Providers in Sarawak
- Collaboration with JKN Sarawak, APHN and Lien Foundation Singapore



Access to PC
provider

Distance

< **20 km**

Travel Time

< **60 mins**

A trained
palliative care
provider

Access to
medications

Medications:

- Morphine
- Benzodiazepines
- Haloperidol
- Dexamethasone
- Antidepressant
- Anticonvulsant

URBAN

20 KM RADIUS / 60 MIN TRAVEL

RURAL

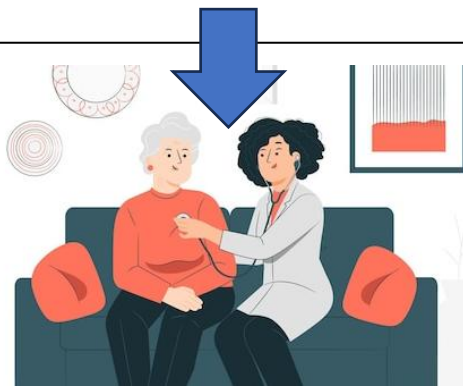


- Palliative Medicine Specialist (Level 3 training)
- Specialist/General nurses (ADPC)
- Acute PCU
- Consultative PC
- Outpatient PC

- General Specialist / Medical officer (Level 2 training)
- Beds in acute gen ward
- Consultative PC
- Outpatient PC

- Family Med Sp / MO/Nurse /AMO (Level 2/3 training)
- Outpatient PC
- Domiciliary PC

- NGO hospice
- MOH Domiciliary Care Teams
- Hospital Homecare Teams



COMMUNITY PC
Home / Nursing Home / Hospice

- GP clinic teams
- Nursing Home GP
- Faith Based hospice teams
- Private Homecare teams

Are there more
opportunities to
enhance and
increase ACCESS ?



palliative care malaysia



mycareconciierge.com

<https://www.mycareconciierge.com> › assisted-living

Care Concierge Malaysia | Palliative Care

Experience the warmth of kinship with other peers and spend memorable time together. A place for relaxation, rejuvenation and forging meaningful connections. Fully Furnished Suites. Senior-Friendly Facility. Healthy Meals.



Homage Malaysia

<https://www.homage.com.my> › resources › palliative-ca...

Palliative Care Services and Support Groups In Malaysia

An insight on the most updated and comprehensive list of **palliative care** support groups that are available for families and their loved ones in Malaysia.



tena.com.my

<https://www.tena.com.my>

TENA Caregiving | Mastering Hospice Care | TENA

Explore caregiving tips & insights from experienced caregivers. Visit TENA to learn more. G know how to provide 24-hour care for the elderly in their own home. Protects elderly skin S



komunecare.com

<https://www.komunecare.com>

Palliative Care | Komune Care by Care Conc

A hotel-style assisted living facility jointly managed by UOA Gro



econhealthcare.my

<https://www.econhealthcare.my>

Palliative Care At Home | ECON Healthcare

Our priority is to provide the best **healthcare** experience at your preferred location. We do...

Home
Home



Sunway Medical Centre

<https://www.sunwaymedical.com> › speciality › palliativ...

Best Palliative Medicine Specialist Malaysia

Looking for **Palliative Medicine Specialist in Malaysia**? Sunway Medical Centre is proud to



iElder.Asia

<https://ielder.asia> › blogs › directory › hospis-malaysia

15 Hospice in Malaysia | Palliative Care Services and ...

28 Jan 2023 — 15 **Hospice in Malaysia | Palliative Care Services and Support Groups** · 1.



Genesis Life Care

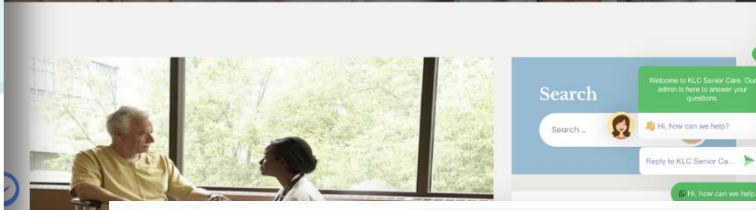
<https://genesiscare.com.my> › palliative-care-malaysia

Palliative Care Centre

Unlike **hospice** care however, the practice of **palliative care** is not limited to the management of patients inflicted with cancer. **Palliative care** focuses on ...

Palliative Care Malaysia

Home / Palliative Care Malaysia



Search

Welcome to KLC Senior Care. Our admin is here to answer your questions.

Hi, how can we help?

Reply to KLC Senior Ca...

Hi, how can we help?

Palliative Care

Palliative care is care that improves the quality of life of seniors and their families who are facing life-threatening conditions.

Understanding Palliative Care

Palliative care includes the treatment of pain and other symptoms, and addresses (where possible) the psychological, social, financial and spiritual concerns of seniors and families.

It helps those who are facing conditions such as advanced stage cancer or chronic end-stage conditions.

Free fee to contact us for more information.

Need Help? Chat with us

Homeage

Get Care Now EN

About Us Our Services Care Pro Careers Partner with Us Health Resources

Book Home Palliative & Hospice Care in Malaysia

Homeage Care Pros, experienced in palliative and hospice care, can help your loved one with life-limiting conditions live with dignity in the familiarity and comfort of home.

Get Care Now

Palliative care goes beyond end-of-life care

Unlike end-of-life or hospice care, which takes place after someone has stopped curative treatment, palliative care can improve the quality of life of those with life-threatening conditions, whether or not a cure is available. For example, someone with cancer at a curable stage could be undergoing chemotherapy and receiving palliative care at the same time to manage the symptoms and side effects of both the condition and treatment, such as pain and nausea.

Palliative care involves caring for the body, mind, and spirit of an individual, which can be a lot for an untrained

lecadia.com 018-3681255 / 03-92212485 info@lecadia.com
 Gallery Events Career Contact Privacy Policy English (英文)

lecadia Your first choice for elderly care

ABOUT SERVICES ROOMS PHYSIOTHERAPY FACILITIES ACTIVITIES RESOURCES BOOK A VISIT

Palliative Care Centre Kuala Lumpur

List of Resources

- Post Operation Care Kuala Lumpur
- Palliative Care Centre Kuala Lumpur
- Bedridden Bedsores Treatment Kuala Lumpur
- Physiotherapy Centre Kuala Lumpur
- Nursing Home Price in Malaysia

Latest Events

- Christmas Gifting (by KL Baptist Church) 2020

PALLIATIVE CARE

This type of care is specifies for patients with serious illness and they are the type of patients that need special medical attention from professional to monitor their health and such. This type of care will normally focus on on providing these patients with relief from any symptoms and stress associated to the serious illness. The goal of this treatment is to improve the quality of life for both the patient and their family.

CONTACT US FOR MORE

+6012-321 0457

Palliative care

We are a specialized palliative care centre. Our exceptional palliative care team is ready to assist you with your delicate care needs





PERSATUAN KEBAJIKAN KASIH SEMPURNA
NEGERI JOHOR

生命的中途休息站



PKKSNJ

Registration No : PPM-008_01_27072021

No 11, Jln Setia 2, Pusat Perdagangan Setia, 86200 Simpang Renggam, Johor.

Contact No : 017-8841762, 016-7040001

Home Hospice And Palliative Care

A Helping Hand Can Be A Ray Of Sunshine In A Cloudy World

Accompany In The Life End Journey
A Warm Journey Full With Courage And Love



(Terms And Conditions Apply)

"FREE" Medical Equipment Support For Home Palliative Care



PUSAT JAGAAN I-KASIH 以愛安寧護理中心



一周年 匯報與交流會

日期: 4/11/2023 (六)

時間: 3.00 pm



以愛安寧護理中心 (二樓)
2, JALAN JAYA MAS 1/3
TAMAN JAYA MAS
81300 SKUDAI
JOHOR

目的: 向關心安寧中心的朋友匯報中心的運作
限制: 病患休養室及員工休息室不開放參觀
不鼓勵12歲以下小朋友出席

3.00 pm匯報會開始, 會後備有茶點招待
預計4.30pm可結束, 請聯絡提供出席人數

Email or phone

Password



**Collaborating with any
organization willing to provide
palliative care can potentially
increase ACCESS**



#4



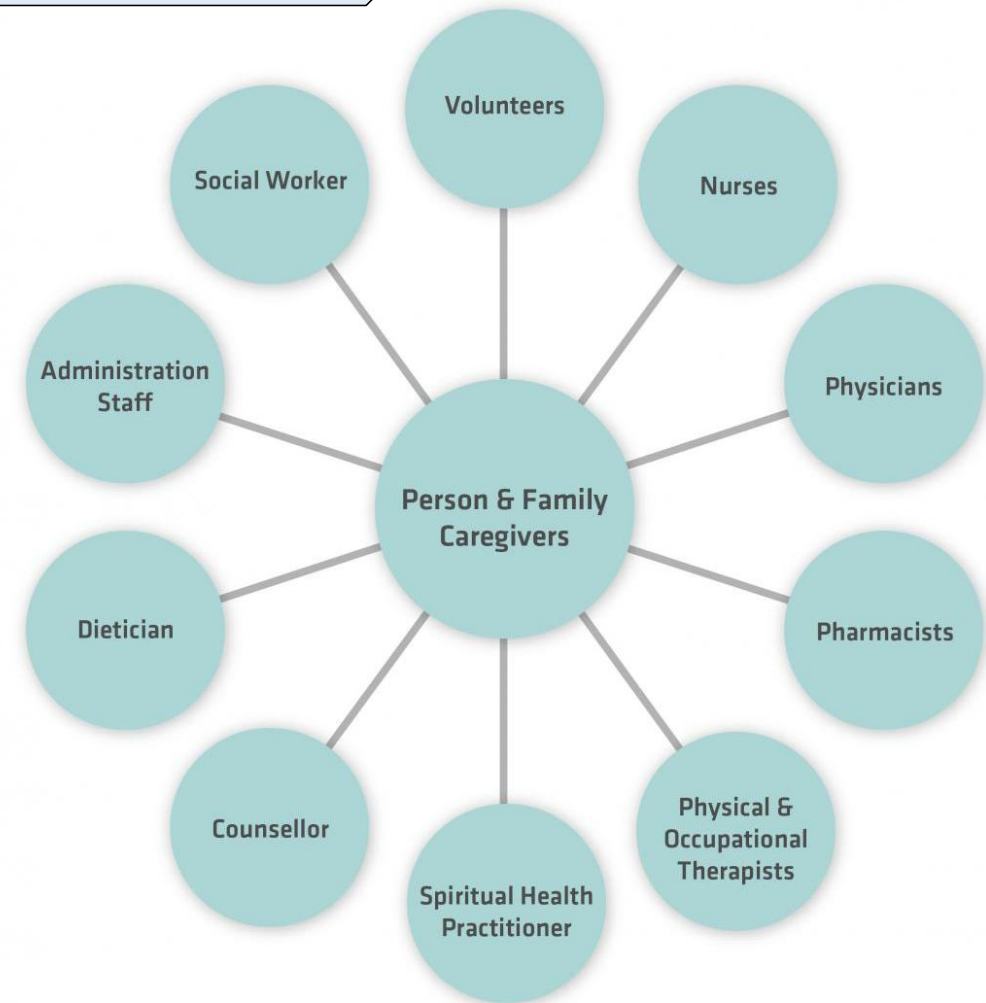
#4

A network for the **CONTINUITY OF CARE** and sharing information must be developed throughout the healthcare system



