

TWO-WAY COMMUNICATION MECHANISM BETWEEN T&CM PRACTITIONERS AND REGISTERED MEDICAL PRACTITIONERS (RMPs) IN MINISTRY OF HEALTH (MOH) HOSPITALS

1.0 INTRODUCTION

The Ministry of Health Malaysia (MOH) is guided by a vision that one day, Traditional and Complementary Medicine (T&CM) and modern medicine will harmoniously co-exist for a strengthened Malaysian healthcare system and it is this vision that has guided the efforts and initiatives of the Ministry. Some of the more popular initiatives undertaken by the Ministry include the development of the National Policy on T&CM in 2001, the establishment of 15 MOH hospitals providing T&CM services and the development of the National T&CM Blueprint 2018-2027 in 2018. These efforts are in line with the World Health Organization (WHO) Traditional Medicine Strategy 2014-2023, the goals for Sustainable Development (SDG) and Universal Health Care (UHC).

The purpose of this document is primarily to enhance the integration of T&CM and modern medicine services at MOH hospitals, so as to improve the safety and quality of T&CM services provided in MOH hospitals. This document shall serve as a reference or guidance and shall be adapted according to local setting and needs. This document addresses the need to establish a communication pathway between T&CM practitioners and registered medical practitioners (RMPs) in MOH hospitals. This mechanism shall complement existing guidelines and procedures followed by the T&CM Unit in pursuit of delivering better patient care and to enhance the integration of T&CM and modern medicine services in MOH hospitals.

2.0 COMMUNICATION PATHWAY BETWEEN TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM) PRACTITIONERS AND REGISTERED MEDICAL PRACTITIONERS (RMPs)

T&CM services were introduced in MOH hospitals since 2007. Until 2020, there are a total of 15 MOH hospitals offering T&CM services. T&CM services are provided to eligible patients who have obtained an extension of care to T&CM services from the RMPs. They must be suitably indicated and are without contraindications in order to receive the prescribed T&CM services. These services are offered based on practice guidelines and procedures developed by the T&CM Division, MOH. These standards are established to ensure safe and quality services are consistently provided by T&CM practitioners working at the T&CM Units in MOH hospitals. These standards represent a move from consensus-based towards evidence-based approach and are revised from time to time as recent developments and evidence are made available in the various T&CM fields.

In review of the work processes involved in the provision of T&CM services, it is found that the feedback mechanism between T&CM practitioners and RMPs in the primary care team can be strengthened further. By establishing an effective communication pathway between T&CM practitioners and RMPs, the RMPs from the primary care team will be able to receive feedback from the T&CM practitioner on the T&CM services

received by the patient. This will enhance the mutual understanding between the T&CM practitioners and the RMPs and strengthen the continuity of care for the patient. As a result, patient's quality of care will be improved via holistic and comprehensive approach. This is also in line with the WHO vision and mission which is to enhance the integration of T&CM and modern medicine.

2.1 Objectives

1. To establish a communication pathway between T&CM practitioners and RMPs, especially for patients receiving T&CM services in MOH hospitals; and
2. To standardize the work processes involved and the prescribed forms:
 - a. Care Extension to T&CM Services Form
 - b. Post T&CM Services Evaluation Form

