Malaysia Health Technology Assessment Section

MaHTAS E-Newsletter

MINISTRY OF HEALTH MALAYSIA

WHAT 'S INSIDE

"[CPG LAUNCHING - AN IMPLEMENTATION STRATEGY]"

The launching of a Clinical Practice Guidelines (CPG) is part of its implementation strategies. It aims to create awareness of the CPG existence to the stakeholders, especially those in the state health departments and medical faculties. This will hopefully enhance the CPG utilisation.

Three national evidence-based CPGs developed by MaHTAS were launched in 2018. All three launching ceremonies were officiated by YBhg. Datuk Dr. Noor Hisham Abdullah, Director General (DG) of Health Malaysia. Creative and interesting gimmicks were used to celebrate the events.

The first launching ceremony was on the CPG Management of Asthma in Adults on 3 May 2018 at Hospital Serdang. A pre-launching CME session on selected topics of the CPG was conducted and delivered by the CPG Development Group to doctors and allied health personnel from public health care institutions in Selangor, Kuala Lumpur and Putrajaya. As gimmick of the launching, DG of Health kicked a ball into the goal post which symbolised the aim of achieving asthma control in the management of the disease.

MaHTAS always works together with various professional societies in both CPG development and implementation. This ongoing partnership helps to ensure the utilisation of the CPG especially among target users in the private sector. On this note, the second launching on CPG Management of Diabetes in Pregnancy was held together with Malaysian Endocrine and Metabolic Society (MEMS) during their 9th MEMS Annual Congress at Hilton Kuala Lumpur on 4 May 2018. The participants of the congress were delighted with the gimmick of a drone carrying the CPG which was sponsored by MEMS.

Another important aspect of a launching ceremony is the involvement of the media. At the third launching on CPG Management of Colorectal Carcinoma on 27 June 2018 in Hospital Selayang, numerous members of the press attended a post-launch press conference. Information on screening and treatment of the malignant disease was enquired. Gimmick for the launching was laparoscopic removal of the CPG from a dummy colon which was easily done by DG of Health. The event was featured in the local media which created awareness among the public on colorectal carcinoma and its management.

During all launching ceremonies, there were presentations of CPG packages by YBhg. Datuk Dr. Noor Hisham Abdullah to representatives of state health departments, medical faculties and professional societies. This was a symbolic mandate on the need for the CPG to be implemented in their respective institutions. The DG of Health congratulated all involved in the development of the CPGs and highlighted the importance of engagement of all stakeholders in the CPG utilisation to provide quality health care to the public.

HTA & CPG Council Meeting | 1/2018

The first meeting of HTA and CPG council for this year was held on the 6th June 2018. This meeting was chaired by the Director General of Health YBhg Datuk Dr Noor Hisham bin Abdullah. One HTA report, four CPGs, nine TR (Mini-HTA) and two Horizon Scanning Techbrief reports were presented at the meeting as listed below:

TR:

Cardiovascular Diseases:

- Radiofrequency ablation (RFA) versus antiarrhythmic drugs (AADs) for atrial fibrillation (AF) and economic evaluation (EE)
- Primary percutaneous coronary intervention (PCI) compared with thrombolytic therapy (streptokinase and tenecteplase) in STEMI and economic evaluation (EE)

Female Genital Disease And Pregnancy Complication:

- Intrauterine system for dysmenorrhea
- Surgical and non-surgical (instrumental) method for vaginal tightening

Infectious Diseases:

- Hepatitis B and hepatitis C screening among high risk groups

Neoplasms:

- Proton beam therapy (PBT) for treatment of cancer – an update
- Particle knife treatment using iodine-125 for cancer (internal radiation therapy)

Diagnostic Procedures/Screening:

- Non- invasive haemoglobinometer for blood donors screening
- Digital BP measurement sets

HTA :
Bronchoscopic Treatment for Emphysema

CPG:

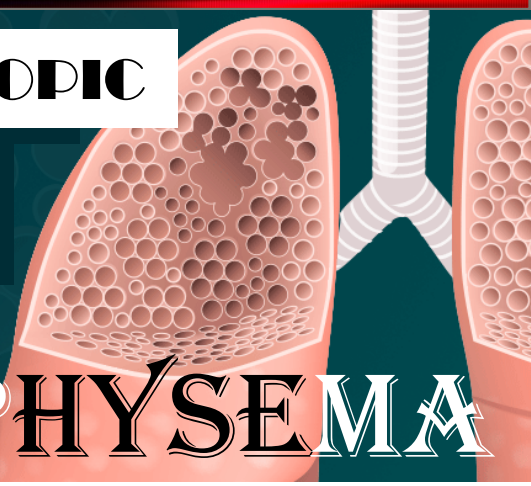
- Management of Hypertension (5th Edition)
- Management of Stable Coronary Artery Disease (2nd Edition)
- Management of Atopic Eczema
- Management of Chronic Kidney Disease in Adults (Second Edition)

Horizon Scanning (HS) TechBrief:

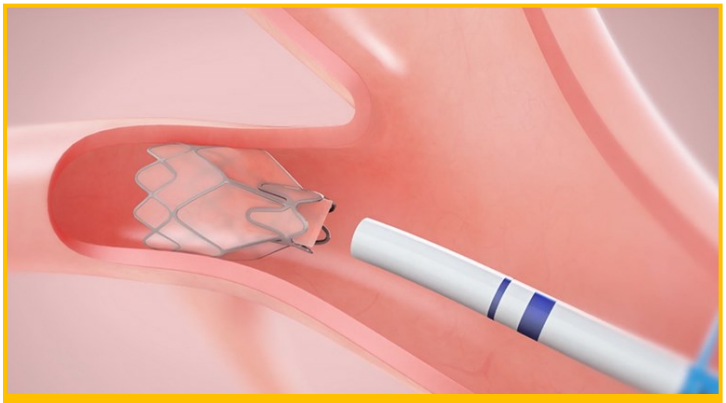
- Emicizumab prophylaxis for patients with haemophilia A with inhibitors
- Rituximab biosimilars