Effective Palliative Care is achieved by teams

- No soloists
- No silos
- Enhance resources through networking
- Consider individuals' needs for care



Care between Hospital and Home

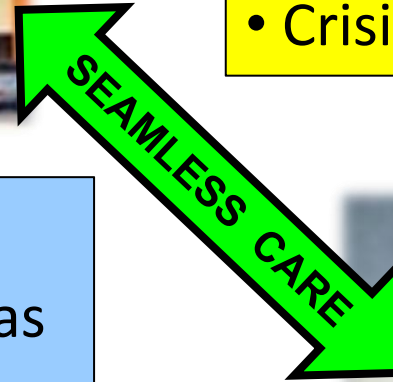


HOSPITAL PALLIATIVE CARE

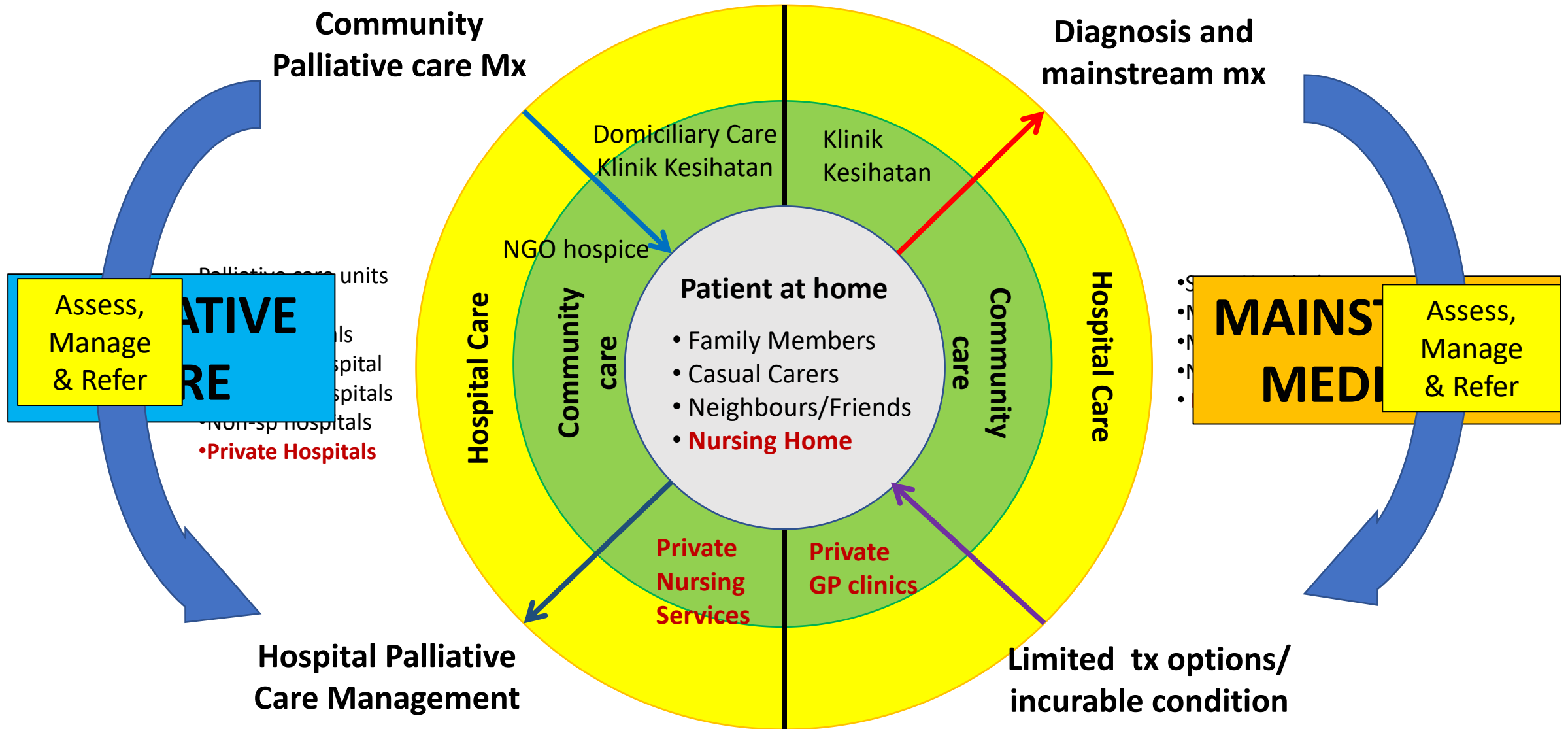
- Acute symptom management
- Palliative procedures
- Respite care
- Crisis management

COMMUNITY PALLIATIVE CARE

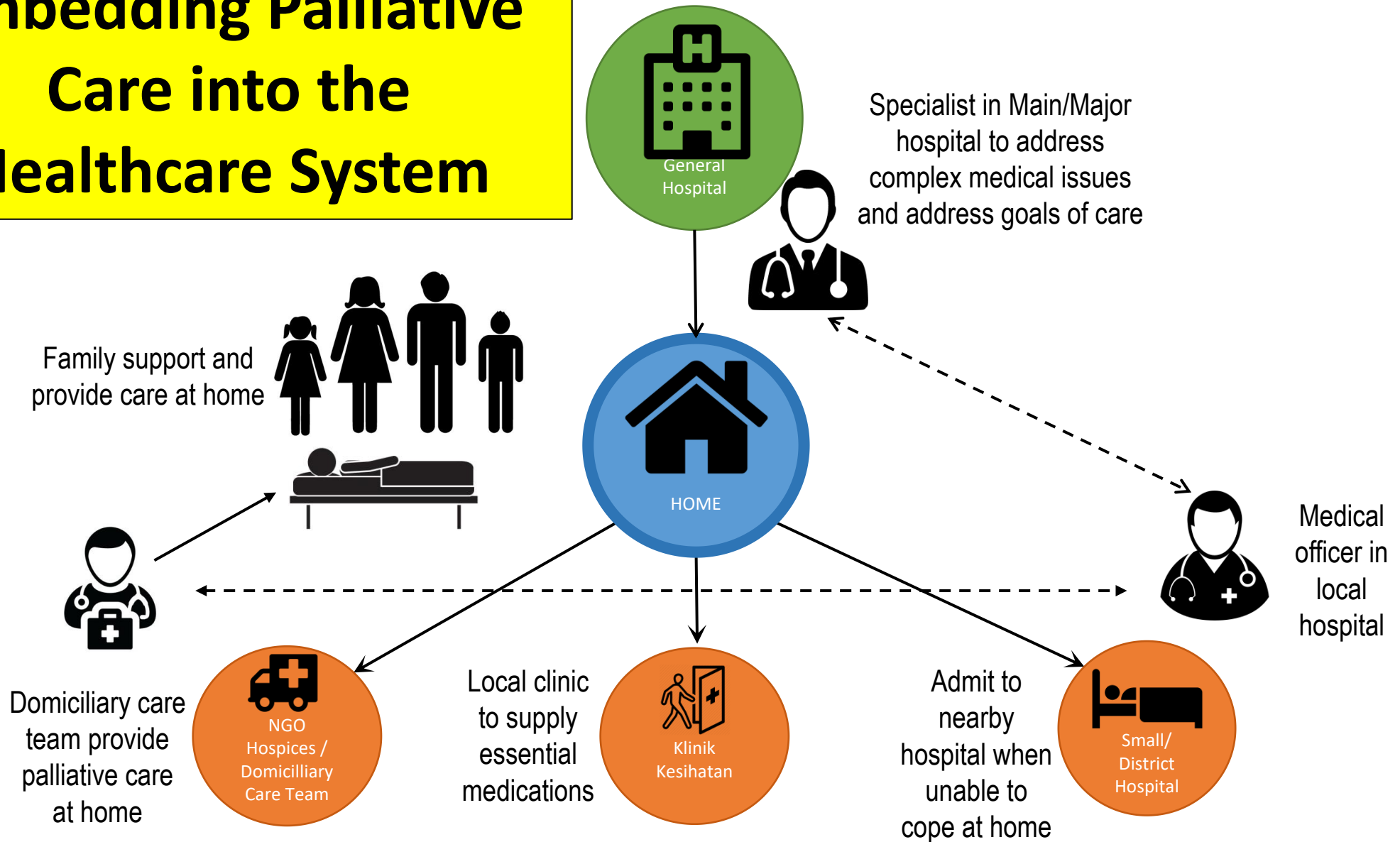
- Follow up at home reducing burden as outpatient
- Support to pt and family at home
- Reduce in-patient burden
- Reduce emergency admissions



CARE REQUIRED IN PALLIATIVE CARE



Embedding Palliative Care into the Healthcare System



Leveraging Technology



OPEN ACCESS

*BMJ Support
Palliat
Care.* 2020
Sep;10(3):27
1-275

Can video consultations replace face-to-face interviews? Palliative medicine and the Covid-19 pandemic: rapid review

Anna Elizabeth Sutherland ,¹ Jane Stickland,¹ Bee Wee²

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bmjspcare-2020-002326>).

