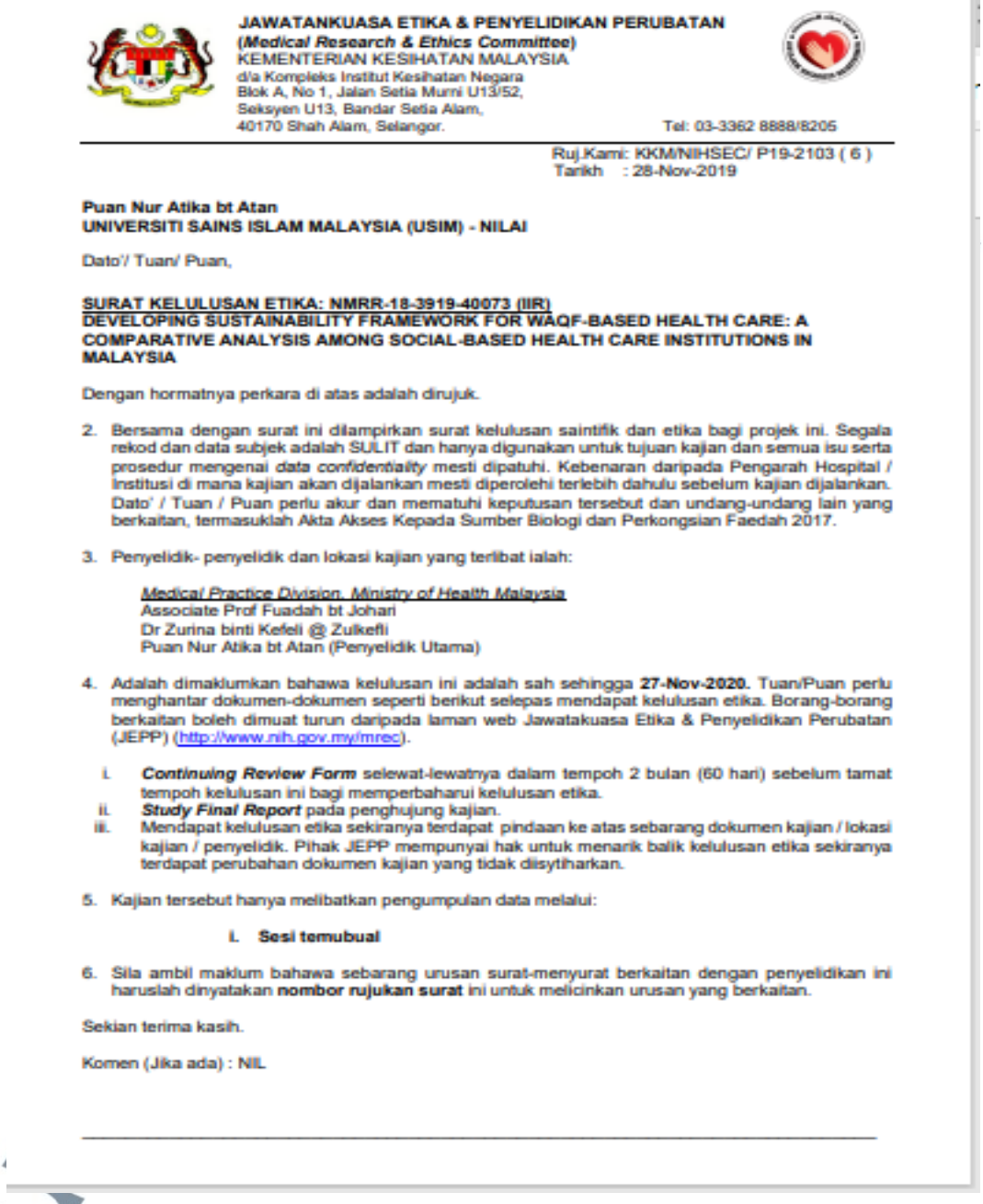
APPENDIX

APPENDIX A: ETHICS APPROVAL



JAWATANKUASA ETIKA & PENYELIDIKAN PERUBATAN
(Medical Research & Ethics Committee)
KEMENTERIAN KESIHATAN MALAYSIA
d/a Kompleks Institut Kesihatan Negara
Blok A, No 1, Jalan Setia Murni U13/52,
Seksyen U13, Bandar Setia Alam,
40170 Shah Alam, Selangor.
Tel: 03-3362 8888/8205

Ruj.Kami: KKM/NIHSEC/ P19-2103 (6)
Tarikh : 28-Nov-2019

Puan Nur Atika bt Atan
UNIVERSITI SAINS ISLAM MALAYSIA (USIM) - NILAI

Dato'/ Tuan/ Puan,

SURAT KELULUSAN ETIKA: NMRR-18-3919-40073 (IIR)
DEVELOPING SUSTAINABILITY FRAMEWORK FOR WAQF-BASED HEALTH CARE: A COMPARATIVE ANALYSIS AMONG SOCIAL-BASED HEALTH CARE INSTITUTIONS IN MALAYSIA

Dengan hormatnya perkara di atas adalah dirujuk.

2. Bersama dengan surat ini dilampirkan surat kelulusan saintifik dan etika bagi projek ini. Segala rekod dan data subjek adalah SULIT dan hanya digunakan untuk tujuan kajian dan semua isu serta prosedur mengenai data *confidentiality* mesti dipatuhi. Kebenaran daripada Pengarah Hospital / Institusi di mana kajian akan dijalankan mesti diperolehi terlebih dahulu sebelum kajian dijalankan. Dato' / Tuan / Puan perlu akur dan mematuhi keputusan tersebut dan undang-undang lain yang berkaitan, termasuklah Akta Akses Kepada Sumber Biologi dan Perkongsian Faedah 2017.

3. Penyelidik- penyelidik dan lokasi kajian yang terlibat ialah:

   Medical Practice Division, Ministry of Health Malaysia
   Associate Prof Fuadah bt Johari
   Dr Zurina binti Kefeli @ Zulkefli
   Puan Nur Atika bt Atan (Penyelidik Utama)

4. Adalah dimaklumkan bahawa kelulusan ini adalah sah sehingga **27-Nov-2020.** Tuan/Puan perlu menghantar dokumen-dokumen seperti berikut selepas mendapat kelulusan etika. Borang-borang berkaitan boleh dimuat turun daripada laman web Jawatakuasa Etika & Penyelidikan Perubatan (JEPP) (http://www.nih.gov.my/mrec).

   i. ***Continuing Review Form*** selewat-lewatnya dalam tempoh 2 bulan (60 hari) sebelum tamat tempoh kelulusan ini bagi memperbaharui kelulusan etika.
   ii. ***Study Final Report*** pada penghujung kajian.
   iii. Mendapat kelulusan etika sekiranya terdapat pindaan ke atas sebarang dokumen kajian / lokasi kajian / penyelidik. Pihak JEPP mempunyai hak untuk menarik balik kelulusan etika sekiranya terdapat perubahan dokumen kajian yang tidak diisytiharkan.

5. Kajian tersebut hanya melibatkan pengumpulan data melalui:

   i. **Sesi temubual**

6. Sila ambil maklum bahawa sebarang urusan surat-menyurat berkaitan dengan penyelidikan ini haruslah dinyatakan **nombor rujukan surat** ini untuk melicinkan urusan yang berkaitan.

Sekian terima kasih.