HTA IN BRIEF

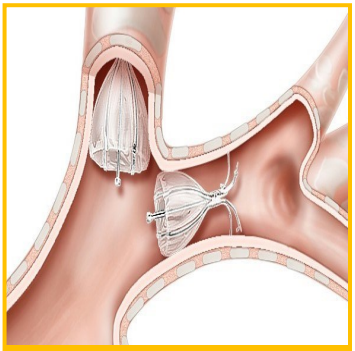
BRONCHOSCOPIC TREATMENT of EMPHYSEMA



In patients with severe emphysema where medical approach is not effective, surgery such as lung volume reduction surgery (LVRS) and lung transplantation may be necessary. However many patients are not suitable for this surgery due to other comorbid conditions. This limitations had led to the introduction of a new minimally invasive therapy utilizing bronchoscopy with ultimate goal of reproducing the advantages seen in LVRS with less risk and morbidity from the procedure. In Malaysia, access to bronchoscopic lung volume reduction (BLVR) treatment option is limited as it is only available in two health care facilities namely Serdang Hospital and University Malaya Medical Centre.



ENDOBRONCHIAL VALVE



INTRABRONCHIAL VALVES

As compared with standard medical treatment or sham bronchoscopy, evidence suggested that endobrochial valves (EBV), unilateral intrabronchial valves (IBV) placement, sealant, and vapour ablation led to a significant improvements in lung function (FEV_1) and health-related QoL (SGRQ). For endobronchial coils, only participants with degree of air trapping (RV ≥225%) and heterogeneous emphysema distribution had greater magnitudes of treatment response. Studies conducted on partial bilateral IBV placement, however, showed no substantial clinical improvements at the end of follow-up while airway bypass stents did not provide long-terms sustainable benefit. For exercise capacity, all BLVR techniques demonstrated a significant increase in six minute walking distance (6MWD) except for partial bilateral IBV placement which favoured control while endobronchial coils, vapour ablation, and airway bypass stent did not reach a significant difference.

Finding also showed that although there were no significant differences in mortality between intervention and control, adverse events were more common in participants treated with the BLVR. The occurrence of pneumothorax especially with valve placement; and increase in infectious and inflammatory events when using coils; probably being the most important.
Airway bypass stent seemed to have the longest procedure time whereas length of hospital stays tend to be longer in patient treated with sealant compared to other BLVR techniques.

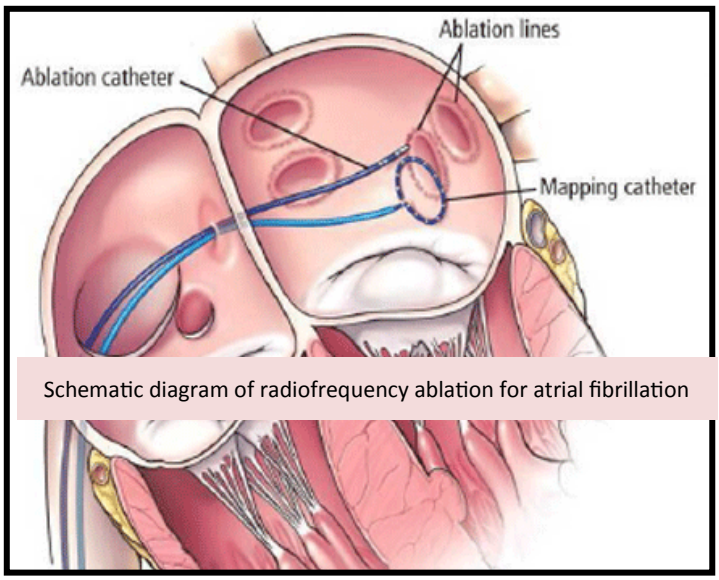
There was evidence to suggest that endobronchial coils treatment was costly despite the clinical benefits for individual participant from the France healthcare perspective. In Germany, EBV was found to be cost-effective compared to medical management while no cost-effectiveness analysis retrieved for other BLVR techniques.

Based on the review, BLVR techniques using valves (EBV and unilateral IBV) seemed to have the potential to be a valuable option for management of patients with severe emphysema. Further studies are needed to provide more evidence for sealant, vapour ablation, airway bypass stents, and endobronchial coils. Hence, valve treatment may be offered in selected centres in MOH hospitals that perform interventional bronchoscopy regularly with expertise in various treatment modalities and may be offered as a bridge to lung transplant in patients with severe emphysema. Pulmonologists should be credentialed to perform BLVR.

Refinement of selection criteria for the respective techniques may have a significant impact on the results for the patient and close cooperation between pulmonologists and radiologist is an essential step in achieving this aim. In addition, patient's outcome research is warranted on the long term basis while cost implication should also be considered.

TR IN BRIEF

RADIOFREQUENCY ABLATION (RFA) VERSUS ANTIARRHYTMIC DRUGS (AADS) FOR ATRIAL FIBRILLATION (AF) AND ECONOMIC EVALUATION



Schematic diagram of radiofrequency ablation for atrial fibrillation

Radiofrequency ablation (RFA) is recommended by many guidelines as a second-line therapy in patients with paroxysmal and persistent AF after treatment with at least one AAD failed. However, the cost-effectiveness of RFA for AF relative to medical therapy is uncertain and has not been widely studied. Therefore, this review was conducted to provide evidence on the benefits and costs of RFA relative to AADs and suitability for expansion of RFA treatment to selected specialised cardiac centres in Malaysia.