ABSTRACT

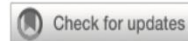
During the Covid-19 pandemic, a strategy to minimise face-to-face (FtF) visits and limit viral spread is essential. Video consultations offer

carers 7 days a week. However, the limitations of telephone assessments meant that frequently FtF home visits were still necessary. As the pandemic progressed,

COVID-19 Articles Fast Tracked Articles

Journal of Pain & Symptom Management
Vol.60, No.3 September 2020

Feasibility and Acceptability of Inpatient Palliative Care E-Family Meetings During COVID-19 Pandemic

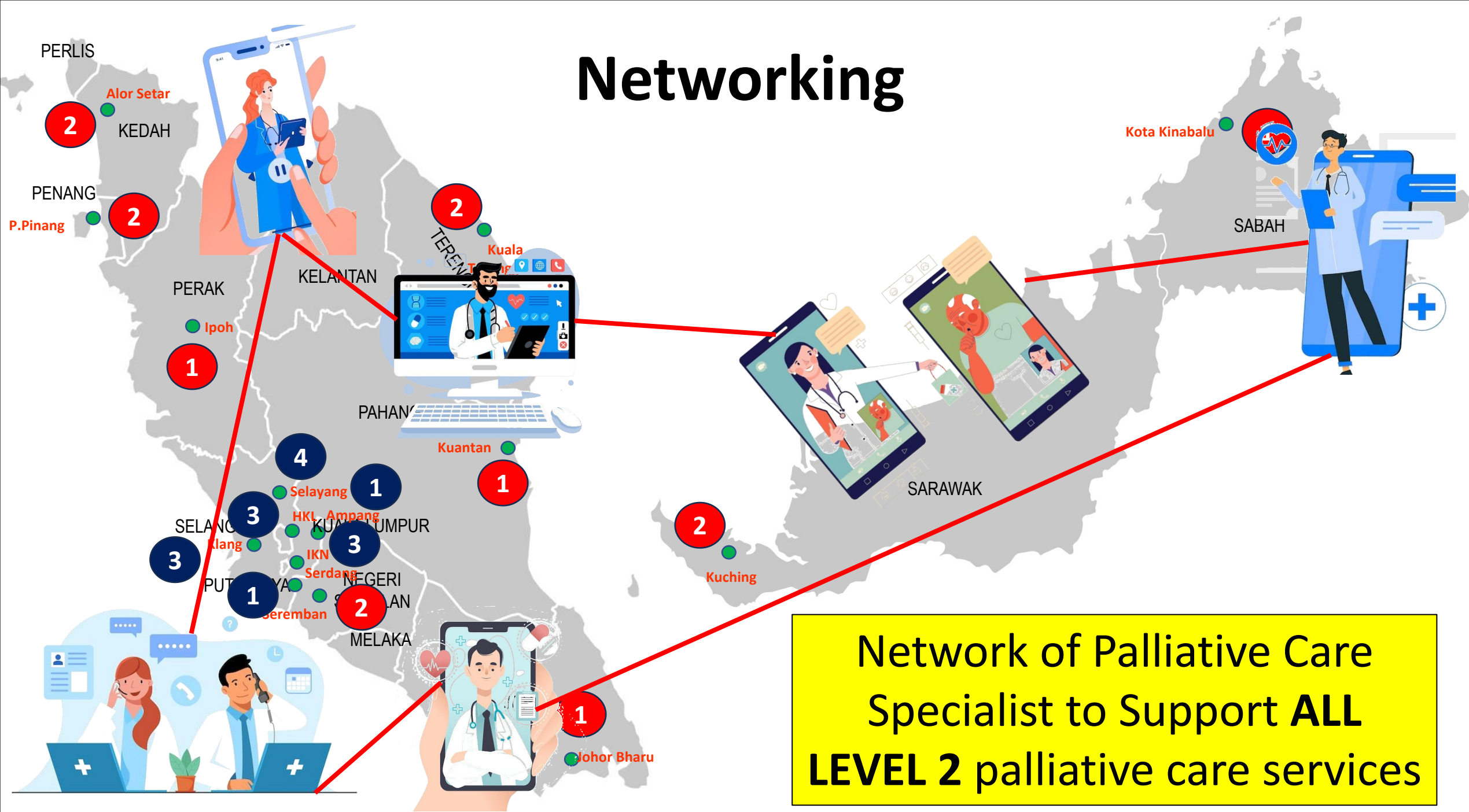


Joanne G. Kuntz, MD, Dio Kavalieratos, PhD, Gregory J. Esper, MD, MBA, Noble Ogbu Jr., MS, Julie Mitchell, DO, Cameron M. Ellis, MD, and Tammie Quest, MD

Division of Palliative Medicine (J.G.K., D.K., N.O., J.M., C.M.E., T.Q.), Department of Family and Preventive Medicine, Emory University School of Medicine, Atlanta, Georgia; and Department of Neurology (G.J.E.), Emory University School of Medicine, Atlanta, Georgia, USA



Networking



Network of Palliative Care Specialist to Support **ALL LEVEL 2** palliative care services



**Together
we are
stronger**

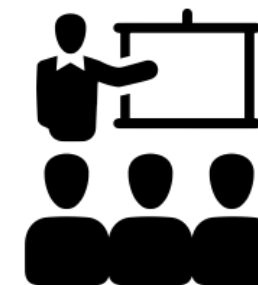


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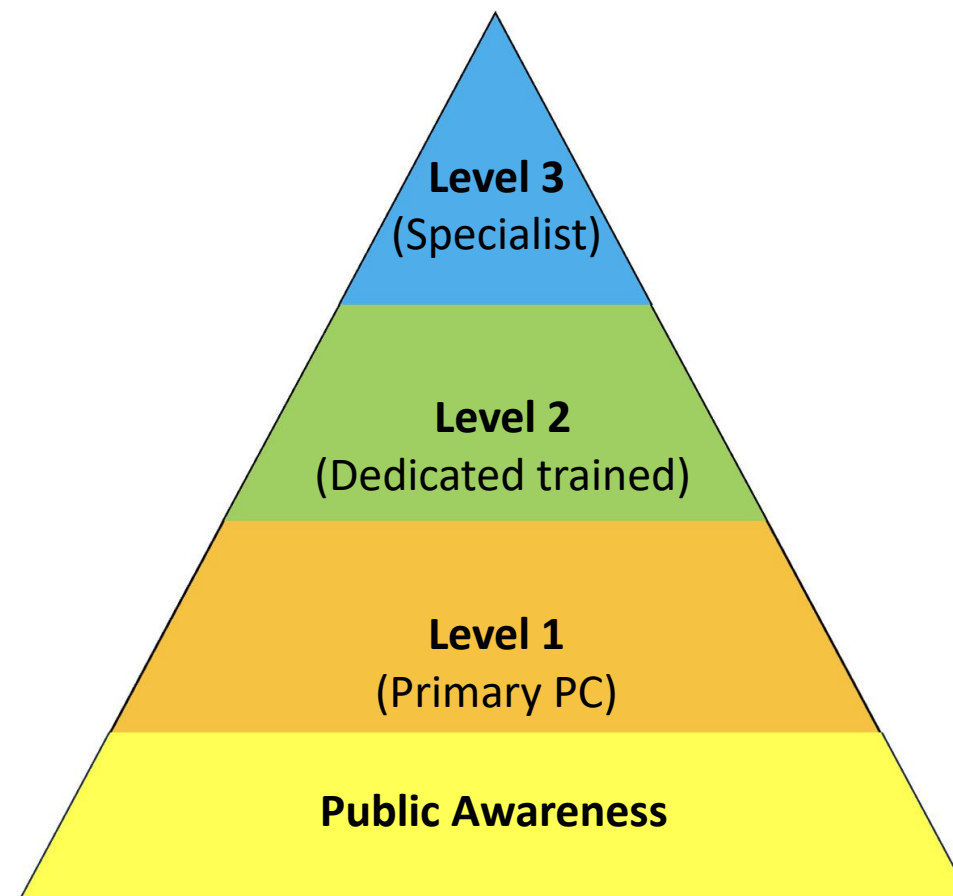
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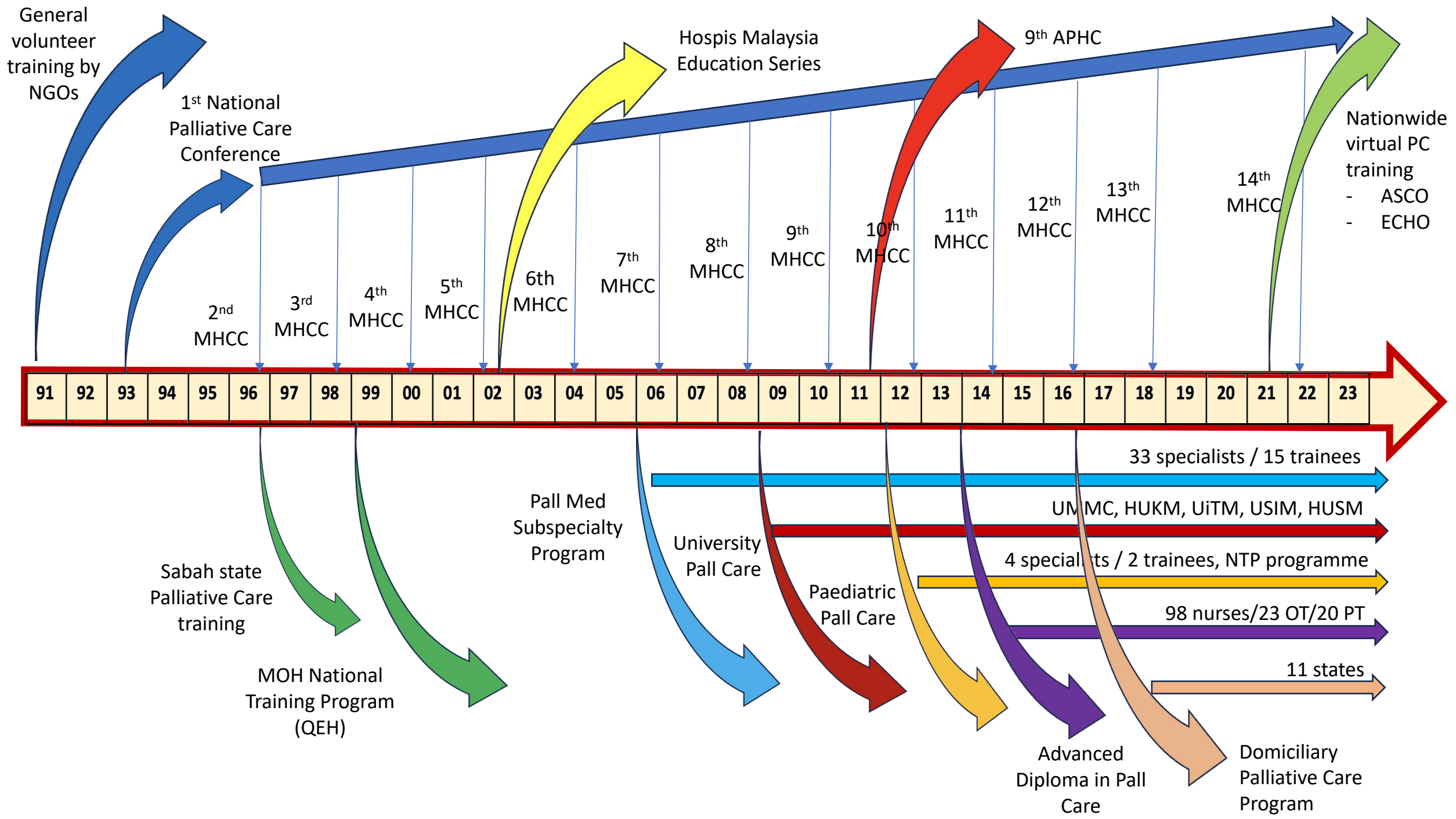
EDUCATION PROGRAMMES for all involved in palliative care provision at the appropriate levels.