Komen (Jika ada) : NIL

UNIVERSITI SAINS ISLAM MALAYSIA
جامعة العلوم الإسلامية الماليزية
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Institution	The Islamic Science University of Malaysia

NAME OF ETHICS COMMITTEE/IRB: **Research Ethics Committee,** **The Islamic Science University of Malaysia**	ETHICS COMMITTEE/IRB REF NO: USIM/JKEP/2019-43
"Developing sustainability Framework For Waqf-Based Healthcare: A Comparative Analysis Among Social-Based Health Care Institutions in Malaysia"	
Prof Madya Dr Fauziah Arbari Faculty of Economics And Muamalat The Islamic Science University of Malaysia	

The following items(/) related to the above study that is to be conducted by the above investigator have been received and reviewed:

Documents

(/) Research Application Form
(/) Research Proposal
( ) Non-Disclosure Agreement
( ) Project Aggreement
( ) Publication Policy
(/) Information Sheet (Malay& English) & Consent Form (Malay & English)
(/) Questionnaire (Malay& English)
(/) Curriculum Vitae of Researcher
( ) Other relevant document

The Research Ethics Committee,The Islamic Science University of Malaysia operates in accordance to the International Conference of Harmonization Good Clinical Practice Guidelines.

Comments (if any): _____

Date of Approval: 25 February 2019

Prof Datuk Dr. Ainuon Othman
Chairman
Research Ethics Committee
The Islamic Science University of Malaysia

Research Ethics Committee, The Islamic Science University of Malaysia
Faculty of Medicine and Health Sciences
Level 12, Tower B, Persiaran MPAJ, Jalan Pandan Utama, 55100, Kuala Lumpur, MALAYSIA.
Tel: +603-4289 2400, Faks: +603-4289 2408 Website:http://www.fpsk.usim.edu.my/

Nur Atika Binti Atan
Fakulti Ekonomi dan Muamalat
Universiti Sains Islam Malaysia
Bandar Baru Nilai, 71800
Negeri Sembilan. Phone No: 019-2596107

Chairman MREC
Secretariat National Institutes of Health (NIH) Ministry of Health Malaysia
Blok A, Kompleks Institut Kesihatan Negara (NIH)
No.1, Jalan Setia Murni U13/52
Seksyen U13 Bandar Setia Alam
40170 Shah Alam, Selangor. 28 May 2019

Dear Dato/Prof/ Dr/Sir/Madam,

APPLICATION FOR MREC RESEARCH ETHICS APPROVAL

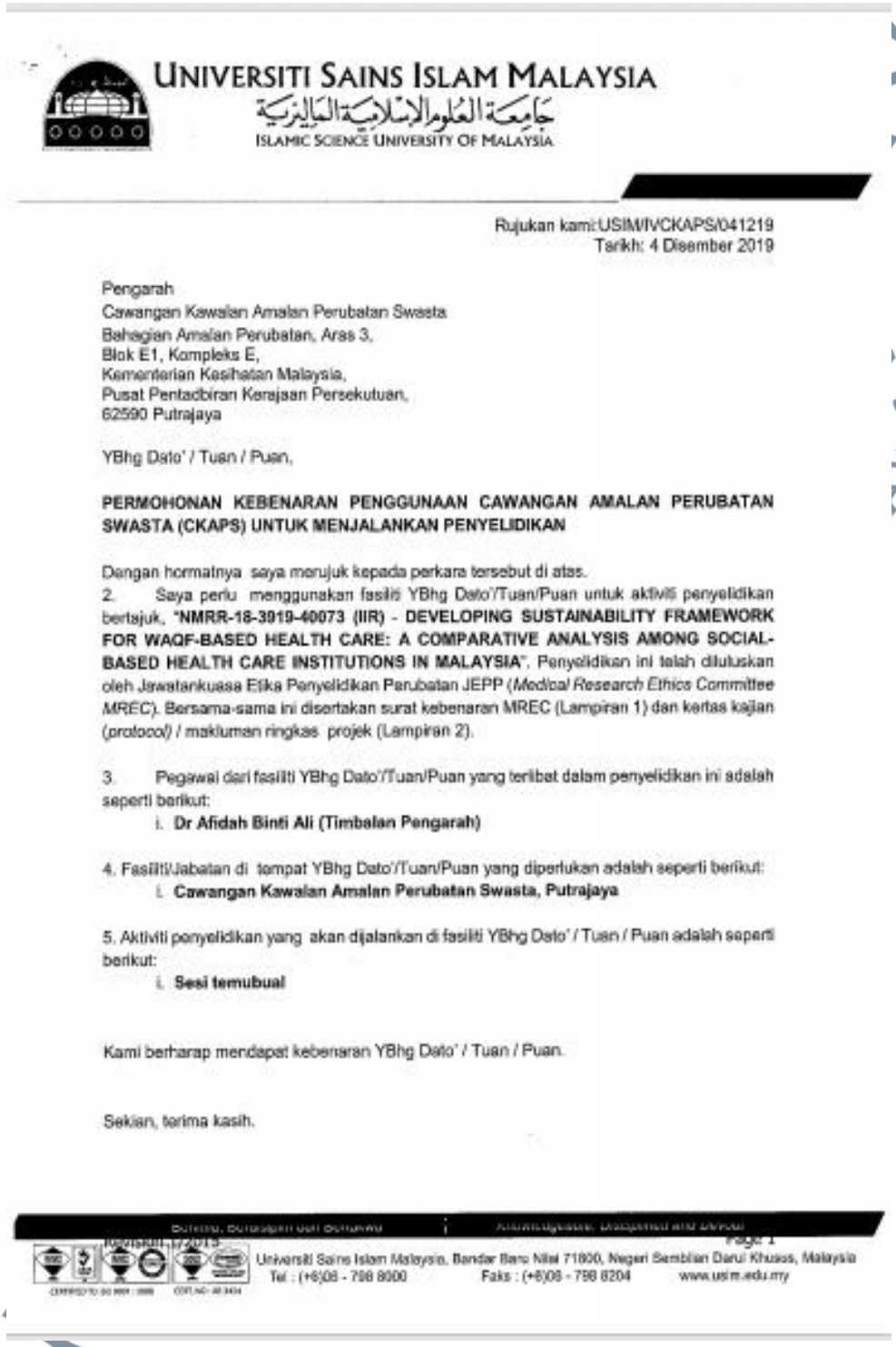
Referring to the above matters, I as the name stated would like to seek permission from MREC research ethical board to carry out my PhD in Economy research that titled "**Developing Sustainability Framework for *Waqf*-based Health Care: A Comparative Analysis among Social-based Health Care Institutions in Malaysia**".

2. This research is aim to explore the sustainability concept and practices from each social-based health care institutions perspective. Private health care providers have been complementary to the public health care provider in Malaysia since before the independence and most of the early establishment of these health care institution is based on the philanthropic concepts such as *Waqf*, non-profit organizations (NPOs), foundation and social enterprise. Failing to achieve the sustainability for these health care institutions will fail to have a lasting impact and considerable concern to the bodies of the fund, especially when it related to the society funds such as *Waqf* or other charitable organization.

3. Essentially, all establishment of private health care institutions, including social institutions, is subjected to the jurisdiction of the Ministry of Health (MoH) under the Private Health Care Facilities and Services Act 1998 (Act 586). This health care institutions need to fulfill the requirement of the regulation stated by the Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), the department under MoH that controlled and regulates licensing for private hospitals in Malaysia in order to sustain.

4. This research adopts basic qualitative methodology which will go through an in-depth interview process with the representatives from CKAPS to gain an insight on the sustainability concept and practices for health care institution that establish under philanthropy basis or category especially Waqf from the regulator perspectives. The interview session will be involving three researchers from USIM as stated below.