There was good level of retrievable evidence to suggest that RFA in patient with paroxysmal or/and persistent AF increased recurrence-free survival rate, reduced recurrence rate of atrial tachyarrhythmia or atrial arrhythmias, reduced the need for cardioversion, and improved QoL when used as first line or second line treatment.

With regard to safety, there was no difference between ablation and AAD therapy on all-cause mortality and stroke/transient ischemic attack (TIA) rates for AF. Most common complications arising from ablation were cardiac tamponade and pulmonary vein stenosis whereas major adverse event for drug reaction/toxicity was amiodarone-related dysthyroidism. Findings also indicated that RFA was superior to AADs in reducing cardiac-related hospitalisation and rehospitalisation.

There were studies conducted in the US and UK showed RFA as a second-line therapy was cost-effective for treatment of drug refractory AF. As a first-line therapy, it was cost-effective for younger patients (≤ 50 years) in Denmark, Finland, Germany and Sweden.

We conducted decision modeling for one year horizon and yielded an ICER of RM56,825.41 per QALY gained for RFA in patient with paroxysmal or/and persistent AF who were unsuccessfully treated with AADs. Sensitivity analysis suggested that the cost of ablation is the major factor that influenced the cost-effectiveness ratio. The ICER is slightly higher than 1 GDP, which is the cost-effectiveness threshold for Malaysia but still within 1-3 GDP as recommended by WHO.

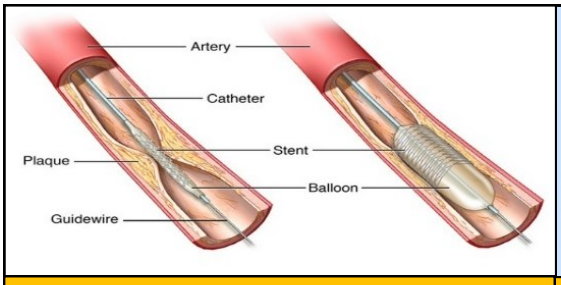
TR IN BRIEF

PRIMARY PERCUTANEOUS CORONARY INTERVENTION (PPCI) & THROMBOLYTIC THERAPY (STREPTOKINASE AND TENECTEPLASE) IN ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI) & ECONOMIC EVALUATION

Cardiovascular disease remains an important cause of mortality in Malaysia accounting for 20 to 25% of all deaths in public hospital. Coronary artery diseases or acute coronary syndromes are part of cardiovascular diseases where the management varies between countries. Referring to Malaysian Clinical Practice Guidelines in 2014 on Management of Acute STEMI; two reperfusion therapies are available, namely percutaneous coronary intervention (PCI) or thrombolytic agents. In many countries, primary PCI remains the preferred management option for STEMI compared to the conventional intravenous thrombolysis [streptokinase (SK) and tenecteplase (TNK)] as it has been proven to improve morbidity and mortality. However, in most public hospitals under Ministry of Health (MOH), SK and TNK remains the first-line treatment for acute STEMI. This is due to the limited funding and facilities for invasive treatment on a nationwide scale.

Our systematic review showed that primary PCI may prevent death and non-fatal reinfarction in patients who received the procedure within less than 12 hours after the onset of the STEMI symptoms when compared to streptokinase. As for combined end-point (number of death, non-fatal reinfarction and stroke), studies showed that primary PCI significantly prevented combined death when compared to streptokinase. However, the rate of blood transfusions and stroke incidence were similar in both treatments. Meanwhile, only one study compared primary PCI and tenecteplase, but no significant difference in reducing death was observed.

The systematic review revealed that the primary PCI was able to reduce hospital stay and hospital readmission when compared to streptokinase. However, any delayed in seeking early treatment may influence the choice of reperfusion therapy as well as disease prognosis.



Primary PCI

Streptokinase

Tenecteplase

We conducted local economic evaluation using decision modelling for one year horizon. The result showed that treatment of STEMI with primary PCI compared to streptokinase yield an incremental cost of RM10, 072.98 and incremental QALY of 0.07. Hence, the incremental cost-effectiveness ratio (ICER) was RM140, 532.74 per QALY. Although the ICER was beyond both suggested cost-effectiveness threshold for Malaysia (≤ 1 times gross domestic product (GDP) per capita), 50% reduction of primary PCI cost, and 20% reduction in ward admission yielded a lower ICER; RM60, 652.96 which was slightly higher from the threshold.

TR IN BRIEF

DIGITAL BLOOD PRESSURE (BP) MEASUREMENT SETS

We already know:

Blood pressure (BP) is the most common measurement made in clinical practice. Valid instrument is needed for an accurate measurement of blood pressure. Digital BP measurement sets have been used widely in primary, secondary and tertiary healthcare settings as well as a self-measured blood pressure monitoring at home.

What we found in term of from our systematic review?

For Children:

There was fair level of retrievable evidence to suggest the Systolic Blood Pressure (SBP) readings were significantly higher using digital BP measurement sets as compared to mercury sphygmomanometer [Mean Difference (MD): 2.53 mmHg; 95% Confidence Interval (CI): 0.57, 4.50) but no significant difference with the Diastolic Blood Pressure (DBP) readings (MD: 1.55 mmHg; 95% CI: -0.20, 3.31).

For Adults:

The BP readings vary with population and settings. There was limited retrievable evidence to suggest that digital BP measurement sets were associated with significantly lower SBP and DBP readings in patients with cardiac illness and artherosclerosis.