Education is a vital key to sustainability

- Ensures safe practice
- Establishes career paths
- Creates awareness & confidence in the field
- Embeds field into the healthcare system





**Developing
Sustainable Education
Programs**

MALAYSIAN PALLIATIVE MEDICINE SUBSPECIALTY CURRICULUM

2024

Prepared by:

Subspecialty Subcommittee for Education (SbSC-Edu)



MINISTRY OF HEALTH
MALAYSIA

ADVANCED DIPLOMA IN PALLIATIVE CARE

COURSE SYLLABUS

ADVANCED NURSING IN PALLIATIVE CARE
PCAN 4074

NATIONAL TRAINING FOR PAEDIATRIC PALLIATIVE PROVIDER PROGRAMME MALAYSIA (NTP PROGRAMME) 2021 -2022



Clear Curriculum / Syllabus

AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1 STATEMENT OF EDUCATIONAL OBJECTIVES OF ACADEMIC PROGRAMME OUTCOMES

1.1.1 According to The National Palliative Care Policy and Strategic Plan 2019-2030, palliative medicine consultants are needed to fulfil palliative care needs for 1 million Malaysians. It was projected that people requiring palliative care steadily to 239, 713 in 2030.

The main objective of the Malaysian Palliative Medicine training programme is to produce competent and caring palliative care specialists to fulfil the nation's palliative care needs in all settings. This curriculum outlines the related learning objectives and associated theoretical knowledge, clinical skills, attitudes, and behaviours required by competent palliative care specialists.

1.1.2 The curriculum themes and learning objectives are grouped into 5 major Palliative Medicine learning Domains.

- Domain 1 Clinical Expert and Decision Maker
- Domain 2 Communicator / Collaborator
- Domain 3 Management Skills and Leadership
- Domain 4 Research, Education and Advocacy
- Domain 5 Professional Qualities and Ethics Specific to Palliative Medicine

Palliative Medicine Learning Domains are the broad fields which group common or related areas of learning.

Palliative Medicine Learning Themes identify and link specific aspects of learning into logical or related groups.

		advanced comprehensive assessments measures.
3.	Name (s) of academic staff	: As stipulated by the Training Institutions
4.	Semester/Year offered	: Semester 2
5.	Credit Value	: 4
6.	Prerequisite (if any)	: Experience working in paliative wards.
Learning Outcomes		
CLO1	Apply knowledge of pathophysiology in determining the processes and the causes of symptoms other than pain. (CO1,C4)	
CLO2	Perform assessments of symptoms and patient priorities. (CO3,1,C3,P4,A3)	
CLO3	Formulate appropriate nursing management plans. (CO2,C4,A3)	
CLO4	Recognize palliative care emergencies and their urgency in the clinical setting. (CO1,C4,P4,A3)	
CLO5	Engage in <u>life long</u> learning activities as ongoing personal and professional development and <u>coordinating</u> skills in managing resources in palliative care. (CO3,6,4,C4,A3)	

LEARNING TECHNIQUES

LEVEL OF LEARNING	TECHNIQUES	DURATION (MIN)
Remembering and Understanding	<ul style="list-style-type: none"> • Lecture/ video • Data interpretation • Case discussion and presentation with <ul style="list-style-type: none"> ◦ Classify, Comparing and Summarizing ◦ Explaining to partner • MCQ / MEQ • Home Handbook Reading and pre-workshop assessment 	Max 45 min
Applying	<ul style="list-style-type: none"> • Case discussion and presentation with plan writing • Demonstration of skills • Role Play 	Max 1 hour
Analysing	<ul style="list-style-type: none"> • Case discussion and presentation with care plan writing • Video comment • Reflection Report • Role Play comment 	Max 1 hour
Evaluating	<ul style="list-style-type: none"> • Case discussion and presentation with check list • Debate and Critique • Reflection Report 	Max 1 hour

QUALIFICATION TO ENROLL

Paediatric Palliative Providers (PPP)	Paediatric Palliative Trainers (PPT)
<ul style="list-style-type: none"> • Medical doctors and nurses working in paediatric (medical/ surgical), community health or adult palliative field 	<ul style="list-style-type: none"> • Completed PPP Programme (attended workshop and completed Log book for PPP Programme)
<ul style="list-style-type: none"> • At least 6 months working in the respective fields 	<ul style="list-style-type: none"> • At least 6 months upon completion of PPP Programme

Train the Trainer e-Course
Agenda for Malaysia, February 19 – March 3, 2022

Train the Trainer Goal: Train a select group of palliative care clinicians to improve their impact as trainers.

Learning Objectives:

At the end of the 3 sessions, Trainers will:

- Be able to design their trainings according to how adults learn best
- Employ educational strategies for increased retention of training materials
- Design slides to deliver clear and consistent messages
- Adapt educational techniques to deliver content in a virtual environment
- Utilize tools to give effective feedback to others

Connect by Zoom

<https://asco1.zoom.us/j/96779763741?pwd=NkFDTjlvREIDL0F>
 Connect by Phone: Malaysia: +60 3 9212 1727; US:
 Meeting ID: 967 7976 3741
 Password: 136750

Session 1:

Malaysia: Saturday February 19, 2022 - 10 AM
USA: Friday February 18, EST: 9 PM to 11 PM; PST

Topics (2 hours):

1. Introductions & Course Overview
2. How Adults Learn
3. Presentation Skills
4. Virtual Presentation Skills
5. Slide Design
6. Homework: Design a short...

Malaysia: Saturday Feb...

2nd ASCO TTT
2022



Training of Teaching Faculty



Supervisors Training Course 2024





Ministry of Higher Education (MOHE)



Administrative Support



ASCO[®] AMERICAN SOCIETY OF CLINICAL ONCOLOGY



LIEN foundation



Future Developments in PC Education

Future Areas of Education Development



PSYCHO-SPIRITUAL WORKSHOP

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PALLIATIVE MEDICINE AND SUPPORTIVE CARE DEPARTMENT,
INSTITUT KANSER NEGARA

REGISTER NOW

CPD Points available!

DR DIANA KATIMAN
Consultant in Palliative Medicine
Hospital Al-Sultan Abdullah UiTM

DR SAIFUL ADNI ABD LATIF
Palliative Care Physician
Institut Kanser Negara

MS LOW MI YEN
Clinical Psychologist

26.09.2024 - 27.09.2024
AUDITORIUM, INSTITUT KANSER NEGARA
PUTRAJAYA

Registration Fees:
• Individual RM 250
• Group of 4 RM 900
• Members of Allied Health, MHPCC, JAKIM, YIM RM 200
(Yayasan Ihtimam Malaysia)

CONTACT US PHONE: 03-8892 5555 ext 4135
EMAIL: ptpallatif@ncl.gov.my



ACPE
Association for Clinical Pastoral Education
The Standard for Spiritual Care & Education

ACCREDITED SPIRITUAL CLINICAL TRAINING SHORT COURSE

24th Feb - 3rd April 2020
UiTM & IUM

Clinical Pastoral Education Malaysia 2024

@UiTM
BANDAR EKISTEK
www.kem.gov.my/2017/02/20170201/

Future Areas of Education Development



Commentary

Understanding the Potential for Pharmacy Expertise in Palliative Care: The Value of Stakeholder Engagement in a Theoretically Driven Mapping Process for Research

Joseph Elyan¹, Sally-Anne Francis² and Sarah Yardley^{2,3,*}

- ¹ Foundation Programme, Barking, Havering and Red Queen's Hospital, Rom Valley Way, Romford RM7 0Z
- ² Marie Curie Palliative Care Research Department, UCL, sally-anne.francis@ucl.ac.uk
- ³ Central & North West London, London NW1 2BU



SOCIETY of
PAIN & PALLIATIVE CARE PHARMACISTS

Development of Palliative Care Pharmacy Training Attachments Program

Nottingham Centre for the Advancement of Research in End of Life Care (NCARE), B302 School of Health Sciences, University of Nottingham, Nottingham NG7 2AH, UK; eleanor.wilson@nottingham.ac.uk

In this Special Issue exploring the role of pharmacists in palliative and end of life care, we sought articles that would shed light on the ways in which pharmacists could impact end of life care. This edition explores issues including the integration of pharmacists in palliative care teams, access to medications, supporting patients in hospital and at home and the types of medications used at the end of life.