APPENDIX B: APPLICATION LETTER FOR INTERVIEW SESSION



UNIVERSITI SAINS ISLAM MALAYSIA
جامعة العلوم الإسلامية الماليزية
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Rujukan kami:USIM/IVCKAPS/041219
Tarikh: 4 Disember 2019

Pengarah
Cawangan Kawalan Amalan Perubatan Swasta
Bahagian Amalan Perubatan, Aras 3,
Blok E1, Kompleks E,
Kementerian Kesihatan Malaysia,
Pusat Pentadbiran Kerajaan Persekutuan,
62590 Putrajaya

YBhg Dato' / Tuan / Puan,

PERMOHONAN KEBENARAN PENGGUNAAN CAWANGAN AMALAN PERUBATAN SWASTA (CKAPS) UNTUK MENJALANKAN PENYELIDIKAN

Dengan hormatnya saya merujuk kepada perkara tersebut di atas.

2. Saya perlu menggunakan fasiliti YBhg Dato'/Tuan/Puan untuk aktiviti penyelidikan bertajuk, "**NMRR-18-3919-40073 (IIR) - DEVELOPING SUSTAINABILITY FRAMEWORK FOR WAQF-BASED HEALTH CARE: A COMPARATIVE ANALYSIS AMONG SOCIAL-BASED HEALTH CARE INSTITUTIONS IN MALAYSIA**". Penyelidikan ini telah diluluskan oleh Jawatankuasa Etika Penyelidikan Perubatan JEPP (*Medical Research Ethics Committee MREC*). Bersama-sama ini disertakan surat kebenaran MREC (Lampiran 1) dan kertas kajian (*protocol*) / makluman ringkas projek (Lampiran 2).

3. Pegawai dari fasiliti YBhg Dato'/Tuan/Puan yang terlibat dalam penyelidikan ini adalah seperti berikut:

i. **Dr Afidah Binti Ali (Timbalan Pengarah)**

4. Fasiliti/Jabatan di tempat YBhg Dato'/Tuan/Puan yang diperlukan adalah seperti berikut:

i. **Cawangan Kawalan Amalan Perubatan Swasta, Putrajaya**

5. Aktiviti penyelidikan yang akan dijalankan di fasiliti YBhg Dato' / Tuan / Puan adalah seperti berikut:

i. **Sesi temubual**

Kami berharap mendapat kebenaran YBhg Dato' / Tuan / Puan.

Sekian, terima kasih.

Page 1

Universiti Sains Islam Malaysia, Bandar Baru Nilai 71800, Negeri Sembilan Darul Khusus, Malaysia
Tel : (+6)06 - 798 8000 Faks : (+6)06 - 798 8204 www.usim.edu.my

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ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Ref: PPPI/TB/FEM/13118- 010
11 MARCH 2019

HOSPITAL DAN KLINIK WAKAF AN-NUR
Klinik Waqaf An-Nur - Blok A1 & Blok B2,
Ptd 44902, Balai Masjid Jamek, Jalan Masjid,
81700 Pasir Gudang, Johor

Dear Dato'/Dr/Sir/Madam,

APPLICATION FOR AN INTERVIEW SESSION

We refer to the above matter.

2. Kindly please be informed that we are conducting a research entitled: ***Developing Sustainability Framework for Waqf Healthcare: A Comparative Analysis Among Social-Based Healthcare Institutions in Malaysia***. This research will be conducted for the period of one year and will end on the 1st of July 2019.

3. For the purpose of this research, we would like to learn and collect information that focuses on the sustainability issues among social-based healthcare institution in Malaysia. Therefore, we would like to seek a permission for an interview session with you or your institution's representative from either Senior Manager or Top Management position. The interview session is aimed to gain an in depth understanding on the issues relating to the health care sustainability, which is established under the philanthropy basis that been practiced by your institution.

4. The interview session will gather all information from different angle and perspectives focusing on financial, environment and social aspects of sustainability. All health care institutions that are established under the philanthropy basis or category as social-based health care institutions are unique in their structure and framework. Therefore, this information is vital to be explored in providing the best input to the authority, body of knowledge and public.

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ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Ref: PPPI/TB/FEM/13118- 002
11 MARCH 2019

HOSPITAL AL-ISLAM
85, Jalan Raja Abdullah,
Kampung Baru, 50300 Kuala Lumpur,
Wilayah Persekutuan Kuala Lumpur

Dear Dato'/Dr/Sir/Madam,

APPLICATION FOR AN INTERVIEW SESSION

We refer to the above matter.

2. Kindly please be informed that we are conducting a research entitled: ***Developing Sustainability Framework for Waqf Healthcare: A Comparative Analysis Among Social-Based Healthcare Institutions in Malaysia***. This research will be conducted for the period of one year and will end on the 1st of July 2019.

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ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Ref: PPPI/TB/FEM/13118- 009
11 MARCH 2019

HOSPITAL PUSRAWI
149, Jalan Tun Razak, Titiwangsa,
50400 Kuala Lumpur,
Wilayah Persekutuan Kuala Lumpur
Attn: YBhg. Dr. Hajah Habibah Binti Abd Ghani

Dear Dato'/Dr/Sir/Madam,

APPLICATION FOR AN INTERVIEW SESSION

We refer to the above matter.

2. Kindly please be informed that we are conducting a research entitled: ***Developing Sustainability Framework for Waqf Healthcare: A Comparative Analysis Among Social-Based Healthcare Institutions in Malaysia***. This research will be conducted for the period of one year and will end on the 1st of July 2019.

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جَامِعَة العُلوم الإسْلامِيَة المَالِيزِيَة
ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Ref: PPPI/TB/FEM/13118- 002
11 MARCH 2019

HOSPITAL PAKAR PRKMUIP
Lot 1, Wisma MUIP,
Jalan Gambut, 25200 Kuantan,
Pahang Darul Makmur.

Dear Dato'/Dr/Sir/Madam,

APPLICATION FOR AN INTERVIEW SESSION

We refer to the above matter.

2. Kindly please be informed that we are conducting a research entitled: ***Developing Sustainability Framework for Waqf Healthcare: A Comparative Analysis Among Social-Based Healthcare Institutions in Malaysia***. This research will be conducted for the period of one year and will end on the 1st of July 2019.

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ISLAMIC SCIENCE UNIVERSITY OF MALAYSIA

Ref: PPPI/TB/FEM/13118- 011
11 MARCH 2019

PENANG ADVENTIST HOSPITAL
465, Jalan Burma, Taman Selamat,
10350 George Town, Pulau Pinang

Dear Dato'/Dr/Sir/Madam,

APPLICATION FOR AN INTERVIEW SESSION

We refer to the above matter.

2. Kindly please be informed that we are conducting a research entitled: ***Developing Sustainability Framework for Waqf Healthcare: A Comparative Analysis Among Social-Based Healthcare Institutions in Malaysia***. This research will be conducted for the period of one year and will end on the 1st of July 2019.

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APPENDIX C: INTERVIEW GUIDELINE/ PROTOCOL

1) CKAPS, MOH

INTERVIEW PROTOCOL / GUIDELINE: MINISTRY OF HEALTH MALAYSIA (REGULATOR)

No	Objective	Interview Protocol
2.	**RQ2**: To Investigate The Sustainability Concept For Health Care Institution From Ministry Of Health Malaysia Perspective?	1. Base On Your Understanding, How Can You Explain On The Sustainability Concept For The Health Sector? 2. How Far Moh Recognize The Concept Of Health Care Institution That Build Using *Philanthropy* Concept Especially *Waqf* Hospital/ Clinic? 3. How Ministry Of Health Malaysia Build An Understanding Framework For Their Sustainability Practices For The Private Health Care Institution Operator?
2.	**RQ3:** To Identify The Sustainability Practices For Health Care Institution In Malaysia.	• What Are The Current Sustainability Practices Used In Health Care Institution Under Moh? • How Moh Regulates Private Hospital/Clinic In Malaysia? ○ What Is The Legal Scope Applicable For The Establishment Of A Private Health Care Institution In Malaysia? ○ How Frequent Does CKAPS, Moh Observe The Activity Of Private Health Care Institution? • What Is The Standard Procedure (SOP)/ The Minimum Standard For Setting Up/ To Sustain A Private Health Care Institution (As For This Research We Are Looking For Private Health Care Institutions Build Under *Philanthropy* Concept Especially *Waqf* Institution In Malaysia? • How Does CKAPS, Moh Ensure That This Private Hospital/ Clinic Always Aware On The Changes Of Regulatory Requirements Set By The Moh?