However there was no significant difference between digital BP measurement sets and mercury sphygmomanometer among atrial fibrillation patients and pregnant women with no severe health problems (MD: 4 ± 2 mmHg).

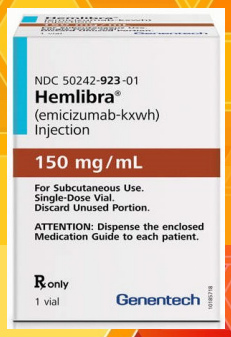
Validation studies in adults, showed no significant differences between digital BP measurement sets and mercury sphygmomanometer even though most devices reported lower SBP and DBP readings in digital BP measurement sets as compared to mercury sphygmomanometer (within 5 mmHg).

There was no significant difference in BP readings between digital BP measurement sets compared to mercury sphygmomanometer with respect to techniques, setting and inter-rater observer.

Based on the review, Digital BP measurement sets can be used to measure blood pressure as it is comparable to mercury sphygmomanometer. However, mercury sphygmomanometer should be used for confirmation of BP value in the patients with cardiac illness, artherosclerosis, renal disease and children. Also, digital BP measurement sets need regular maintenance and calibration.

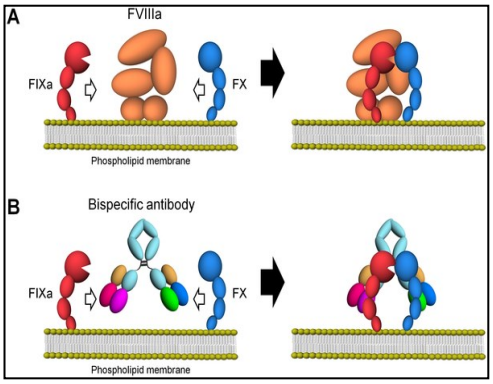
TECHBRIEF

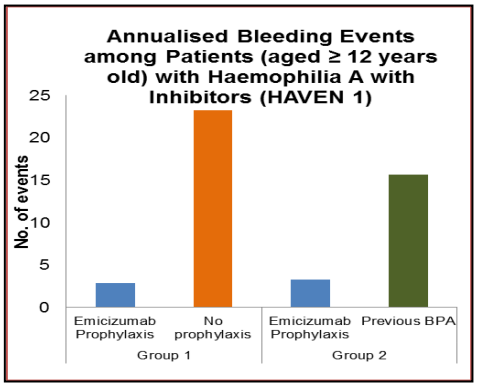
#1 EMICIZUMAB PROPHYLAXIS FOR PATIENTS WITH HAEMOPHILIA A WITH INHIBITORS



Emicizumab is a recombinant, humanised, bispecific monoclonal antibody that bridges activated factors IX and X on a phospholipid membrane to restore the function of missing activated factor VIII. Its half-life is around 4-5 weeks.

Early assessment showed that emicizumab markedly reduced bleeding in adults and children with haemophilia A with inhibitors. HAVEN 1 study among adults showed that emicizumab prophylaxis markedly reduced annualised bleeding rate among patients with haemophilia A with inhibitors compared with no prophylaxis group, 2.9 events (95% CI: 1.7, 5.0) versus 23.3 events (95% CI: 12.3, 43.9) p<0.001. Similar results were obtained when compared to those who previously received proplylaxis treatment with by-passing agent (BPA), 3.3 events (95% CI: 1.3, 8.1) versus 15.7 events (95% CI: 11.1, 22.3). Whereas HAVEN 2 study among children < 12 years old showed that 94.7% of children receiving emicizumab treatment had zero treated bleeds. As, for safety, risk of thrombosis was higher in adults who received concurrent treatment with APCC that averaged > 100 U per kg daily for >1 day. Economic evaluation conducted in USA showed that emicizumab would reduce spending by around $1.85M per patient/year in patients ≥12 years and $720,000 in patients < 12 years old.



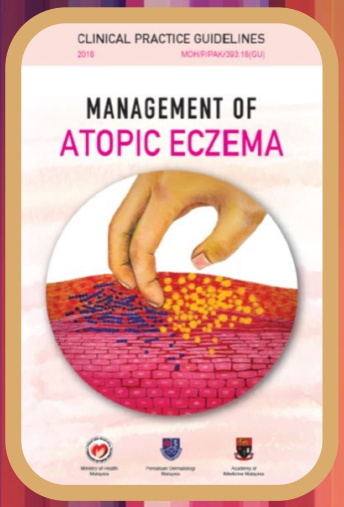


#2 Rituximab Biosimilars

Rituximab is an anti-CD20 monoclonal antibodies which has been approved to be used for the treatment of non-Hodgkin's lymphomas (NHL); follicular lymphoma [FL] and diffuse large B cell lymphoma [DLBCL], chronic lymphocytic leukaemia (CLL), and Rheumatoid Arthritis (RA) (specifically when anti-tumour necrosis factor [TNF] treatment has been inadequate or not tolerated), as well as the rare conditions of granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA). It binds specifically to the transmembrane antigen, CD20, a non-glycosylated phosphoprotein, located on pre-B and mature B lymphocytes, subsequently induce cell death via apoptosis. Rituximab has received US FDA approval on 26 November 1997. There are several Rituximab biosimilars being developed. Two Rituximab biosimilars which have been approved by European Medicine Agency (EMA) are Truxima (CT-P10) developed by Celltrion and Rixathon (GP2013) which was developed by Sandoz. Limited evidence showed promising efficacy for follicular lymphoma and rheumatoid arthritis. In terms of safety, the evidence showed comparable adverse events of biosimilar with reference rituximab. Budget impact analysis of a biosimilar product showed potential reduction of cost in treating cancer and rheumatoid arthritis.