2.2 Guiding Principles

1. All patients must be reviewed by a RMP either from public or private health care facilities before the patient was given option to receive T&CM services at MOH hospitals. With exception for herbal therapy as adjunct treatment for cancer, the patient must be reviewed by a specialist, an Oncologist or a RMP under the supervision of a specialist.
2. Care extension to T&CM services is limited to clinically stable patient, complying to the patient selection criteria and indications as prescribed in the T&CM practice guidelines.
3. RMP is required to fill in the Care Extension to T&CM Services Form and relevant information or documents pertaining to patient's condition shall be made available to facilitate care extension to T&CM services. This includes patient's diagnosis, relevant medical history, reason for care extension to T&CM services, and related investigation results (if applicable).
4. All patients are required to give written informed consent prior commencement of any T&CM services. The patient must be fully informed and understand of the potential benefits and risks of their choice of treatment.
5. During each T&CM treatment session, the T&CM practitioner shall assess the patient for:
 - a. Arising health issues (e.g. new contraindications, complications, adverse events, side effects etc.); and
 - b. Effectiveness of T&CM treatment.
6. If any arising health issues/ contraindications/ complications/ adverse effects were found before/ during/ after receiving T&CM treatment and the patient is found unsuitable for further T&CM intervention, the T&CM Practitioner shall document it in the Post T&CM Services Evaluation Form, inform the patient and report back to the RMP in-charge.
7. When the patient has completed the prescribed regime, he/ she can be discharged with a completed Post T&CM Services Evaluation Form that will be passed to the RMP in-charge for further evaluation (i.e. whether patient should continue to receive T&CM services or to receive other treatments/ procedures at the hospital).
8. All forms used during the delivery of patient care, the duplicate copy shall be kept by the sender and original document shall be given to recipient for all forms used.

2.3 Detailed Work Processes

No.	Processes	Action to be taken by	Indicated forms
1	T&CM Unit receives patient presenting with the Care Extension to T&CM Services Form completed by a RMP. (Patient is required to bring the prescribed form to T&CM Unit.)	SN/ MA	Appendix A
2	An appointment date is given to the patient.	SN/ MA	
On Date of Appointment (New Cases)			
3	The patient is screened for vital signs, indication and contraindications using the T&CM Services Screening Form as prescribed in the relevant T&CM practice guidelines.	SN/ MA	Appendix C*
4	If patient is not suitable to receive T&CM services, the SN/ MA shall document it in the T&CM Services Screening Form as prescribed in the relevant T&CM practice guidelines. They shall advise the patient accordingly and inform the RMP. (The original copy of the prescribed form shall be given to the RMP in-charge by the patient, while the duplicated copy will be kept in patient's T&CM medical record.)	SN/ MA	Appendix C*
5	If patient is suitable to receive T&CM services, the patient shall be registered.	SN/ MA	
6	The patient shall undergo initial assessment by the T&CM practitioner for suitability of indication and presence of absolute contraindications. The T&CM practitioner shall fill in the T&CM Clerking Form as prescribed in the relevant T&CM practice guidelines.	T&CM Practitioner	Appendix D*
7	If patient is not suitable to receive T&CM treatment, the T&CM practitioner shall document it in the T&CM Clerking Form , inform the SN/ MA/ Head of T&CM Unit, advise the patient accordingly and report back to the RMP in-charge by completing the Post T&CM Services Evaluation Form .	T&CM Practitioner	Appendix B & Appendix D*