Advancements in technologies, pharmaceuticals and health promotion mean that people live longer. Life expectancy in the UK has almost doubled since 1841 [1] and we

Future Areas of Education Development



UNIVERSITY OF MALAYA
MEDICAL CENTRE



UMS
UNIVERSITI MALAYSIA SABAH



37 Medical Schools in Malaysia
- Palliative Care in Undergraduate Curricula

The image features a stack of several books, with one book open in the foreground. The books are mostly white with some blue and red covers. The text 'EDUCATION IS AN INVESTMENT FOR THE FUTURE' is written in large, white, bold, sans-serif capital letters across the center of the image. The background is a solid purple color, and the overall image has a soft, slightly blurred appearance.

**EDUCATION IS AN
INVESTMENT FOR
THE FUTURE**

Public Awareness





[WHO Definition of Palliative Care \(2013\)](#) . [WHO Definition of Palliative Care for Children](#) . [Palliative Care & Hospice Care Principle of Palliative Care Management](#) . [MOH Vision and Mission Statement for Palliative Care](#)



Malaysian Hospice & Palliative Care Council

Caring Together

Visit our website

www.malaysianhospicecouncil.com

2024 Newsletter

Issue 1

Malaysian Hospice and Palliative Care Council (MHPCC) provides a national voice for the Hospice and Palliative Care movement in Malaysia. We aim to make your voices heard with this newsletter.



MAPPAC
 兒童安宁护慈善晚宴
CHARITY NIGHT 2024
 "Kami prihatin untuk setiap jejak langkah kecilmu."
 地点: 巴生皇城商务会议中心
 Venue: KCCC Convention Centre
 日期: 2024年9月28日 (星期六)
 Date: 28th September 2024 (Saturday)
 时间: 晚上七点正
 Time: 7:00PM
 "We Care for every single little footprint."
 MAPPAC Charity Night 2024

What is MAPPAC?
 MAPPAC (PPM-001-10-18062018) is a registered non-profit non-governmental organization set up on 18 June 2018. MAPPAC aims to provide a platform for the volunteers and caregivers to contribute towards the development of paediatric palliative care in Malaysia.

What is paediatric palliative care?
 Paediatric palliative care is also known as palliative care for children. The World Health Organisation (WHO) defines paediatric palliative care as the care of children with life-limiting illness, including support for the family, when a child has a life-limiting illness.

How many people go to these sites?

HOSPICE KLANG
 PT140457, Persiaran Delima / KS 09,
 Kota Bayu Emas, 41200 Klang, Selangor
 Tel: 33184774, 016-7993679 Fax: 33194664
 Email: hpsklang@gmail.com

Help us Bring Back Smiles
 Fast Way to Donate

帮助我们带回微笑
 快速捐款

PERAK PALLIATIVE CARE SOCIETY
 HOME ABOUT US OUR SERVICES HAPPENINGS / EVENTS STORIES FROM THE HEART SUPPORT US CONTACT US

Days can't be added to life

Kasih Hospice Foundation
 +6 (03) 7865 6522
 enquiry@kashihospice.org
 kashihospice@gmail.com

There is an end to cure. There is no end to care. Palliative Care Nurse

What Is Palliative Care?

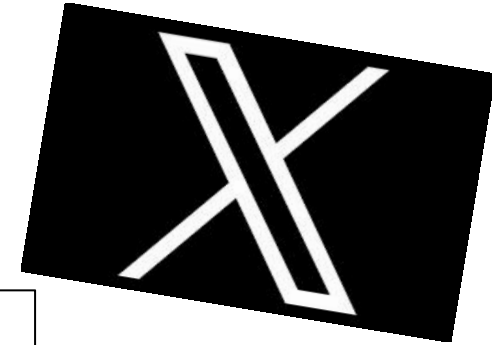
HAPPENINGS @ PHNS

- PALLIATIVE CARE SEMINAR VI**
 8th June 2024
 Palliative Care Seminar VI – 8th June 2024 – Register Now @ Tel: 06-7621216
- HOSPICE CHARITY DINNER 2023**
 Celebrating 25 Years of Community Service
- PALLIATIVE CARE SEMINAR V**
 18 March 2023

Penang Hospice Society
 Home About Us Our Service Education & Training Resources News & Events Contact Us

Giving Care and Comfort
 Since March 1992 hospice care has been given in the homes of patients who were being looked after by their families.

Hospice at Home Programme
 Who is Eligible
 Request for Hospice Service



Using Social Media



Strengthening Connections and Collaborations in Palliative Care

Kingwood
mhcc2024.com
For enquiries, contact:
HP : +60 19 288 4393
Office : +60 82 235 809
Email : mhcc2024swk@gmail.com

Nurses
• Will be awarded

ORGANISERS



CO-ORGANISERS



PARTNERS



DIGITAL PARTNER



Malaysian Hospice and Palliative Care Council

811 likes · 1.1K followers

Posts About Reels Photos Videos

1.1K Followers

'BE BRAVE ENOUGH TO START A CONVERSATION THAT MATTERS'



Hospis Malaysia

11K likes · 11K followers

Posts About Photos Videos

11K Followers



Pertubuhan Hospice Negeri Sembilan - PHNS

108 likes · 144 followers

Pledge your support



Help us raise awareness about palliative care.

<http://www.palliativecare.my/support>



Palliative Care Malaysia

1.4K likes · 1.5K followers



Two Tree Lodge Hospice Kuching

557 likes · 634 followers

144 – 3.8K followers



Penang Hospice Society

1.3K likes · 1.4K followers



Kasih Hospice Foundation

3.3K sukaan · 3.8K pengikut



Hospice Klang

316 likes · 343 followers

hospismalaysia

Follow Message

304 posts 1,640 followers 156 following



Hospis Malaysia
Nonprofit organization
Improving the quality of life for patients with life-limiting illness. Add life to days, not days to life.
@ linktr.ee/HospisMalaysia



Volunteer



Fundraising



The Symbol



Donate



About Us

kasihhospice

Follow Message

215 posts 431 followers 122 following



Kasih Hospice Foundation
Social Service
We provide free medical and psycho-social support for our End-of-Life Care patients and their families.
No. 16, Jalan SS3/29, Petaling Jaya, Malaysia 47300
@ bit.ly/shaveforkasih

malaysianchildrenshospiceklang

Follow Message

78 posts 78 followers 5 following



Malaysian Children's Hospice (MCH Klang)
Non-profit organisation
We provide palliative care services to support their...
@ linktr.ee/mchklang



MCHF Baza...



Charity Nigh...



Booth&Awa

POSTS



HIGHLIGHTS



hospice_ns

Follow Message

35 posts 51 followers 8 following

Pertubuhan Hospice Negeri Sembilan
A voluntary, non-profit, non-government organization that provides services for terminally ill patients (cancer & non... more
@ www.phns.org.my



Highlights

POSTS

REELS

TAGGED

Pertubuhan Hospice Negeri Sembilan
HOSPICE CHARITY DINNER 2023
Celebrating 25 years of Community Hospice Service in Negeri Sembilan

DATE: 10th September 2023 (Sunday)
TIME: 7.30 pm – 10.30 pm
VENUE: Seri Negeri Ballroom, Royal Chulan Seremban

CELEST OF HONOUR: DYMM Yang Di-Pertuan Besar Negeri Sembilan

Speakers: Dr. Anthony O'Brien, Dr. Safia Aidi Bin Yusoff, Dr. Aulia Permana, Dr. Shi Ching

Pertubuhan Hospice Negeri Sembilan (PHNS)
Quality of Care. A Quality of Life.
Everything is at the heart of everything we do!

35 – 1640 followers

penanghospicesociety

Follow Message

13 posts 38 followers 54 following



Penang Hospice Society
Community
A charitable non-governmental organisation in the community. We provide holistic medical care in homes of patients... more
250A Jalan Air Itam, Penang Island 10460 Penang
@ linktr.ee/penanghospicesociety

POSTS

TAGGED

Frequently Asked Questions
What is the process of applying for our Hospice at Home Programme?
Easy 4-Step Process:
1. Request for your doctor to fill out the Referral Form.
2. Send it to our email at info@penanghospice.com.my
3. If you qualify for HHP, our nurse will reach out to set an appointment.
4. Prepare medical history documents prior to nurse visitation.

DID YOU KNOW?
Malignant wounds may never fully heal.
Management includes:
• Keeping the wound neat and clean
• Reducing pain, odour, and bleeding
• Preventing any infection

YouTube MY palliative care malaysia

PALLIATIVE CARE IN A PUBLIC HEALTH CRISIS
5 OCTOBER 2021 (5.00PM MYT)
GUEST SPEAKER: PROF. BEE WEE, CBE
National Clinical Director for End of Life Care, NHS England and NHS Improvement, UK
1:41:21

Managing Your **PALLIATIVE CARE**
Dr Caryn Khoo
Palliative Consultant, Sunway Medical Centre
10:14

Supporting Dignity and Quality of Life Through Illness
Caryn Khoo (Palliative Care Consultant)
6.3K views · 9 months ago

Yasmin Yusuff on Palliative Care
2.1K views · 10 years ago
Hospis Malaysia

6.7K Views / 10 mins

YouTube MY palliative care malaysia

Palliative Care: My Care, My Right - by Hospis Malaysia
2K views · 4 years ago
Hospis Malaysia
In October each year, Hospis Malaysia observes World Hospice and Palliative Care Day - a...

6 moments PALLIATIVE CARE MY CARE, MY RIGHT | TREATING THE PATIENT

PALLIATIVE CARE NURSE
Day in the Life
37K views · 10 years ago
Leaderonomics
Emily Yap is a palliative care nurse for Hospis Malaysia. Part of Emily's job includes the relief of preventing the suffering of ...

Dyspnoea and delirium in palliative care - COPM July Weekly Webinar 23
244 views · Streamed 11
Dyspnoea and delirium in palliative care - COPM July Weekly Webinar 23
College of Physicians Malaysia

37K Views / 7 mins

What is Palliative Care?
Apa itu Penjagaan Paliatif?