CPG KEY MESSAGES

MANAGEMENT OF ATOPIC ECZEMA



- Atopic eczema (AE) is a clinical diagnosis based on the U.K. Working Party's Diagnostic Criteria for Atopic Dermatitis.
- Serum immunoglobulin E levels, patch test, skin prick test and skin biopsy should not be used as diagnostic tools for AE.
- Management of AE depends on the disease severity and quality of life assessment.
- Emollient therapy is the mainstay of treatment at any stage of AE.
- Topical corticosteroids should be used appropriately for treatment of flares in AE.
- Topical calcineurin inhibitors may be considered to treat flares in AE for patients aged two years and above.
- Ultraviolet A1 phototherapy may be used to control acute flares and narrow-band ultraviolet B phototherapy in moderate to severe chronic AE.
- Antihistamines should not be used as monotherapy or to substitute topical therapy in AE.
- Systemic corticosteroids may be considered for short-term control of severe acute exacerbation of AE.
- Immunomodulating agents e.g. azathioprine, cyclosporin A, methotrexate or mycophenolate may be used in the treatment of severe AE after optimisation of topical treatment.
- Educational interventions should be considered as part of the management of AE.

MANAGEMENT OF CHRONIC KIDNEY DISEASE (SECOND EDITION)

- Targeted screening in high risk groups is necessary to detect chronic kidney disease (CKD) & early intervention is important to delay its progression. CKD management requires shared decision making & close collaboration between different levels of healthcare.
- Screening for CKD includes assessment for proteinuria, haematuria & renal function [using estimated glomerular filtration rate (eGFR) based on CKD-epidemiology (CKD-EPI) creatinine equation].
- Detection of CKD should be followed by staging using eGFR, risk stratification with albuminuria & determination of underlying cause. This is based on Kidney Disease Improving Global Outcomes (KDIGO) classification.
- Target blood pressure & glycaemic control in CKD should be individualised according to co-morbidities & age.
- Angiotensin converting enzyme inhibitor or angiotensin receptor blocker should be used as first-line antihypertensive agent in diabetic kidney disease (DKD) with albuminuria & non-DKD with proteinuria ≥0.5 g/day.
- Dual renin-angiotensin system blockade should only be used in carefully selected non-DKD patients with proteinuria under close supervision by nephrologists.
- All cardiovascular (CV) risk factors should be addressed in patients with CKD to reduce CV events. Aspirin should only be used for secondary prevention of CV disease.
- All female patients of reproductive age with CKD should receive pre-pregnancy care.
- The optimal time of nephrology referral depends on the indications while the urgency is based on the trend of eGFR.
- Screening for CKD-related complications is recommended at CKD stage 3 onwards.

INTERNATIONAL ACTIVITIES

The 7th HTAsiaLink conference was hosted by Health Intervention and Technology Assessment Program (HITAP) and Mahidol University, Thailand. The themes of this year's conference was Testing Treatments: Strengthening HTA for better healthcare.

MaHTAS participated actively in the conference. Eight abstracts from MaHTAS were accepted and presented in the conference.

Three pre-conference workshops on evidence to inform policy on vaccine introduction, introducing HTA for alternative medicine, how to write effective responses to reviewer were conducted. Three informative plenary sessions highlighted issues and experiences of using unsafe or ineffective health interventions & technologies, challenges in assessing unproven practices as well as the solutions and commitment to overcome the problems related to HTA.

Dr Junainah, the head of MaHTAS, presented on Introducing HTA for Alternative & Traditional Medicines (ATM) in Malaysia. The participating members definitely gained valuable knowledge from the presentation of speakers (pre-conference and plenary session) and oral presenters. The welcoming dinner reception at Old Chiang Mai Cultural Centre featured wonderful, delicious Thai food and mesmerising Thai cultural dance performed by graceful and stunning dancers.

The last day HTAsialink member's and board's meeting discussed the post-mortem of the conference, some improvement that could be made as well as HTA's way forward. About 62 presenters participated in this conference either in economic evaluation or health system research category.

The conference was closed with award giving ceremony.

"LOCAL activities"

1 HTA Course for Expert Committee & Central Region 2018, 5-6 March 2018.

Health Technology Assessment (HTA) training was conducted in Putrajaya and participated by a total of 40 participants from various disciplines including consultants, clinicians, pharmacists and science officers. The aim of the training was to give exposure on the concept of HTA which is an important input for policy/ decision-making. This training also aimed to increase their understanding about the process of producing HTA reports. Speakers from MaHTAS presented the framework and work process of HTA activity. The activity begins with issue/topics applications from the requestor, systematic search of evidence, study designs, critical appraisal, report write-up and responsibility of the requestor after receiving the final reports. During the course, the participants were divided into smaller groups for discussion and hands-on activities.

2 Systematic Review on Evidence-based Clinical Practice Guidelines Development & Implementation 1/2018, 13—15 March 2018

The above systematic review was attended by mainly Development Group members of CPG Management of Dengue Fever in Children (Second Edition) and CPG Management of Attention Deficit Hyperactive Disorder (Second Edition). The objective of the training was to provide related knowledge and skills in developing an evidence-based CPG.

Among lectures delivered were CPG work process, retrieval of evidence, critical appraisal of different study designs, analysis and synthesis of evidence, and also implementation strategies of the CPG. Apart from that, group work/presentation and hand-on sessions were conducted for better understanding of the participants on the subjects. The workshop had lively interactions and encouraging feedback from them.