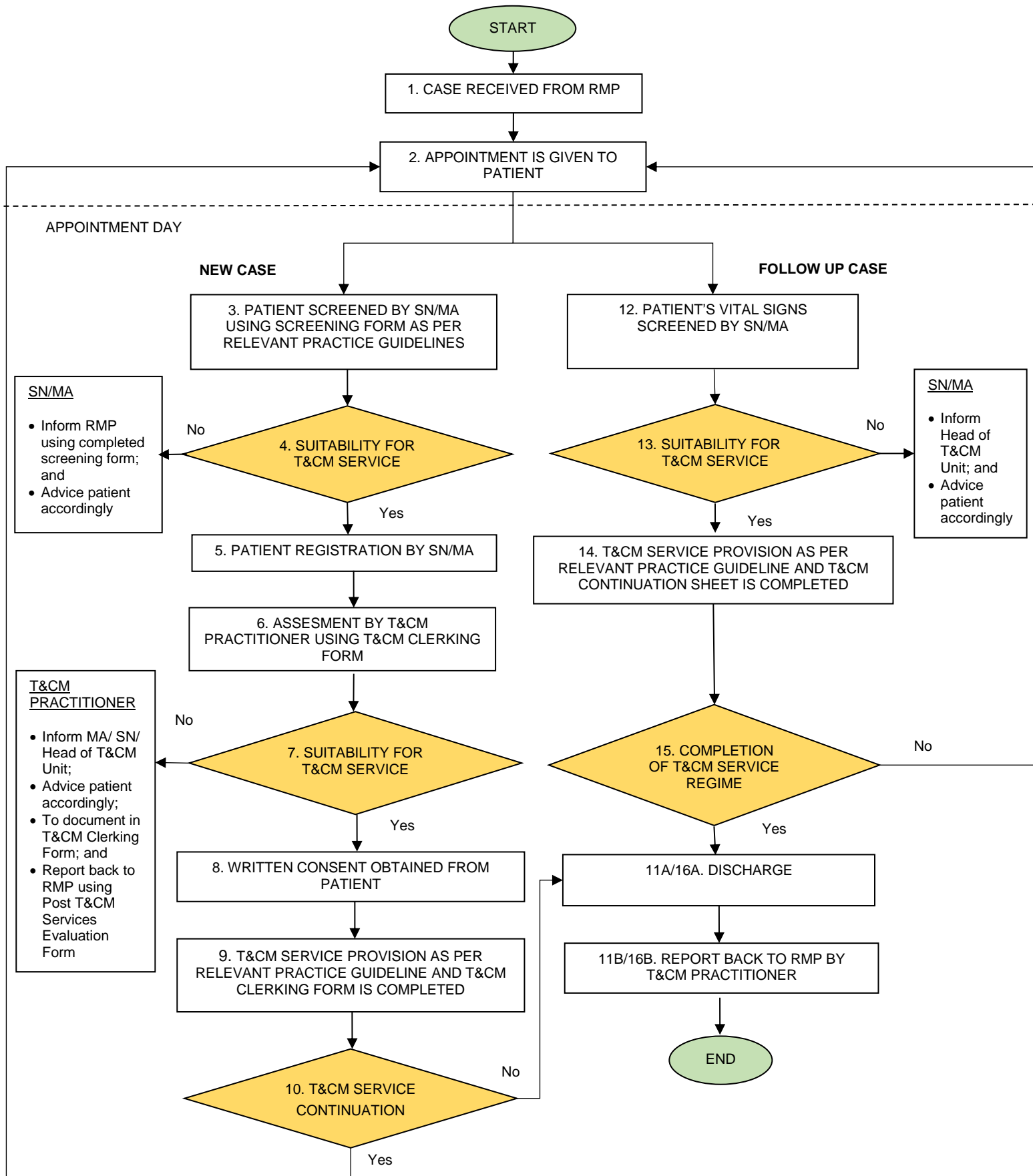
	(The original copy of the prescribed form shall be given to the RMP in-charge by the patient, while the duplicated copy will be kept in patient's T&CM medical record.)		
8	If patient is suitable to receive T&CM services, the T&CM practitioner shall proceed to obtain the patient's consent by completing the Consent Form for Treatment as prescribed in the relevant T&CM practice guidelines.	T&CM Practitioner	Appendix E*
9	After written consent is obtained, the T&CM practitioner shall render T&CM services to the patient as per prescribed regime and complete the T&CM Clerking Form .	T&CM Practitioner	Appendix D*
10	If patient is suitable to continue receiving T&CM services, the next appointment date is given to the patient as per prescribed regime.	T&CM Practitioner	
11A	If the patient is not suitable to continue receiving T&CM services (e.g. refuse further treatment, show unfavorable response, etc.), the patient can be discharged. The T&CM practitioner shall inform SN/ MA/ Head of T&CM Unit, advice the patient accordingly.	T&CM Practitioner	Appendix B
11B	The T&CM practitioner shall report back to the RMP in-charge by completing the Post T&CM Services Evaluation Form . (The original copy of the prescribed form shall be given to the RMP in-charge by the patient, while the duplicated copy will be kept in patient's T&CM medical record.)		
On Date of Appointment (Follow Up Cases)			
12	The patient is screened for vital signs using the T&CM Continuation Sheet as prescribed in the relevant T&CM practice guidelines.	SN/ MA	Appendix F*
13	If patient is not suitable to receive T&CM services, the SN/ MA shall document it in the T&CM Continuation Sheet and advice the patient accordingly. Another appointment date for follow up may be given to the patient.	SN/ MA	Appendix F*