76
8
17
29

00:00 / 00:00 Speed

drmunirah
Dr Munirah · 2022-12-14
Follow

What is Palliative Care? Apa itu Penjagaan Paliatif? #Hospice #Hospis #PalliativeCare #PenjagaanPaliatif #MalaysianHospiceCouncil

6.7+K views / 30 secs



**Ensure You
Send a
Clear and
Correct
Message!**



malaysianhospicecouncil.com

Healing Hearts
and Communities



SAMBUTAN HARI HO
PALIATIF SEDUNIA

WORLD HOSPICE AND
CARE DAY CELEBRATI

Officialled by: YBMK K
Venue: Hospital
Organised by: Malaysia
Kementa
Date: 01.10.20
Time: 7.00 AM

pallcarewhd@gmail.com

@Msiaworldhospiceday

malaysianhospicecouncil.com

Oct 22, 2023 · 2 min read

World Hospice and Palliative Care Day (WHPCD) 2023 Event – Malaysia

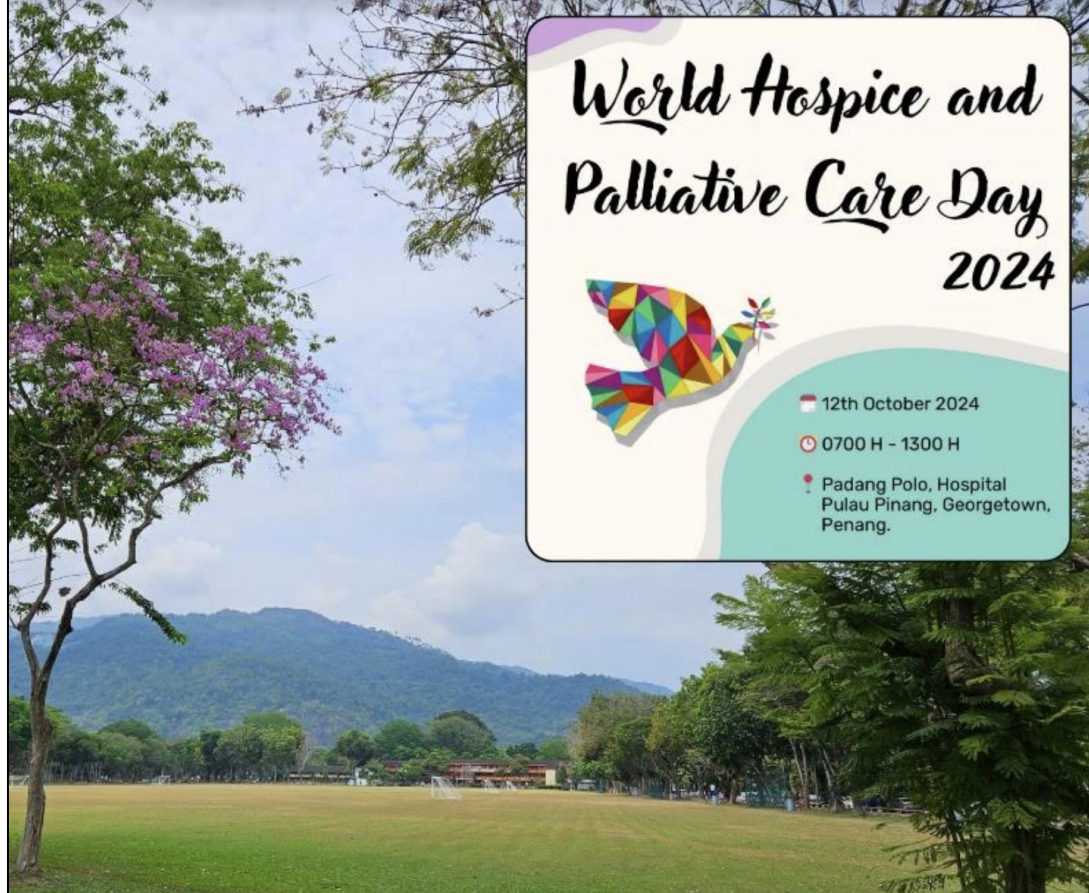
The programme started off with a forum. The forum focused on this year's theme "*Compassionate Communities : Together for Palliative Care*".

Event Details:
Date: 14/10/23 (Saturday)
Time: 8.00am – 1.00pm
Venue: Children's Specialist Hospital (National University of Malaysia), Cheras.





TEN YEARS SINCE
THE RESOLUTION:
HOW ARE WE
DOING?

12 OCTOBER 2024
WORLD HOSPICE & PALLIATIVE CARE DAY



*World Hospice and
Palliative Care Day
2024*



- 📅 12th October 2024
- 🕒 0700 H - 1300 H
- 📍 Padang Polo, Hospital Pulau Pinang, Georgetown, Penang.

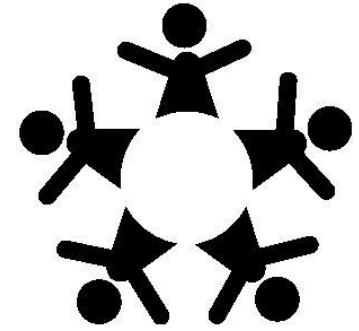


#6



#6

Encourage COMMUNITY PARTICIPATION in the provision and promotion of palliative care

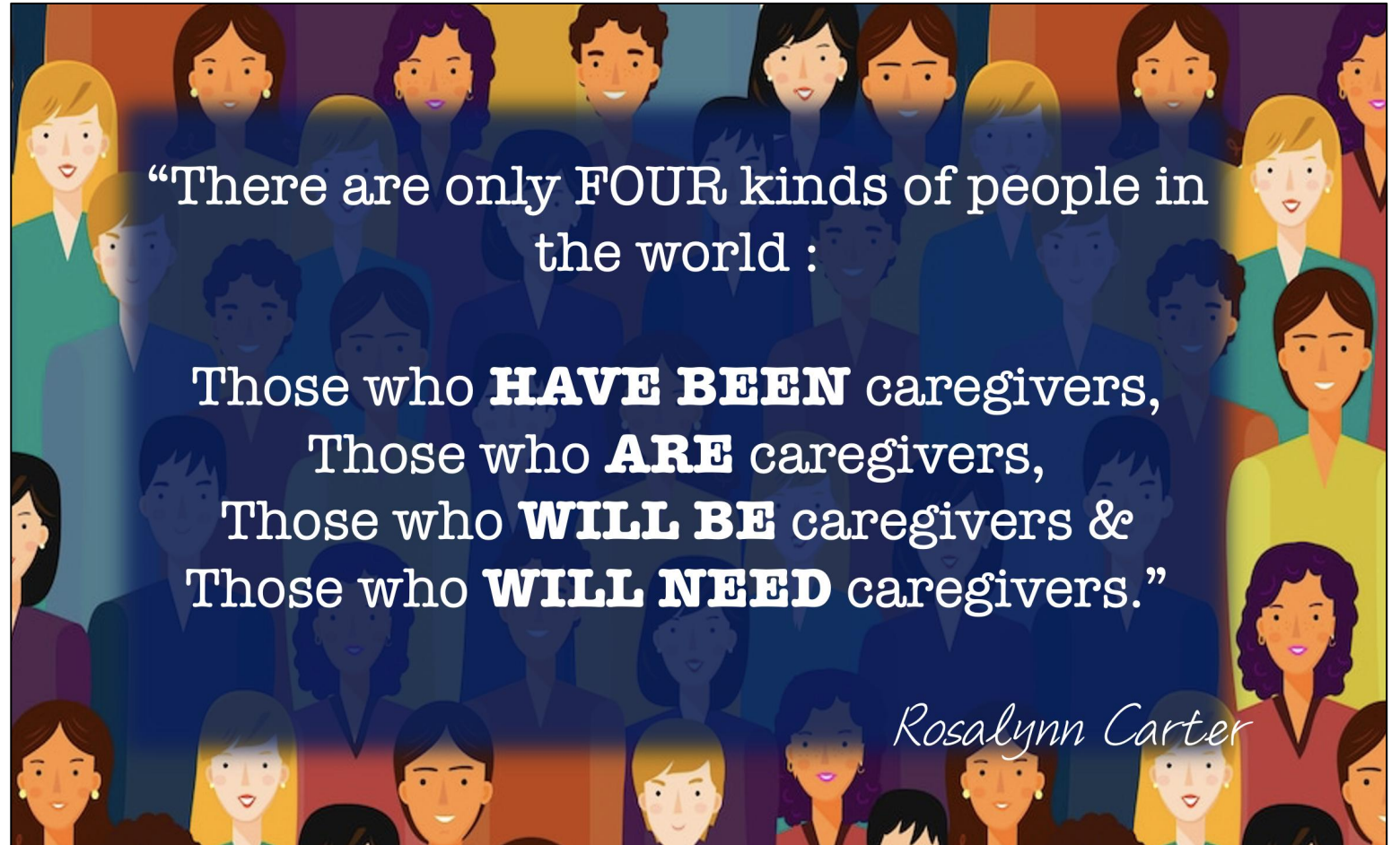


PALLIATIVE CARE is EVERYBODY'S BUSINESS.

“There are only **FOUR** kinds of people in the world :

Those who **HAVE BEEN** caregivers,
Those who **ARE** caregivers,
Those who **WILL BE** caregivers &
Those who **WILL NEED** caregivers.”

Rosalynn Carter





**Creating a society
where its members are
PREPARED to Care**

**Caring is a culture of
the community**

LADY WITH A HEART OF GOLD

A heartfelt thank you to Miss Loo Kew Giong for supporting MPCPS. This lovely lady contributed RM1,500 of her savings to the Manjung Palliative Care Society during the Vesak Day celebration at Sitiawan Buddhist Association.... 展开



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CARNIVAL FOR A CAUSE

Please help us to help those in our community living with cancer. We are seeking donations!

Restaurant, hotel, fitness, wellness, fashion, jewellery, art and decor vouchers or products are all needed!

Every donation we receive directly assists our 2024 Carnival For A Cause campaign beneficiaries through our auctions and raffles.

Please pm or email penangpinkladies@gmail.com to show your support.