2) HEALTHCARE INSTITUTION

Research Title: Developing Sustainability Framework For Waqf-Based Health Care: A Comparative Analysis Among Social-Based Health Care Institutions In Malaysia

Section A: Respondent Information

Name:_____

Designation:_____

Year Of Service:_____

Section B: Institution Information

Institution

Name:_____

Type Of Organization Setting:

A) NPO/ NGO

B) Social Enterprise

C) Waqf Institution

D) Endowment

Section C: Interview Question

I): Organization Establishment Philosophies

1. What Is The Story Behind The Creation Of This Institution?
2. What Derives Your Institution Toward Achieving The Mission And Vision?
3. How Can You Explain Your Institution Organizational Structure?
4. What Is Your Institution Mission, Values And Corporate Policies?
5. What Is The Initial Source Of Fund For The Establishment Of Your Institution?
6. How Unique Is Your Institution As Compared To Others? (Eg. Specific Belief/Ritual/Cultural)

II): Understanding On Sustainability Concept For Health Care Institution.

1. Base On Your Understanding, How Can You Explain About Sustainability Concept Within The Health Sector?
    - In The Aspect Of Financial Sustainability
    - In The Aspect Of Environment Sustainability
    - In The Aspect Of Social Sustainability
4. What Are The Strategies That Should Be Utilized In Sustaining A Social-Based Health Care Institution?

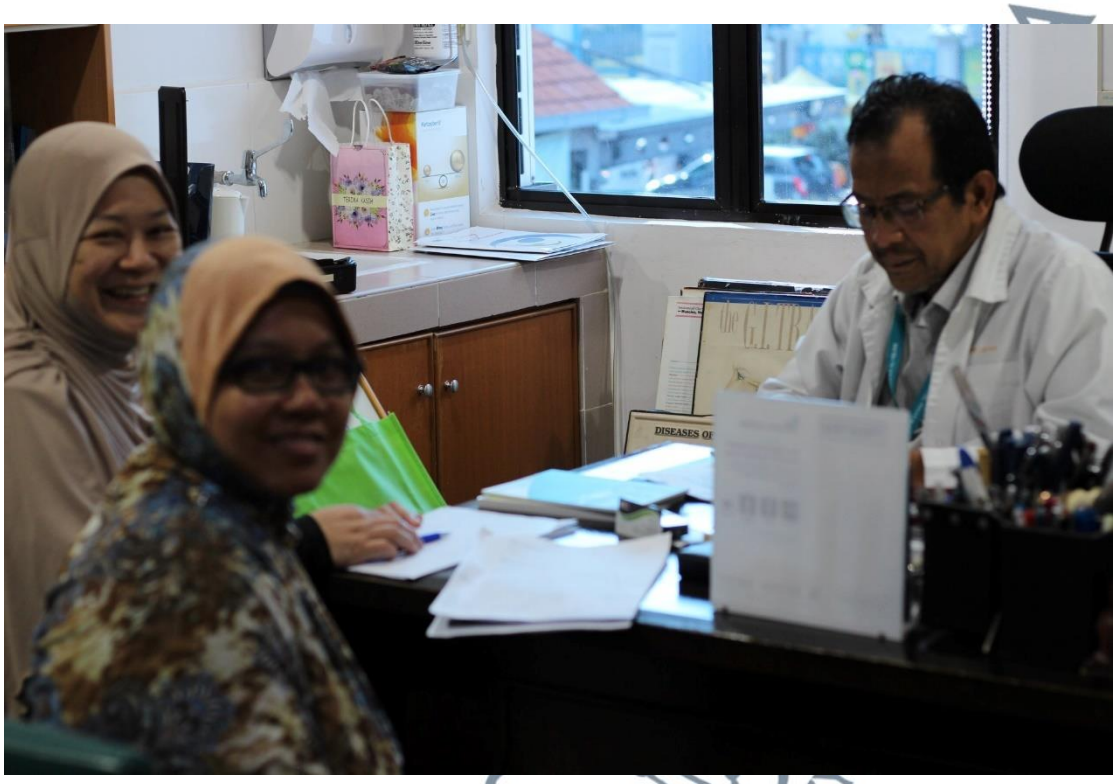
III): Sustainability Practices In The Health Care Management Framework

1. How Can You Describe Your Health Care Institution Fund Strategy Practices Currently?
    i. Diversity Of Funding Sources
    ii. Diversity Of Non-Financial Support
2. How Can You Explain The Practices On The Financial Distribution Of Your Health Care Institution Such As For The Hospital Operation Cost, Investment Strategies And CSR Programmed?
3. How Can You Explain About Your Institution Governing Body Or A Trustee Board?
4. Does Your Health Care Institution Be Guided With The Code Of Conduct Or Code Of Ethics In Enhancing The Management Accountability? Explain.
5. How Can You Explain The Current Practices Of Your Environmental Management System To Ensure The Environmental Sustainability For Your Health Care Institution?
6. How Can You Explain About Your Institution Diversity Of Partnership?
7. How Your Health Care Institution Build Up A Relationship With Your Employees, Patient And Local Community?
8. How Can You Explain Your Current Relationship With The Health Care Regulator In Malaysia.
9. How Your Health Care Institution Develop The Values And Shared It Within The Staff And Local Community?
10. How Far Is The Community Participation And Acceptance On The Activity And Services Provided By Your Health Care Institution