14	If the patient is suitable to receive T&CM services, the T&CM practitioner shall render T&CM services to the patient and complete the T&CM Continuation Sheet .	T&CM Practitioner	Appendix F*
15	If the patient has NOT completed the prescribed regime, he/ she will be given a next appointment.	T&CM Practitioner	
16A	When the patient has completed the prescribed regime, he/ she can be discharged with a completed Post T&CM Services Evaluation Form .	T&CM Practitioner	Appendix B
16B	The completed Post T&CM Services Evaluation Form will be passed to the RMP in-charge for further evaluation (i.e. whether patient should continue to receive T&CM services or to receive other treatments/ procedures at the hospital). (The original copy of the prescribed form shall be given to the RMP in-charge by the patient, while the duplicated copy will be kept in patient's T&CM medical record.)		

SN: Staff Nurse; MA: Medical Assistant; EMR: Electronic Medical Record

* Kindly refer to respective T&CM practice guidelines for the prescribed forms (<http://tcm.moh.gov.my/ms/index.php/dasar/garispanduan/amalan>)

2.4 Flow Chart





**CARE EXTENSION TO TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM)
SERVICES FORM, IN MINISTRY OF HEALTH (MOH) HOSPITAL**

To		Date	
Patient's Name		IC No.	
		RN No.	

Patient's Medical History

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Patient's Diagnosis

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Presence of contraindications: Yes [] / No [] (please refer the contraindications of T&CM services at the next page)

Indication for Treatment

<p>Acupuncture</p> <ul style="list-style-type: none"> ▪ Post Stroke <input type="checkbox"/> ▪ Chronic Pain <input type="checkbox"/> ▪ Chemotherapy Induced Nausea and Vomiting <input type="checkbox"/> 	<p>Shirodhara</p> <ul style="list-style-type: none"> ▪ Insomnia <input type="checkbox"/> ▪ Headaches <input type="checkbox"/> ▪ Stress or Mental Fatigue <input type="checkbox"/> ▪ Anxiety <input type="checkbox"/> ▪ Mild Depression <input type="checkbox"/>
<p>Traditional Massage</p> <ul style="list-style-type: none"> ▪ Post Stroke <input type="checkbox"/> ▪ Chronic Pain <input type="checkbox"/> 	<p>External Basti Therapy</p> <p><u>Kati Basti</u></p> <ul style="list-style-type: none"> ▪ Lumbago (Low Back Ache) <input type="checkbox"/> ▪ Lumbar Spondylosis <input type="checkbox"/> ▪ Inter-vertebral disc prolapses <input type="checkbox"/> ▪ Sciatica <input type="checkbox"/>
<p>Herbal Therapy as Adjunct Treatment for Cancer <input type="checkbox"/></p>	<p><u>Greeva Basti</u></p> <ul style="list-style-type: none"> ▪ Neck Stiffness and Pain <input type="checkbox"/> ▪ Cervical Spondylosis <input type="checkbox"/> <p><u>Janu Basti</u></p> <ul style="list-style-type: none"> ▪ Stiffness and Pain in Knee Joint <input type="checkbox"/> ▪ Osteoarthritis of knee Joint <input type="checkbox"/>

* *Kindly ensure the chosen T&CM service is provided at the T&CM Unit of your hospital*

Verified by:	Signature:	Department:
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* This form is VALID for 1 month only.

