

Hefty overtime bill for Klinik 1M'sia

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Auditor-General recommends the Health Ministry to hire more permanent staff to reduce their existing workload and improve service.

PETALING JAYA: RM1.39 million was spent as overtime payment due to the shortage of permanent staff at Klinik 1Malaysia (K1M) nationwide, revealed the first series of the 2013 Auditor-General's (AG) report released today.

The shortage of permanent staff had led the Health Ministry to obtain manpower from state health departments and health clinics.

The incurred overtime payment was for the period of 2011 to 2013.

The report recommended the Health Ministry to hire more permanent staff to reduce their existing workload and improve service performance at the K1M.

The AG also noted that the waiting time for patients seeking treatment could not be determined for 19 clinics as only six out of the 25 audited clinics prepared the waiting time report.

The report said it was important for all K1M to prepare the waiting time reports to evaluate its objective in reducing the burden of patients in terms of waiting time.

Also, one K1M was located in a less densely populated area with no access to public transport.

The report also found that there was a delay between 12 to 26 months in finalising the agreements for five K1M premises rented in Sarawak although the mentioned K1Ms were in operation and the rental had been paid.

As such, the report recommended for the Health Ministry to expedite the rental agreements with the owners of the premises in Sarawak.

Although there were several weaknesses, audit findings revealed that the overall management of K1M was good.

"The implementation of K1M had achieved its objectives in providing quality primary health care services to low-income groups in urban areas," said the report.

The establishment of K1M was initially intended to provide assistance for minor medical treatment to low-income urbanites in areas with high population as well as facilitating access to treatment.

K1M offers treatment on mild diseases such as fever, cough and flu; mild treatment procedures such as cleaning wounds and removing stitches; simple laboratory testing (point of care test) such as glucose test and urine test using urine dipstick; stabilising patients before referring them to nearby hospitals for emergency cases and giving advice and promoting health care to patients.

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