APPENDIX D: INTERVIEW SESSION

1) CKAPS, MOH

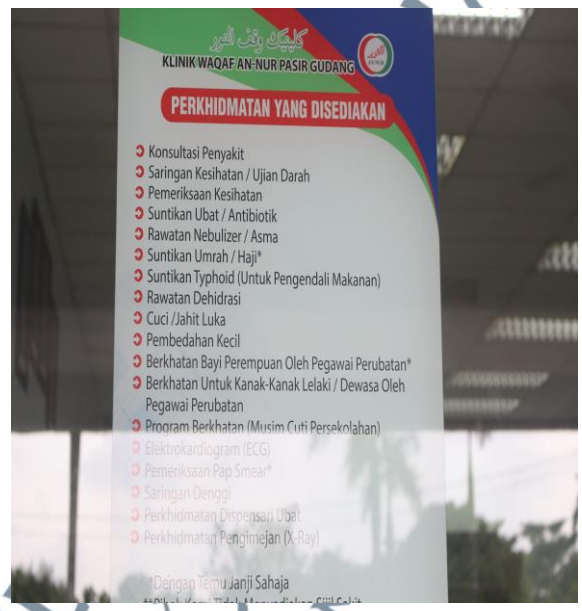
2. AL-ISLAM SPECIALIST CLINIC



3. MUIP HEALTHCARE

3) PUSRAWI HOSPITAL

4) WAQF AN NUR CLINIC PASIR GUDANG



5) PENANG ADVENTIST HOSPITAL

6) USIM SPECIALIST CLINIC

APPENDIX E: OPEN CODING ANALYSIS

Open Coding for Financial Distribution

Interview Question: How do you explain the financial distribution practices of your healthcare institution, such as the hospital operation cost, investment strategies, administration procedure, financial planning, and CSR programs?	
Answer	**Open Coding**
RHI: Waqf Annur Clinic Chain	
Since January 1, 2019, we have shortened operating hours. But even if we shorten it, the number of patients who come is more than before. This means that the public in Pasir Gudang is taking advantage of office hours exactly between 8 am-10pm with 2 doctors available. If before, for the night there was only 1 doctor. So we have an assumption, according to our study, in the past it may have been right when we downgraded to the clinic. We can save some of the cost and we can add to the facilities that should be available for a period of 8 am-10pm. We can save in 30-50k / month. Or even in percent, I have to refer back between 30-50k look at the month but on average in 45k / month which is in a year is quite a lot. In terms of operating costs when from hospital to clinic. Our staffing can be reduced to 8 nurses. Then the cost of utilities, electricity and water we can reduce a lot. From what I saw from January, February, March to April, the decline is huge. Within our reach, in 30k it was achieved a month.	Cost reduction strategies
For building and dialysis machine maintenance . The average if they do maintenance may be in 600-1.5k for 2 times a year. so with the 24 machines, you can count how much it costs for us to maintain. That is so far we will use the waqf fund money for the service payment.	Facilities maintenance
So when we get the dividend, we just deduct the monument, staff salary. We can distribute the new clean. This includes MAIJ, general welfare	Operation cost distribution
For the salaries, bonuses and benefits of our staff is under KPJ. Just like KPJ staff and so are the doctors.	Medical staff salary from KPJ
But for medical costs, some are endowed by KPJ, individuals, companies and even from waqf funds. There are also a donations for medicines.	Pharmaceutical expenditure
And in our financial management, I have only some authority, limitation of authority. Under 1k whose authority, 5k whose autorithy, 10k whose autorithy, 30k whose autorithy, 50k whose autorithy and project whose autorithy. So all that has been set. Like me my limitation is only 1k. But in the process of wanting to withdraw the 10k, I need the signature of the CEO, sorry the Executive Director. And that matter does not need to be reported to the coordination meeting. That thing is only within my limit. Then for PO, make a purchase order below 10k the apporoval is from the exective director. More than that, or related to any project whatever, must be the executive director and need to be informed to the coordination meeting. And if it is more than 50k, that one is Datuk Presiden.	Financial Policy

In term of daily collection, there are 2 method. 1) Internal JCorp audits and monthly by KPJ. Maybe I didn't explain that earlier. Each of these frames, each of them has an adoptive mother. An example like KPJ Pasir Gudang it is under, KPJ Puteri. KPJ Tiram, under KPJ Johor. So in term of the finance part, or the account was under the KPJ Puteri department, which is later they will arrange their employees on the 27th of the month and sometimes they will make a spot check to see the collection and also the withdrawal process based on what I told you earlier. But for the daily management, their collection will be checked by monthly or JCorp will do an internal audit once a year or follow depending on them.	Auditing
That's just a spotcheck. But the collection taken, for example if here, for the clinic it is daily basis. This means that the staff has to bank-in every day. But before this which is used to be a hospital, the collection is quite a lot and sometimes it exceeds to 5-6k, even up to 8k, that's one we usually call the security guards coming here take it. But for the daily rountine whether the amount of collection is correct or not, tally or not, the KPJ finance staff nearby will do it. If here, KPJ Puteri, Larkin. KPJ branch here is still new. The establishment of this clinic was much longer then KPJ Pasir Gudang, so it is still managed by KPJ Puteri. So there is indeed a check and balance system here. From that financial management, so far in my view it is systematic.	Auditing
And each contribution is given a tax exemption. Receipts that allow them to claim for tax exemption.	Tax exemption
When we talk about chargers or donations, what can I see the direction we will look at the funds. How can we find a way to make the fund to be more effective rather than we increase the clinic charges. So the usual question I received from Dato Presiden, raise the collection. Add the donation box. Do not touch the chargers. Let people enjoy that benefit.	Increasing donation collection
We are given the mandate to manage waqf in the form of shares. And also in we have a group only. Not from the outside. So in our authority, it is in the form of shares only. If they come in the form of real estate, we will refer back to MAIJ. But our suggestion, if you want to give it to us, we will evaluate. Most of the land to be given to us is in 2 acres and is not strategic. So if you follow our approach, if it can be used as SPV caviat. We value the land, how much money we get, we buy shares. We istibdalkan in the form of cash and the cash is bought in shares. When buying stocks, it is easy because within we have scope. Easy for us to manage. Quick to get the benefits. Buy shares, get dividends then we distribute for health, education. So, the land was possible and sacrificed. Distributed in the form of shares. That stock will be another. The benefits will grow. Compared to if we keep it in the form of land as well, wanting to manage may not be worth it.	*Istibdal* of land to waqf shares/stocks
Funds are used. There are also those we use for programs. Sometimes we go to the mosque. We use part of the fund money. We do not use anything as reinvenstment. Because we see those who donate through these funds more to donations. So the money is for the operation. So the fund will be spent	Clinic operation Program
Yes ... there is ... 5% of the net dividend given to MAIJ ... After deducting all costs, then we distribute.	MAIJ dividends

So there are some of those dividends we buy stocks back.	Reinvesting in other shares
The stock we have will not be a permanent stock forever. So we can istibdalkan that stock as well. We liquidate and we buy other assets. And when we want to translate to another set, we can buy assets. Usually we buy abilitylah. The project is competitive. If we buy property how much can we get that return. We will make sure, we will find. Look who our competitors are in we want to balance them in wanting to protect our people's shares. We will look for the securitize. Maybe the bank ... which for the long term we rent to the government. That more secure. So we minimize one business of people not paying rent, in arrears.	Reinvesting in assets.
That's why we do business research, we will also refer to JCorp who has expertise.	Business research
Indeed, we want to make sure we do not have to go into debt. If we want to buy assets, we make sure we have cash. Every year we have for strategic planning every 5 years. And we make sure we are not in debt. We shop in our pockets. How much we have is what we spend	Not depending on loan.
All that remains is what JCorp does, it will not stop there. We are always looking for ways to increase waqf assets. from the beginning it was endowed with 250j assets. now the assets are almost 890j. now we target 2021 it must be 1 billion. So how we want to achieve, we have to think. Need to find a way. Now we are supplied with stocks only. We are not given the authority to cash. So how do we trade ... add that value right ... so that it becomes 1 billion and 1 billion will continue to increase.	Reinvesting in assets
Physical assets that we can dilute. Can be evaluated in the form of RM. If we ... that's why I said, the stock is from JCorp in the form of shares. It will not only remain in stock form. Because we also know that the stock has fluctuations. If it's good, it's good. Sometimes based on the performance of the company itself. JCorp endowed its shares in Kulim for example ... in Johor Land ... which has already been established. Because why istibdal? because for reasons of greater importance. According to the company's resources. Kind of johor land. When it comes to company resources, we are in another form. We bought another stock. For example, our KULIM has a certain% of shares that have been endowed. So when there is a restructuring, we sell the stock, if it used to be low value, when the sale can be in 300 million more. With that 300 million we buy assets. One of them is the Ansar tower building. Now it has become a waqf building. That is our asset. The value has now increased. When we do that we are based on strategy. Like JCorp, why do we buy Ansar tower assets? Because there is no institution or symbol of the glory of Muslims in the city. the existing Ansar tower. At that time we were determined. We bought the Ansar tower, istibdalkan with stocks. Buy the Ansar tower building.	*Istibdal* of shares to property, such as Menara Ansar, JB or Transforming shares to other shares.
RHI 2: USIM Health Specialist Centre	
The first day I went in we were open until night. Until 10 pm. One or two people came. I want to pay the doctor, staff. I really can't afford it. Last year I said I want to close. But USIM does not agree. I provide data. Present the data. Show them that I have lost RM40K. For night only. The clinic lost RM40k during the month of January to September	Cost reduction strategies