Treatment Selection				
Acupuncture	Traditional Massage	Shirodhara	External Basti Therapy	Herbal Therapy as Adjunct Treatment for Cancer
<p>Patient Criteria:</p> <ul style="list-style-type: none"> 18 years old and above Clinically stable Able to understand and follow instruction 	<p>Patient Criteria:</p> <ul style="list-style-type: none"> 18 years old and above Clinically stable Able to understand and follow instruction 	<p>Patient Criteria:</p> <ul style="list-style-type: none"> 18 years old and above Clinically stable Not bedridden Not acutely psychotic, suicidal, delirious, manic, or demented Not intellectually challenged 	<p>Patient Criteria:</p> <ul style="list-style-type: none"> 18 years old and above Clinically stable Not bedridden Able to understand and follow instruction 	<p>Patient Criteria</p> <ul style="list-style-type: none"> 18 years old and above Referred by a specialist in charge (an Oncologist) or a registered Medical Officer under the supervision of a specialist
Indications				
<ul style="list-style-type: none"> Post Stroke Chronic Pain Chemotherapy Induced Nausea and Vomiting 	<ul style="list-style-type: none"> Post Stroke Chronic Pain 	<ul style="list-style-type: none"> Insomnia Headaches Stress or Mental Fatigue Anxiety Mild Depression 	<p>Kati Basti</p> <ul style="list-style-type: none"> Lumbago (Low Back Ache) Lumbar Spondylosis Inter-vertebral disc prolapses Sciatica <p>Greeva Basti</p> <ul style="list-style-type: none"> Neck Stiffness and Pain Cervical Spondylosis <p>Janu Basti</p> <ul style="list-style-type: none"> Stiffness and pain in Knee Joint Osteoarthritis of knee joint 	<ul style="list-style-type: none"> Reduce cancer symptoms and complications Minimise side effects Resulting from conventional cancer treatment (e.g. Chemotherapy/ radiotherapy)
Contraindications				
<ul style="list-style-type: none"> Medical and surgical emergencies e.g.: <ul style="list-style-type: none"> Uncontrolled diabetes Cardiac arrhythmias Heart failures Severe and uncontrollable neurological conditions e.g.: <ul style="list-style-type: none"> Uncontrollable epilepsy Athetoid patients or movement Cardiac pacemaker or any devices that emit electrical frequency (contraindicated for electro acupuncture) Diagnosed with skin conditions e.g.: <ul style="list-style-type: none"> Undiagnosed lump, warts, moles Infected skin Allergic to metal Bleeding tendencies/ On anticoagulants Pregnancy Malignant Tumour Unstable Haemorrhagic stroke 	<ul style="list-style-type: none"> Deep Vein Thrombosis Bone Fracture Osteoporosis Pregnancy High Fever Cancer New open wounds/ burn Skin problems over affected area Bleeding disorder e.g. Haemophilia Taking anticoagulation drugs e.g. warfarin 	<ul style="list-style-type: none"> Hypotension Alcoholism Drug addiction Pregnancy Brain Tumour Central or Peripheral Neuropathy Peripheral Arterial Disease Conditions of the head and neck region.e.g.: <ul style="list-style-type: none"> Recent neck injury Presence of an open wound Presence of inflammation Loss of sensation Acute Sinusitis Psychological disorders (Acute psychosis, suicidal ideation, delirious, mania or dementia) Influenza- like-Illness (ILI) 	<ul style="list-style-type: none"> Fever Pregnancy Acute Sinusitis Acute Alcohol Intoxication Acute Withdrawal Syndrome Central or Peripheral Neuropathy Peripheral Arterial Disease Conditions of the lumbar, neck and knee region e.g.: <ul style="list-style-type: none"> Recent injury (fracture and dislocation) Open wound over the treatment area Inflammation of the treatment area Cancer Tuberculosis of the spine 	<ul style="list-style-type: none"> Herbal therapy is not given concurrently with chemotherapy