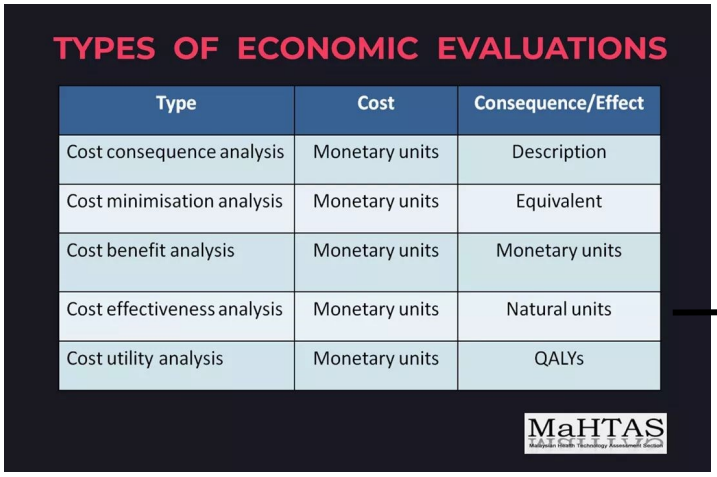
3 Interpreting and Reporting Biostatistics Workshop, 26—28 March 2018

An interpreting and reporting biostatistics workshop was successfully conducted and attended by 25 technical officers from MaHTAS. The objectives of this workshop were to develop skills in interpreting and reporting the statistic used in the medical researches and to develop skills of the officers in appraising the statistic analysis methods found in the published scientific journals. This workshop was among the capacity building activities by MaHTAS to produce more skilled personnel in improving the quality of the reports produced. We were honored to have Prof Dr. Sanjay Rampal A/L Lekhraj Rampal, who had shared his wide knowledge and expertise in this field.

4

Training of Core Trainers (ToT) CPG Management of Glaucoma (Second Edition), 9 April 2018.

The second edition of CPG on Management of Glaucoma was published in 2017, superseding the previous edition. The scope of the CPG was widened to include both primary open angle and angle closure glaucoma. Following this, a ToT course for the CPG was held at Hospital Rehabilitasi Cheras as part of the CPG implementation strategies. A total of 51 healthcare providers involved in the management of glaucoma from all over Malaysia attended it. The course consisted of didactic lectures and active case discussions where the facilitators and participants shared their knowledge and experiences in this field.



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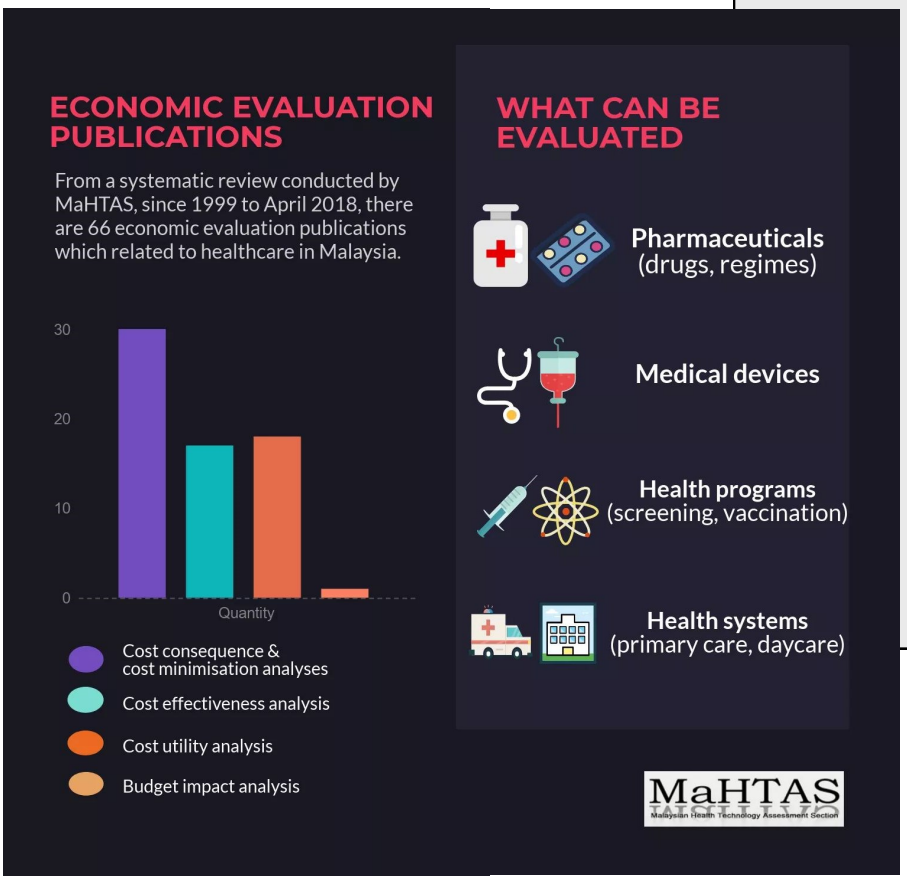
Applied statistic for economic evaluation workshop, 28—29 June 2018.

An applied statistic for economic evaluation workshop was successfully conducted and attended by 25 technical officers from MaHTAS. This workshop was among the capacity building activities by MaHTAS to produce more skilled personnel in the area of health economic decision modelling. We were honored to have Assoc Prof Dr. Zafar Ahmed who had shared his knowledge and expertise in this field. The objectives of this workshop were to develop skills in economic modeling using software (TreeAge) and provide knowledge on using statistical data in constructing economic evaluation model.