last year. When I create the data and show it, immediately, they say, close it.	
Out of our 4 clinics, only 3 clinics generate money. Its purpose for CSR and not generating money. Because that truck is not our truck. SUK give to us. Because our initial promise was to go to the countryside. Indeed for carter CSR. For the eye treatment. If there is cataract surgery, the doctor will give it to the hospital.	CSR program in collaboration with MAINS
The donation can not be directly to the clinic. Must send to USIM treasurer first. From USIM they will send it to us. Haa ... like that.	Charity through USIM
We have a GP doctor, Dr Rokiah. The doctor fees also paid according to private range. Everyone is follow private range, including me. But for private, it has a lot of range. We pay according for private small companies.	Financial distribution: Operating cost: staff salary
We can generate money but we still need help. So prof recommend for an annual report. I asked Hanis to collect the data.	Annual report
Then I put up a poster. "Open to the public". Only then did more people come. Now for me there are still not many but there has been an improvement.	Marketing strategy
Our distribution charge is like for a consultation, 50% is for the doctors fees, 35% for the clinic. 10% tabbarru fund, 5% for faculty. If there have any procedure, 35% to the doctor, 50% to the clinic, 10% tabarru', 5% to the faculty. Because the clinic uses equipment.	Distribution of fees
RHI: Hospital Al-Islam	
For financial distribution, Al-Islam also has distributed for investment.	Investment
The kind of fund that ... like the emergancy fund that we reserve… must have ... yes we have ... we need to have it actually	Fund reserved for emergency
We have a nursery. Now my children, I have 90 here. 24 hours nursery ... what I mean, I want to mention earlier we didnt spend so much money to start with. its growing ... Alhamdulillah. I am rich ... in the sense ... And I now have 90 children for in my nursery. 24hrs. so the staff came to work and place their child at that nursery. Only pay 150 in KL. You can find that price? No ... yes ... Al-Islam. Indeed we are. Near. There is a nursery there near here and 15 people guarding there.	Creation of other businesses
But I don't know if we say our value is 30 million ... and that 1.5 million before, we also share for other NGO and ABIM ... then we get a little bonus ... for here and there a little.	Shareholder dividends
Maintenance we do most ourselves. If we want to ask other people to do it, it is expensive.	Maintenance
We do not have much choice of medicine because the medicine is controlled. The drug is controlled by its supply. But we try first with the central purchasing unit, with Pusrawi, Azzahrah, Annur. Because central purchasing is a little cheap. Meaning we buy bulk buying then we distribute.	Central purchasing
Maintenance we do most ourselves. If you want to ask people to do it, it is expensive. Its there... And I also became the contractor after that. Because its money. I use almost my own money and I am very calculative. You want to get 2-3 quotation you will know. Although it	Cost reduction

looks a little bad but thats the way ... if you want to buy something, you just go and buy. Which meant for the most important (dhoruri).	
RHI: PUSRAWI Hospital	
So far what MAIWP has launched is the asnaf card. This is indeed our own product. In fact, the fund is given by MAIWP. We just want to rebranding the donation by giving in the form of asnaf card. But its for outpatient service only. Not for inpatient services. The expensive fees is for the inpatient. And it has a limit of RM500 per card. Tak asnaf ... 200 asnaf families. Because under MAIWP there are 22k asnaf. Many. Under MAIWP only. So they are eligible to apply for this card. When they get the card, so they and their families can use that service. And it 's already running	Charity by/through State Religious Council
PUSRAWI stand as private hospital ... profit making. It is a full flesh private hospital. Private hospitals with the intention of maximizing profits. Whatever the situation, this hospital may have an element of zakat or waqf in a certain area. But it remains as a profit making and will continue to run as usual. Maybe we have a fund for example to help asnaf, haa..that kind of thing laa. The hospital is still a private hospital ... to seek the profit ... but only in some part of charity, it is accommodated from the MAIWP fund or the endowment fund.	Profit generated through healthcare services charges.
We have our own vendor..or supplier. When we buy goods we have to register as a procurement ... to be able to buy goods right ... medicine and so on ... it's a proper ..	Purchase of goods and medicine
That doctor is not our staff. The specialist doctor is the independent contractor we call. They are the parties ... we have an agreement with these Doctors. They are not our staff. This means that taxes are their own responsibility. When a patient comes ... we charge ... in that charge there is an element for doctor and a element for the hospital. So doctor its their own. So this doctor is not our staff.	Doctors as independent contractors
So now even though it has been discounted, it is only for the dialysis services. Dialysis people need an injection once every 3 months. These are all not included in the fund. So people still cannot cover the cost. So they have to spend their own money. But some of them still can not afford. So PUSRAWI, we have a little of wakalah fund. So we use it to cover. Wakalah money is from zakat that has to be paid. We have to paid company zakat. So we use wakalah and we apply for those who in the need for it. So to be clear, they are not in debt. Because the one who came was asnaf. More or less .. if there is money there, if there is no money, so there is none. So we use what we have.	Wakalah Fund, PUSRAWI
Ohh..it's not there. Only available for specific projects. But the big thing I want to do later is not yet. Investment under MAIWP	Reinvestment strategies by MAIWP
If referring to MAIWP policy, they want 30% of profit to return to them. And that's what we've been practicing for the past few years. So the dividend is about 30% of the profit before tax.	MAIWP's profit returns
RHI: MUIP Healthcare	
No medicine is under the Council. Haa that's the way we do it. Ok medicine. Salary the company has to paid, we paid for medicine. So	Cost distribution

then you can do charity work. Because we are the main shareholder, we can direct.	
The rescue plan came from the Council itself. For example, if you do not have enough money to pay, so at the end, the Council will also help this company in the form of a loan or anything. But not by asking for donations.	Emergency fund from Religious Council
Excess profit will be convert to dividend. Dividend for the council. we will see, if there is surplus, we will convert to dividends. So the Council got it.	Religious Council dividends
We pay for the salary through a subsidiary of Al-Amin clinic. Al-Amin Clinic has 40 employee. They pay for their staff.	Clinic staff salary from subsidiaries
You give the money to the Council. So, the council will get this money and channel it to the recipients of the poor and so on. Our job, as a subsidiary, I share my philosophy, I teach my employee the business techniques, teach them techniques to sustain in business, so that the manager I appoint for such as clinic, farm, hotel can stand on its own and can withstand if being tested	Charity by/through State Religious Council
RHI: Hospital Adventist Penang (PAH)	
And you must know to survive well ahh... you should build 200 bed or 100. some hospital still build 100 bed lah.. but mybe... but your aim should go to about 3++. ultimately lah to the volume lah... without volume you cannot survive. without enough specialty you cannot survive. Because our system here, unless govt start designate aaa... different strategy you cannot survive.	Building the facility by volume and adding facilities
So we actually serve community as anybody want to come. Anybody need help?... As long as you qualify, we have criteria aa.. for charity. we have criteria you put in, we help any body everybody... you can tell a lot of Muslim in we even help Kedah, Perlis got also... but very rarely.. but definitely poor patient come can be 100% free...	Criteria for charity assistances
So actually our staff is being paid the hospital... we have charity department. And they are paid by the hospital. So by of course there is rule raise fund, but the fund raise is all used for the patient who need.	Staff and charity worker paid by the hospital
Not for profit is actually the definition for not for profit from MoF is that all your money that you earn, cannot be given to any shareholder. We have a shareholder but this money cannot be given to them. Our shareholder are not... yeahh... all the money that we earn cannot be given to the shareholder.	Profits are not distributed to shareholders
All the money that we earn, is retain within the institution. It is given to either further of the institution or the staff. Either to improve facility, new equipment, new car park, better office, better operation theater, better medical equipment of increase staff salary.	Accumulated wealth retained for the hospital
Ohh... we follow regular listing lah.. So i dont know what you call that how much you can pay, how many day you can sustain without any income... I think now we have 40 days or 50 days... Im not sure whether it 40-50 days... 40 days without income we can carry on...	Emergency fund
But we have the cash.. we are not bad... we are not in a borrowing. we are not in rate.. when you are in rate so you are in a big trouble. So	The operation is not based on loan.