Proceeds to Penang Hospice Society and Mount Miriam Cancer Hospital

School raises over RM80,000 for first Children's Hospice Centre in Malaysia

By MING TEOH



CHILDREN

Monday, 24 Jul 2023

2:00 PM MYT

Related News



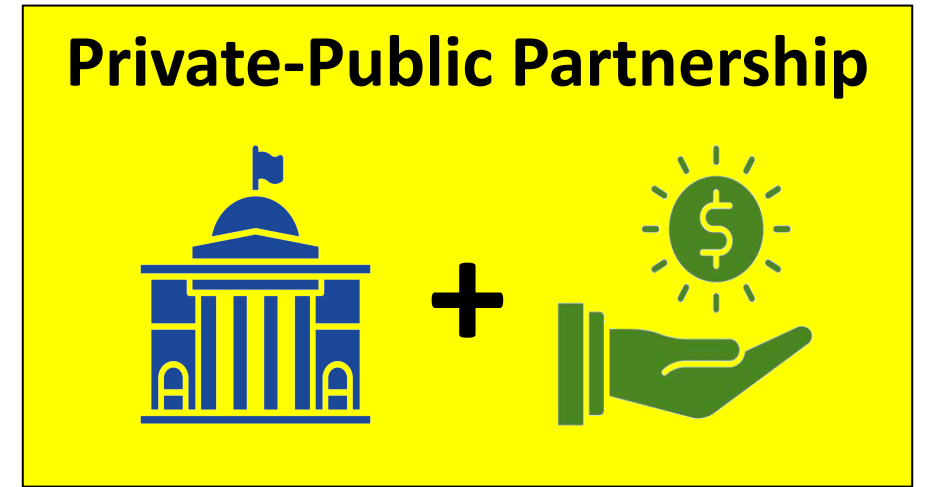
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Students used their hard earned pocket money to support MAPPAC in the fundraiser. Photos: [unreadable]

SGH-Kuching Life Care Society Collaboration Hospice and Palliative Care Centre (HPCC)



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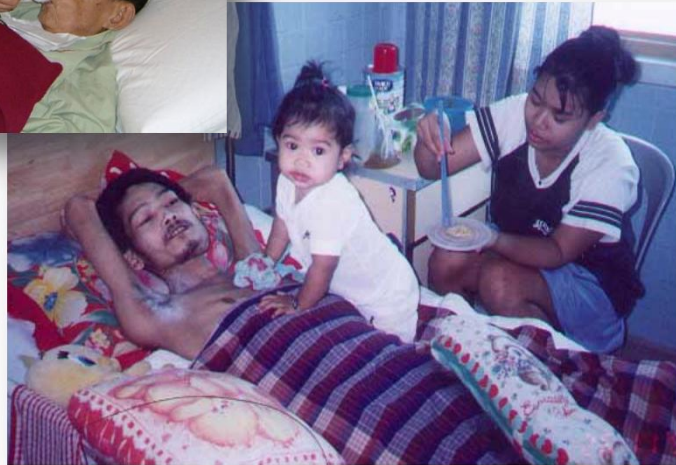


Yap Boon Kian (R3) hands over RM100,000 mock cheque to Hung Sung Huo (L3).

**Compassionate
Communities**



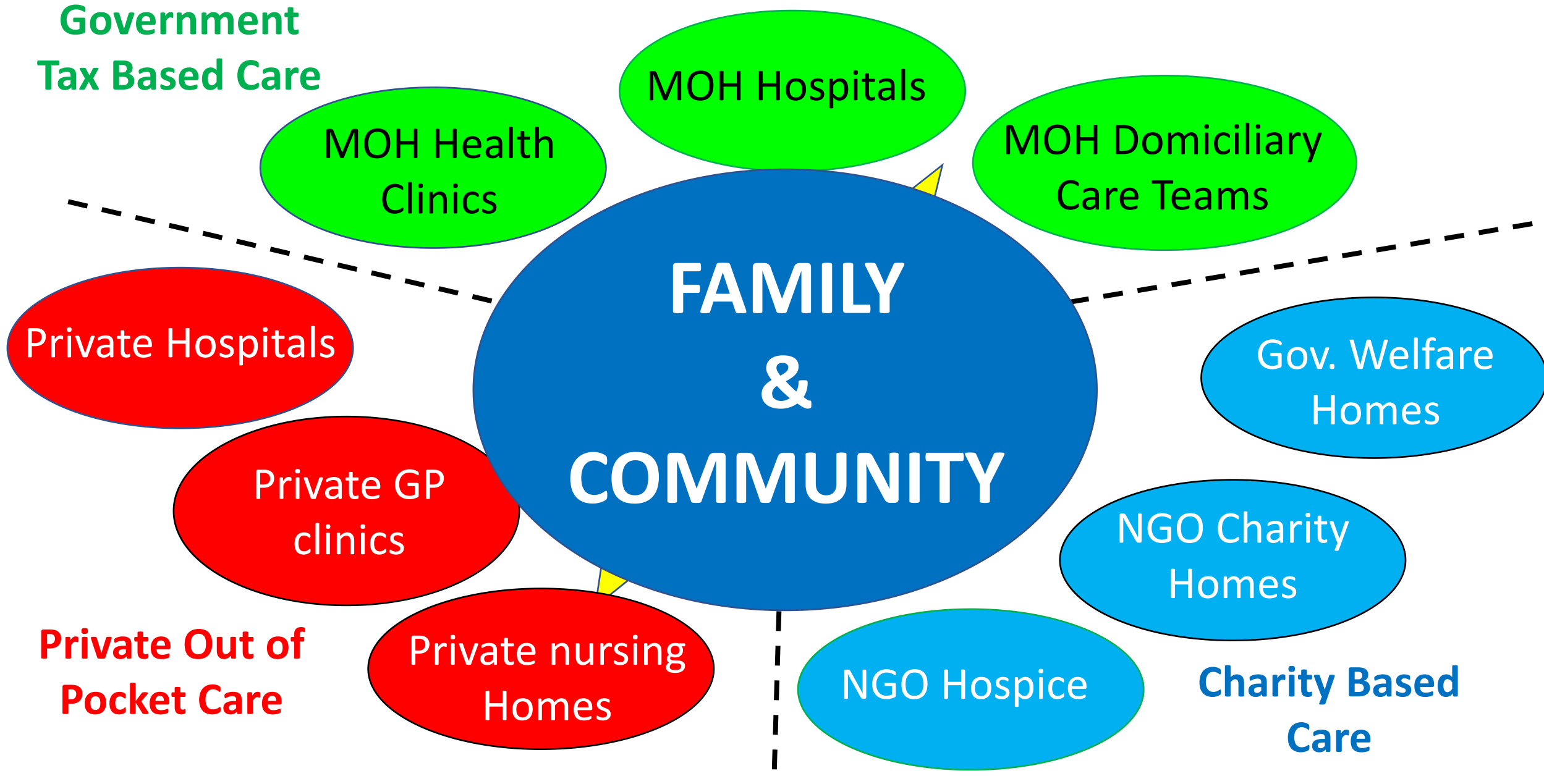
Compassionate Communities



“95% Rule” by Allan Kellehear

- People with serious illness and dying
- 95% of their time at home / in the community
- Mainly supported by family / friends

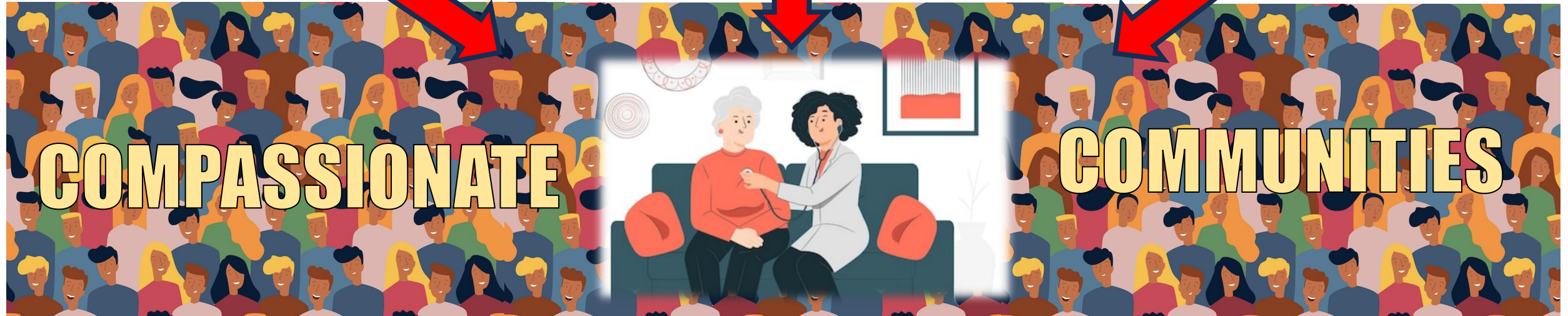
CARE PROVIDERS FOR PALLIATIVE CARE PATIENTS



URBAN



RURAL



- NGO hospice
- MOH Domiciliary Care Teams
- Hospital Homecare Teams

COMMUNITY PC
Home / Nursing Home / Hospice

- GP clinic teams
- Nursing Home GP
- Faith Based hospice teams
- Private Homecare teams

People are your most valuable asset. Only people can be made to appreciate in value.

— *Stephen Covey* —



#7



#7

Establish STANDARDS OF CARE
based on best evidence and good
ethical principles



Having the will to do
good is not enough if it
does not meet an
adequate standard of
care.

Is this enough to prove we
are doing a good job?



Palliative Medicine Quality Indicators



KETUA PENGARAH KESIHATAN MALAYSIA
DIRECTOR GENERAL OF HEALTH MALAYSIA

Kementerian Kesihatan Malaysia,
Aras 12, Blok E7, Kompleks E,
Pusat Pentadbiran Kerajaan Persekutuan,
62590 Putrajaya.

Tel. : 603-88832545
Faks : 603-88895542
Email : hasan@moh.gov.my

Ruj. Tuan:
Ruj. Kami: KKM87/P3/12/6/6 Jld 2 (40)
Tarikh: 9 September 2012

SEPERTI SENARAI EDARAN

yBhg. Dato'/ Datin/ Tuan/ Puan,

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Saya dengan hormatnya merujuk kepada perkara di atas.

2. Sebagaimana yang telah dimaklumkan melalui Mesyuarat Pelaksanaan Petunjuk Prestasi Utama (KPI) Penjawat Pengurusan Tertinggi Perkhidmatan Awam (PPTPA) Tier 2 (dan kebawah) Ba



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Assalamualaikum w.b.t.