* All guidelines are available at <http://tcm.moh.gov.my/ms/index.php/dasar/garispenduan/amalan>



LAPORAN PENILAIAN PESAKIT
UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI (PT&K)
HOSPITAL KEMENTERIAN KESIHATAN MALAYSIA
 (POST TRADITIONAL AND COMPLEMENTARY MEDICINE [T&CM] SERVICES
 EVALUATION FORM)

Nama Pesakit (*Patient's Name*) : _____

No. Kad Pengenalan/ Pasport (*IC. No/ Passport*) : _____

RN No : _____

Umur (*Age*) : _____ Jantina (*Gender*) : _____ Bangsa (*Race*) : _____

1) Diagnosa Pesakit/ *Patient's Diagnosis*:

2) Aduan Pesakit/ *Chief Complaints*:

3) Perkhidmatan PT&K yang diberikan/ *T&CM service provided*:

Jenis Perkhidmatan (*Type of Service*):

Jumlah sesi (*Number of session*): _____ Tempoh (*Duration*): _____

Regim perkhidmatan PT&K tamat? (*T&CM Service regime completed?*): Ya / Yes [] Tidak/ No []

4) Perkembangan Pesakit/ *Patient's Progress*:

(Sila isikan mana yang berkaitan/ *Please fill in which is relevant*)

<i>Assessment Tools</i>	Sebelum Perkhidmatan PT&K (Pre-T&CM Service)	Pertengahan Perkhidmatan PT&K (Mid-T&CM Service)	Selepas Perkhidmatan PT&K (Post-T&CM Service)
<i>Pain Scale/ VAS Score</i>			
<i>MBI</i>			
Lain-lain (<i>Others</i>):			

5) Isu Kesihatan Berbangkit (sekiranya ada)/ *Arising Health Issues (If any)*:

6) Cadangan/ *Recommendation*:

7) Tandatangan Pengamal PT&K dan Cop/
Traditional and Complementary Medicine Practitioner Signature and Stamp:

8) Tarikh :

Guideline for Completing the Post T&CM Services Evaluation Form by a T&CM Practitioner

1. Patient's Personal Details

Patient's details area (name, age, gender, race, identification number and hospital registration number) need to be filled in. This information can be sourced from the patient's T&CM service record

2. Patient's Diagnosis

The patient's diagnosis must be the same as the prescribed diagnosis from the RMP.

3. Chief Complaints

Chief complaints are the initial reasons for the patient to seek medical treatment. It may be similar to the information presented in Care Extension to T&CM Services Form completed by a RMP (refer Appendix A).

4. T&CM Service Provided

To mention the type of T&CM service (modality) provided to the patient including the number of sessions, duration of service and whether the patient had successfully completed the prescribed T&CM regime.

5. Patient's Progress

To describe:

- (i) Patient's progress after completing the prescribed T&CM service (e.g. positive/negative changes towards chief complaints or other signs and symptoms);
- (ii) The relevant assessment tools used to measure the effectiveness of the treatment regime pre-, mid- and post- T&CM service; or
- (iii) T&CM practitioner's justification if patient is found unsuitable to receive T&CM services due to arising health issues such as new contraindications, complications, adverse events, side effects etc.

6. Arising Health Issues

To describe health issues that have arisen (e.g. new contraindications, complications, adverse events, side effects etc.) during/ after receiving the prescribed T&CM service.

7. Recommendation

Upon successful completion of the prescribed T&CM service, the T&CM practitioner may recommend the RMP to:

- (i) Continue the patient on receiving further T&CM services; or
- (ii) To evaluate the patient for other treatments/ procedures available in the hospital.

8. T&CM Practitioner's Signature and Stamp

The T&CM practitioner shall initial and stamp at the designated area.

9. Date

To put the date of signature and stamp of the T&CM practitioner