even for a new building, we want to build aa.. we are not going a big amount of money.	
yeahh... tax exemption... they... how you must have. i have not seen it, but i think they have. because you know our type of company, you have bhd, sdn bhd... so this one, you look at my name card... this one is tak ada sdn bhd, bhd... its (M)... Thatt is the company. Adventist Hospital and Clinic Services (M)... ini... operated by Adventist Hospital and Clinic Services (M)..	Tax exemption
Of course... Even dept finance will come... we used KPMG as our internal auditor. to audit our things... but our church also have audit team. worldwide church have audit team and Asian team located in Bandung. They would come... because we have enough... in Indonesia we have 4 hospital. In Thailand 2 hosipital, In hong kong we have 2 hospital, in Taiwan we have 1 hospital, in Japan we have 4 - 5 hospital...	Auditor

Focused coding on Financial Distribution Practices

Financial Distribution Practices	**Focused coding**
Waqf Annur Clinic Chain	
Cost reduction strategies	Financial Planning
Facilities maintenance	Operating Cost
Operation cost distribution	Operating Cost
Medical Staff Salary from KPJ	Operating Cost
Pharmaceutical expenditure	Operating Cost
Financial Policy	Administration Procedure
Auditing	Administration Procedure
Tax exemption	Administration Procedure
Increasing donation collection	Financial Planning
Istibdal of land to waqf shares/stocks	Investment
Clinic operation	Operating Cost
Charity program	Operating Cost
MAIJ Dividen	Administration Procedure
Reinvesting in other shares	Investment
Reinvesting in assets	Investment
Business research	Financial Planning
Not depending on loan	Financial Planning
Reinvesting in assets	Investment
Istibdal of shares to property such as Menara Ansar, JB	Investment
Transforming shares to other shares.	Investment
Special Fund Project	Operating Cost
USIM Health Specialist Centre	
Cost reduction strategies	Financial Planning
CSR programs in collaboration with MAINS	Administration Procedure
Charity through USIM	Administration Procedure
Staff salary	Operating Cost
Annual Report	Administration Procedure
Marketing strategy	Operating Cost

Fee distribution	Financial Planning
Al-Islam Specialist Hospital	
Investment	Investment
Fund reserved for emergency	Financial Planning
Creation of other businesses	Investment
Cost of maintenance	Operating cost
Central purchasing for medicine	Operating cost
Shareholder dividends	Administration Procedure
Cost reduction	Financial Planning
PUSRAWI Hospital	
Charity by/through MAIWP	Administration Procedure
Wakalah Fund, PUSRAWI	Financial Planning
Reinvestment strategies by MAIWP	Investment
MAIWP's profit returns	Administration Procedure
Purchasing goods and medicine	Operating cost
Doctors as independent contractors	Operating cost
MUIP Healthcare	
Cost distribution	Operating Cost
Religious Council dividends	Administration Procedure
Clinic staff salary from subsidiaries	Operating Cost
Emergency fund from Religious Council	Financial Planning
Charity by/through State Religious Council	Administration Procedure
Penang Adventist Hospital	
Building the facility by volume and adding facilities	Financial Planning
Criteria for charity assistances	Administration Procedure
Staff and charity worker paid by the hospital	Operating Cost
Profits are not distributed to shareholders	Administration Procedure
Accumulated wealth retained for the hospital	Administration Procedure
Emergency Fund	Financial Planning
The operation is not based on loan	Administration Procedure
Tax exemption	Administration Procedure
Auditor	Administration Procedure

Open Coding for Environmental sustainability Practices

Interview Question: How do you explain your institution's organizational structure?	
Answer **RHI 1: Waqf Annur Clinic**	**Open Coding**
If the management of this building, we will give it to a company that has been appointed. TMR Urusan S / B. It used to be under JCorp. Now they are alone. We have a contract with them. But for dialysis machines, we also have a contract with the contractor who provides the machine.	Building managed by another company
For medical waste, clinical waste is the same practice as KPJ. We appoint contractors who are recognized by the quality of the environment. The contractor will collect the waste. Collection based on work load clinic. Like here we have a dialysis center, collection is 3 times / week. But in other clinics once a month. because people do not have much clinical waste. But we often. We renew that contract once every 2 years.	Clinical waste management
MAIJ is more to the collaboration program or the need for wakaf land if we want to create new clinics	MAIJ as a shareholder
Donation collection at the Mosque. We provide several funds in several mosques in the state of Johor. And also the mosque under the Islamic Religious Council.	Collaboration with mosques under MAIJ
We get tax examption from MoF for 5 years. Which means we applied in 2014 will end this year and we will appeal again. At that time Waqf Annur had endowed assets in the form of shares. At that time, JCorp endowed under Waqf Annur and it was taxed. Waqf Annur was also taxed. So there are double tax. So there we try to make an engagement with the MoH. We use all the capability we have. JCorp in term of tax we have an executive who will push this matter.	Tax exemption from MoF for 5 years
Here is the factory area. So many Bangladeshis, Indonesians. The others, the local majority.	Location in industrial area
Our mobile clinic has a schedule to go out. It has been setting and location only a place approved by MOH. When we want to make a program, we have to ask for approval from the MOH within 14 days from the date of the program. So the location is 5 ... So far there are 5 places. We operate from 2-5pm every day. Sunday to Thursday.	Mobile clinic facility
So the majority of this operation needs to report to KPJ. Like wakaf has a collection that is more to the fund and MAIJ is more to the colloboration program or the need for wakaf land if we want to create a new clinic.	Reporting clinical operations to KPJ
The idea came from the late Tan Sri Ali Hashim and also the CEO of JCorp at the time. This is their idea and what I saw when JCorp made this wakaf, it was not starting with wakaf clinic, because before this it was preceded by other wakaf, such as the mosque.	Tan Sri Ali Hashim as the initiator
More to help the community, especially in Pasir Gudang. At that time, we did a pilot project in Plaza Kotaraya. Later it was developed in Pasir	Location at the center of Pasir Gudang

Gudang. Because the intention is for the new development of Pasir Gudang community. And at that time JCop was the one that managed Pasir Gudang. Given a mandate by the government to manage Pasir Gudang. This is also for the convenience of the public. Including mosques, clinics, dialysis centers, and next to it there are special schools for orphans.	
For us to socialize the mosque itself. We want this mosque to prosper. Not just to religious programs alone. So how do people come to the mosque, so they know this is the mosque area. When the call to prayer, if there is space at that time, go to the dhuha prayer. Its apart from da'wah I guess. It is not for Muslims only, but also a non-Muslims.	Clinic built in the mosque area
At that time, we working together with MAIJ. Instead of going it alone. Meaning get a letter of support from MAIJ. Bring the support letter which stating that this is a project ... meaning reducing the burden of the Religious Council ... taken over by Waqf Annur. Waqf Annur Clinic. A support letter that's it. That also applies at that time.	Partnership with MAIJ
Training module based on KPJ SOP. An example of dialysis. Dialysis has induction training ... Competency training. That one we follow 100% KPJ standard. And from time to time, people usually have CPD points. This CPD point we need it. For example, like KPJ, they set training for at least 30 hours a year. This training includes what is the name of personal development. Carrier development. For example, like team building and that includes 30 hours. And from those 30 hours there may be some that can be used for CPD points to get them to have that annual practice. This is same as what the KPJ Hospital staff practices. The practices are the same	Staff training based on KPJ module
Usually CKAPS will come when we nearly wanted to renew the license. But if there are some department that like to do a surprise check. Usually the promotion part they will come and they will not inform.	Regulator audit
After all, JCorp is under the state government. Although it is a corporate entity, but it is under the State government. So if Wakaf Annur is under JCorp, then maybe there is already trust there. Especially when JCorp itself is fighting for its own endowment and I see it there.	Waqf Annur Clinic under JCorp
We ask Datuk Mufti, Dato Noh Gadut as an advisor. We took him to see the MoF to explain. This is not just an individual work. This is one of the projects under the country on a special project. So we also a bit unclear during the early stage. We go up and down a few times and make paperwork. What i saw that time, the Director General which is Datuk Halimah at that time. We bring a group because we want to show that we are really serious. So we really ask for it.	Datuk Mufti as the advisor
RHI: USIM Health Specialist Centre (UHSC)	
Actually, USIM Health Specialist Centre was originally a PTJ under USIM which is direct Chancellory. After that, they established the waqf clinic and at the same time wanted to generate income. This is a collaboration between USIM and the Negeri Sembilan Islamic Religious Council.	PTJ under USIM