Selamat Datang ke Portal Cawangan Kualiti Penjagaan Perubatan (CKPP). Portal ini bertujuan

Current KPIs - 2022

PALLIATIVE MEDICINE

NO	INDICATOR	DIMENSION	STANDARD	SECONDARY DATA REPORTING FREQUENCY
1a	Percentage of patients with waiting time of ≤ 60 minutes to see the doctor at the Palliative Medicine Outpatient Clinic (Two or more registration areas involved)	Timeliness	$\geq 80\%$	Monthly
1b	Percentage of patients with waiting time of ≤ 90 minutes to see the doctor at the Palliative Medicine Outpatient Clinic (Only one registration area involved)	Timeliness	$\geq 90\%$	Monthly
2	Percentage of inpatients with severe cancer pain on initial encounter whose pain had been significantly reduced within (\leq) 24 hours of therapy	Effectiveness	$\geq 90\%$	6 Monthly
3	Percentage of severe opioid toxicity requiring reversal with naloxone due to inappropriate opioid administration or prescription	Safety	0%	6 Monthly

*For indicator 1, each department to report either 1a **OR** 1b, and not both. (Refer technical specification)

Malaysian Hospital Quality Standards

SERVICE STANDARD 9K: CLINICAL SERVICES – PALLIATIVE CARE SERVICES

PREAMBLE

Palliative Care services play an integral role in delivering comprehensive care to patients with serious illnesses and should be offered to all patients facing life-limiting conditions with serious health-related suffering who are treated in the Facility.

The Palliative Care Services shall be organised, directed and coordinated with other services in the Facility to provide a high standard of inpatient and outpatient care to the community and cover the following:

- a) appropriateness of clinical care;*
- b) high quality, standardised, timely and safe patient oriented clinical care.*
- c) compassionate and empathic communication with patients and families.*
- d) coordination of care according to patient needs*
- e) ethical decision making*

In addition to the above, the Palliative Care Services also conduct teaching and training, and research and audit activities where applicable.

TOPIC 9K.1:

ORGANISATION AND MANAGEMENT

STANDARD **9K.1.1**

The Palliative Care Services shall be organised, directed and coordinated with other services in the Facility to provide a high standard of inpatient and outpatient care to the community in a safe, efficient, effective, evidence based and caring manner and with due regard for the needs, dignity and privacy of patients and confidentiality of their personal information. The Palliative Care Services shall be easily accessible and continuity of care assured.

Malaysian Standards For Palliative Care



Review of existing international standards beginning 2021/22



Feb 2023
1st Draft of National Standards in Palliative Care Document

Oct 2023
1st Draft of Interpretation Guide of Standards Document



Ongoing in 2024
Delphi Study for consensus on indicators for standards in palliative care and outcome indicators for cancer patients at end of life.

Structure

Overall structure



4 domains



13 guidelines

Each Guideline

- Guideline statement
- Rationale
- Indicators
- Tools
- List of references

Domains of National Palliative Care Standards

D1: Patient Care

1. Timely identification
2. Reducing Barriers to Care
3. Coordinated Care
4. Holistic Assessment
5. Goals of Care Discussions
6. Patient Centered Care
7. Care in the Last Days of Life

D2: Caregiver Support

8. Caregiver Support
9. Grief & Bereavement Support

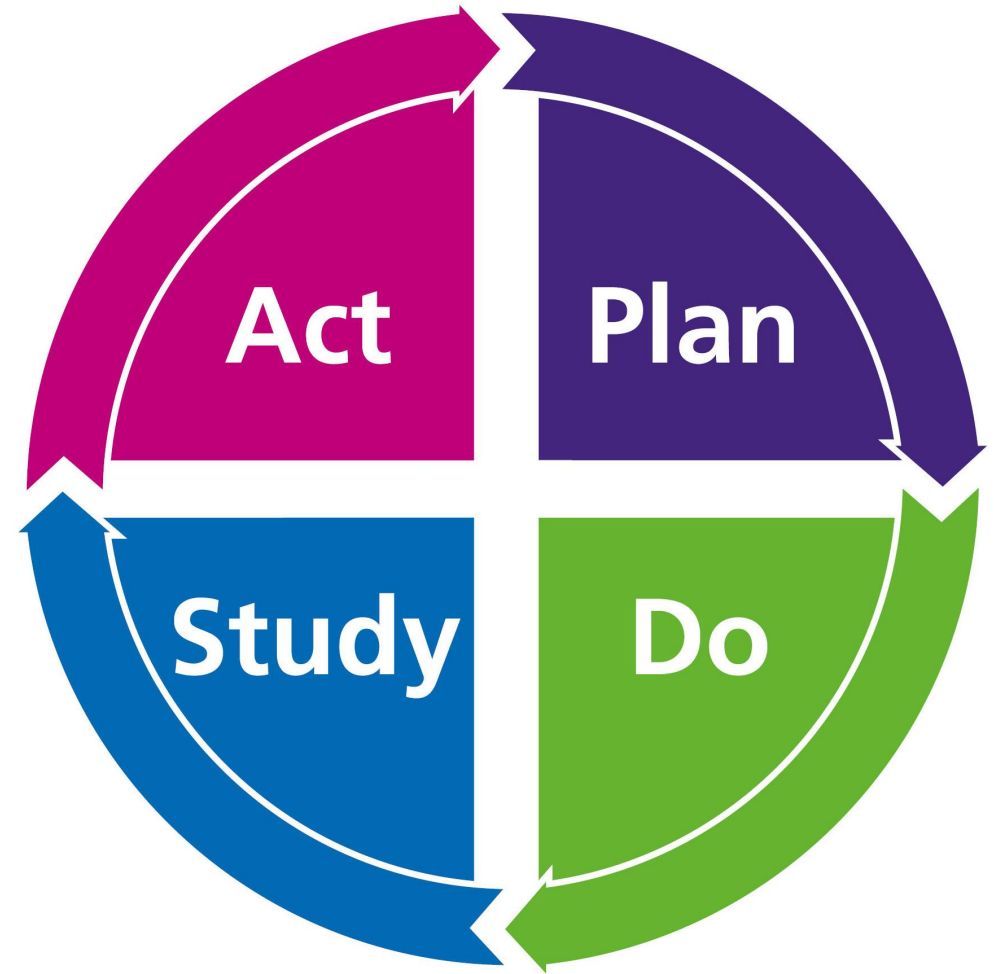
D3: Staff & Volunteer Mgt

10. Trained Staff & Volunteers
11. Staff & Volunteer Self-Care

D4: Safe Care

12. Accessibility and the Use of Opioids
13. Clinical Quality Improvement

**Always ask “Is what I
am doing making a
difference?”
and try your best to
find an Objective
Answer.**



Palliative Care Research in Malaysia



Palliative Care Research in Malaysia



**Palliative Care Research
Proposal Workshop 2023**

**Learning Research
from Experts**



Palliative Care Research in Malaysia

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NYL Hing, [SL Yang](#), CCO Teoh, [CT Leong](#)... - Journal of Health ..., 2024 - researchgate.net
... Conclusions Our findings provide a breakdown of the proportion of **palliative care** needs by illness trajectories in **Malaysia**. Although **palliative care** is most often associated with the ...
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Needs Analysis for The Development of a Manual in Palliative Care for Malaysia: An Islamic Psychospiritual Approach
[CZ Sa'ari](#), H Chik, SB Syed Muhsin... - Journal of Religion and ..., 2024 - Springer
... This research examines the literature concerning **palliative care** within the framework of the Islamic psychospiritual approach within a healthcare setting based on priority needs. This ...
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Perception towards palliative care among patients with pulmonary hypertension in malaysia: a correlation with disease status
SK Tye, NS Razali, SAA Shauqi, NA Azeman... - Cardiology in the ..., 2024 - cambridge.org
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To refer or not? Oncology and palliative care
N Law, WH Lai, PJ Voon, YL Choo - ... Supportive & Palliative Care, 2024 - spcare.bmj.com
... **palliative care** in oncology include inaccurate perception of **palliative care**, lack of knowledge of **palliative care** ... The authors would like to thank the Director General of Health **Malaysia** ...
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[PDF] **The Association of Demographic Characteristics with Confidence Level and Perceived Barriers to Involvement in Palliative Care among Critical Care Nurses**

[N Hassan](#), SNLM Zain, S Munirah, [A Wahab](#)... - kwpublications.com

... This study will provide evidence for **Malaysian** nurses to adopt or plan activities to increase nurses self-confidence in **palliative care** participation. It can also assist policymakers in ...

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[PDF] ... **Pain and Inadequate Pain Treatment, Satisfaction, Quality of Life and Factors Associated with Severe Pain among Cancer Patients Receiving Palliative Care in ...**

CP Khaw, [H Zainal](#), [B Tangiisuran](#) - Malaysian Journal of ..., 2024 - medic.upm.edu.my

... in the **Malaysian** cancer population, TSQM 1.4 underwent a comprehensive evaluation by three experts in **palliative care** ... cancer patients in a **Malaysian palliative care** unit. Pharm Pract (...)

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[PDF] **Button Game to Facilitate Communication in Children and Adults with Palliative Care Needs—A Case Series.**

S Subramaniam, LC Chan, YC Ling... - Malaysian Journal of ..., 2024 - researchgate.net

... Button game was modified from other facilitating communicating tools and introduced to paediatric **palliative care** in **Malaysia** to facilitate effective communication with children (5). ...

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An Insight Into the Experiences of Malaysian Patients With Advanced Cancer and Their Preferences in End-of-Life Care: A Qualitative Study

I Chung, SY Khoo, [LL Low](#) - ... of Hospice and Palliative ..., 2024 - journals.sagepub.com

... them from effective advance **care** planning, an important aspect of **palliative care**. Wanting to ... of **Malaysian** patients with recurrent ovarian cancer undergoing **palliative** chemotherapy. In ...

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SPIRITUAL CARE IN PALLIATIVE CONTEXTS: PERSPECTIVES FROM HINDU FAMILY CAREGIVERS—A SCOPING REVIEW

[MFM Ismail](#), NSIM Romzi, [SZ Shahadan](#) - Jurnal Al-Sirat, 2024 - ejournal.unipas.edu.my

... Ultimately, this review underscores the necessity of a holistic approach to **palliative care** that accommodates spiritual needs within Hindu families. It advocates for the inclusion of ...

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Conclusion



“

We can't heal the world today but we can begin with a voice of compassion, a heart of love, an act of kindness.

MARY DAVIS

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