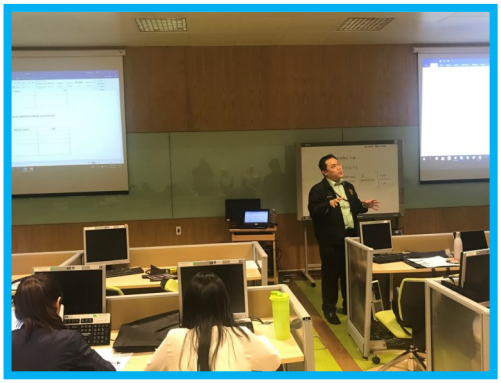


MaHTAS involved as speakers / trainers / consultant

Search Strategy Workshop

Hospital Selayang
16 May 2018

Mr Lee Sit Wai
SN Rosnani Abdul Latip
Mr Mohd Tholib Ibrahim



Search Strategy Workshop

Institute for Health Systems Research
24 May 2018

Dr Syaqirah Akmal
Mr Lee Sit Wai

Sesi Pembudayaan Ilmu Bahagian Perkembangan Perubatan, KKM.

Topic: "Drone Technology in Healthcare. Is there a role?"

Blok E1
6 June 2018

Dr Erni Zurina Romli
Mr Lee Sit Wai

Updates on therapeutic areas of valvular diseases and critical care
Edward Lifesciences
17 Jan 2018

Critical Appraisal RCTs
Dr Farhana/ Pn Balqis
19 Jan 2018

Introduction to Meta analysis
Dr Roza Sarimin/ Dr Erni Zurina Romli/ Pn Atikah Shaharudin
23 Feb 2018

Introduction to Meta analysis & Hands on
Dr Roza Sarimin/ Dr Erni Zurina Romli/ Pn Atikah Shaharudin
26 Feb 2018

Actions to outreach and accelerate
Ms Jessie/Jennifer
19 Apr 2018

Formulating Search Question
En Lee Sit Wai/Sr Rosnani Abd Latip
24 Apr 2018

Search Strategy Hands on
En Lee Sit Wai/ Sr Rosnani Abd Latip
25 Apr 2018

myCPD
Dr Shafie
27 Apr 2018

Introduction to Elsevier EMBASE platform
Mr Raymond
14 May 2018

Introduction to Economic Evaluation in Health Care
Dr Hanin
23 May 2018

RECEPIENTS OF 'ANUGERAH PERKHIDMATAN CEMERLANG' (APC) 2017

Dr Syaharatul Patimah Kamarudin

Medical Officer UD48

Mdm Rosnani Abdul Latip

Nursing Sister U32

EKSA ACTIVITIES FOR 2018

This year we participated in three activities organised by JKK Promosi EKSA Zon Perkembangan namely EKSA Pantun Competition, EKSA Crossword Competition and EKSA Awareness Quiz.

Congratulations to our talented staff for winning the following activities:

EKSA PANTUN COMPETITION
Main winner :
1.Pn Atikah Shaharudin
Winners:
1. Matron Wong Wai Chee
2. Pn Fatin Nabila Bt Mokhtar
3. Sr Zamilah Mat Jusoh

EKSA CROSSWORD COMPETITION
Main winners:
1. Pn Nurul Akhma Abd Hamid
2. Pn Atikah Shaharudin
Winners:
1. Pn Fatin Nabila Bt Mokhtar
2. Matron Wong Wai Chee
3. Sr Rosnani Bt Abdul Latip

We also participated in Rakan EKSA Photo Competition organised by JK Induk Promosi IPKKM in 2017. Congratulations to Matron Wong Wai Chee and Sr Rosnani Bt Abdul Latip for being selected as the best five photos.

Thank you for your commitment and continuous support for EKSA!!

Quick Reference (QR) Utilisation Survey on Management of Neonatal Jaundice (2nd edition)

Quick Reference (QR) Utilisation Survey on Management of Neonatal Jaundice (2nd edition) was conducted in March 2018 involving 183 respondents from 51 selected healthcare facilities nationwide (80.9% response rate). Respondents' characteristic was illustrated in Table 1. Eighty-five percent respondents were aware and 74.9% used the QR with varying reason of utilisation (Figure 1).

Demographic variables	No. of respondents (n=283)	Percentage (%)
Sex		
Female	176	62.2
Male	107	37.8
Designation		
Medical Officer	232	82.0
Specialist	51	18.0
Facility		
Health Clinic	60	21.2
Hospital	223	78.8
Age		
<30 years	121	38.4
31-40 years	125	39.7
>41 years	37	11.7

Table 1:

Description of respondents' demography

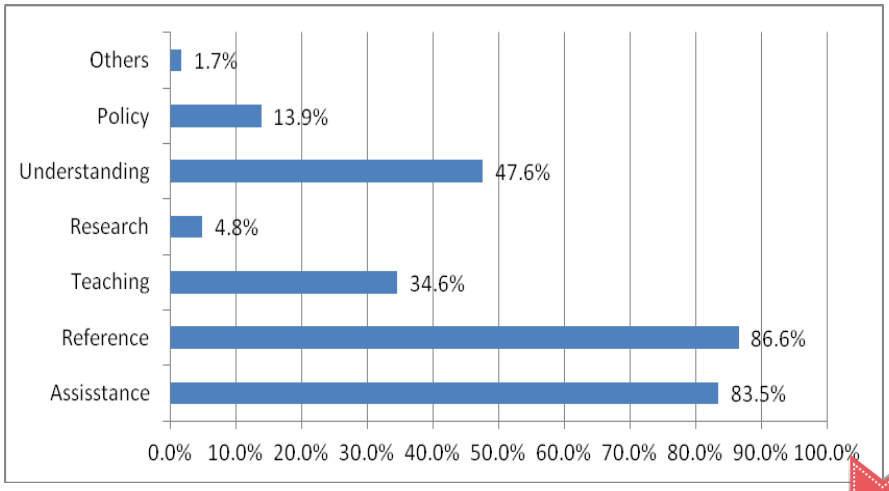
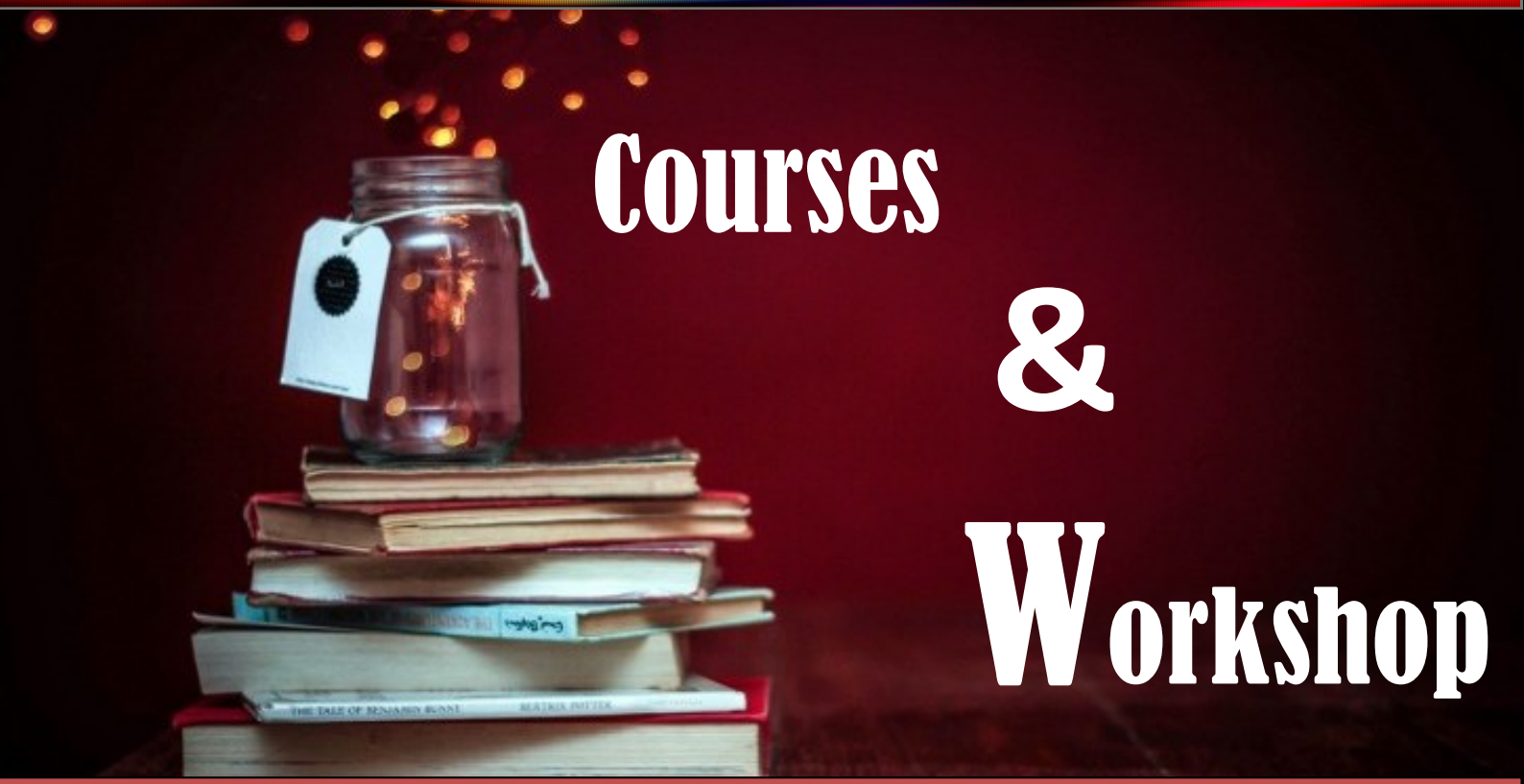


Figure 1:

Reasons for utilisation



Courses & Workshop

Conducted from Jan-Jun 2018

1	HTA Course for Expert Committee —Central Region 2018	5-6 March 2018
2	Systemic Review on Evidence-Based CPG Development and Implementation No. 1/2018 – MOH	13-15 March 2018
3	Interpreting and Reporting Biostatistics course	26-28 March 2018
4	Training of core trainers (ToT): CPG Management of Glaucoma 2nd Edition	9 April 2018
5	Applied Statistics for Economic Evaluation Workshop	28-29 June 2018

Planned for July—December 2018

1	Training of core trainers (ToT): Diabetes in Pregnancy	11-12 July 2018
2	Manuscript Writing, MOH	16-17 July 2018
3	Training of core trainers (ToT): Asthma in Adults	15 August 2018
4	An Introduction to Economic Evaluation for Clinicians	3-4 September 2018
5	Systemic Review on Evidence-based CPG Development & Implementation Bil.2/2018– MOH	4-6 September 2018
6	Training of core trainers (ToT): Colorectal Carcinoma	27-28 September 2018

TO OUR NEW STAFF!

Dr Foo Sze-Shir
5 March 2018

Pn Fatin Nabila Moktar
27 March 2018

Dr Md Anuar Bin
Abd Samad@ Mahmood
2 April 2018

Cik Gan Yan Nee
16 April 2018

Thank you and Good luck At New Place.

En Abd Hafiz Abd Hamid
Left on 2 Feb 2018

Dr Syaharatul Patimah
Binti Kamarudin
Left on 26 Jan 2018

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