Ha ah ... I have no power here. If here I report in 2 places. 1 at USIM Tijarah and 1 more with the faculty. The reason is that VCs put leaders together to look after their interests as well as operations. Our co-chair is the dean of the faculty of dentistry and the faculty of medicine. That we have a meeting every month. The management meeting we called. In that case, any decision I will bring there before I bring which we have a limit of authority, meaning which one I need to bring to the board authority. From there which has been agreed at the management level I will bring to BOD. We also have regular meetings with our MAINS stakeholders. Since we alreadyreceived the money, so it is necessary for us to report.	Reporting to USIM Tijarah, Faculty of Dentistry and Medicine, MAINS
We have every 3 months we meetig with MAINS and also USIM Zakat Endowment Center. This is waqf. So when involving Waqf, it need to go through the PWZ as well. Then we have a meeting with them. That's once every 3 months. I will report the progress, what our needs, what I want to ask for help, then I will report. That's the way we monitor operations, finances. There I report everything, achievements, finances, expenses other than the BOD that I report regularly.	Reporting to PWZ
Baitulmal has its program setiap... The program not every month. They have their program. In a month there were several programs organized by the local ADUN. So the program is actually for monthly assistance. So at the time they did the monthly assistance program, they also have a slot for all kinds of talks, and many slot for the Asnaf. So then we go. We started with the asnaf program that we created. That is where we can reach asnaf. Then the asnaf who is near here we invite to come here.	Cooperation with Baitulmal and local ADUN
If you want to depend on a walk-in patient, it is not enough to cover the operating costs. Because if Dr wants to know, we have the Tamhidi students and our Bachelor students that have a medical check-up here. I actually persuaded. We are with Prof Shamsir actually.	Advisor/ Social acquaintance
For what i understand is Prof Yunus. The person who anchored Prof Yunus. He has his team. Prof. Yunus, Prof. Samshir. He has his team. Together with… Datuk Nik. actually Dr Azrina who started with the mobile clinic. That's all I know about those 3 people. If there is anything I will refer to these two people. There is more actually. The other person, like the clinic later. After all, our expert doctor is, come and go. They come for a moment and go, right? So whose remains are Prof Samshir, Dr Azrina, thats counted as among the earliest since the beginning of set up.	Person involved during establishment/ initiator
The existing building is rented from BBND. Badar Baru Development Value. The owner is Tan Sri Gan.	Location in Bandar Baru Nilai
CKAPS, for them, they does not matter because for them we are just for a business. The others we do, they doesn't care. About wakaf they doesnt really care. In their data, we only doing business. So when it comes to the operations, our registrations have been reprimanded. Lots of old reprimands. Because when I enter, I want to minimize the costs. But there are things that can not be cost minimizing. Because I have little experience with CKAPS. CKAPS has come in 2016. 2017 they did not come and only now 2018 they came. I has been reminded. But	Relationship with the regulator

it doesn't matter. I just follow their requirements. They has their standard requirements. Whether or not we have to follow. I have to follow. I follow the minimum renovation to comply with CKAPS requirement.	
For mobile clinics we already have. MAINS give us the mobile clinic and we already collaborated with NGOs to make eye specstacles. During the program Dr Azlina asked for funds to buy cutter glasses. Haa ... that the last one that they give to us for this year.	Mobile clinic facility
What we have here are standard X-rays, ultrasound, ECG. Its the basic equipment. The above is also the same. That's why I want to buy the new OPG X-tray. Because other dental clinic, they already have it.	Basic clinical equipment
I also send for training programs. That kind of training, for nurse is mandatory. They really need a training. But no link with KKM. Because our doctors are qualified to teach, so we do with our doctors. Every week, Thursday morning we will have a gathering. For tazkirah, we make CME for nurses, medical education, meetings, skills.	Training program for nurses and clinic staff
Must go for management meeting. I must inform MAINS, Waqf Center, University, BOD. Everthing I channel through meering. Every time I enter a meeting I prepare slides. Because if we don't make slides, the imporants matter will not be remembered. Once every 3 months. Unable to make every month. Once a month there is a management meeting and a meeting with the staff every week. We want to make sure all the information is conveyed to the grassroots.	Reporting schedule
RHI: Hopsital Al-Islam	
Because this location was so strategic. This place is so strategic. Its town. So thats it. Its mean that it is not an eas way.	Location at the center of Kuala Lumpur
Yes, in our management, our agenda is to have Islamic bodies. Even though its not much, but its consistence. And our ISR program we plan to to launch CPR literacy. CPR literacy. Which mean at every mosque, we want all the kariah know about it. We target Federal first. At the federal, we have go many places. We go to mosque. We have our team.	Partnership with mosques for CSR programs
Dakwah Bil Hal is a lot. This dakwah that i mentioned earlier is for the staff...for the patient...for the community, even for outside Malaysia community we have send before. Before this, I go to Acheh. We send our staff there for getting the exposure. Under MRA. Have you heard before? Try search for MRA. Malaysian Realief Agency. You should see it. Before this, I am its deputy president. I'm also its BOD. Its a foundation. Its close with me.	Partnership with NGO (MRA)
..mostly ABIM based. Because ABIM is one of the shareholder or founder. The support is from ABIM. So in any way, we need to. As I am MRA. Even we have MRA Van. Al-Islam buy one van for its used. Just a little. Not that much. Not even RM100k. But its good. And then some of the money was contribute by the doctors.	Partnership with NGO (ABIM)
Haaa... here there is not many doctors. Say about 15-20 doctors maybe. Its 15. Some is a fulltime or partime. Many of them we can say that they are the visiting doctor. Visiting means they come from other hospital.	Medical staff, fulltime/ parttime /visiting

Our relationship with CKAPS is good. Of course need to be good. Its very important. Even I have a good relationship with its director. During his study, I was his lecturer. With Dr Zul, the MoH Minister. He is from my village. He is from Rembau.	Relationship with regulator
Aaa ... ahhh at least I can say its very minimal. Not much either. But its ideal actually. We just say not to the point that we really go all out. Like we I said, even in terms of soap, even that is the source ... everything ... to get to the recycling is not yet reach to the stage. No. I think it actually costs money. A lot of money. Even detergent. There is now an environmentally friendly organic ... So we are not like that. Because it will be quite costly for us. Yes ... but not even electricity, lights and all that is not up yet. If we want to change, later there will be a cost	Environmental management
In term of medicine, we do not have many option since it was controlled. The medicine was control by its supplier. But we try through central purchasing unit with PUSRAWI, AzZahrah and Annur. Because central purchasing we can save the cost. It means that we buy by bulk buying and then we distribute.	Medicine purchased through central purchasing unit
Yes, we have with Dr Suhaimi, ABIM and even KBI. The shareholder. But running is as we manage it. Unless the big one, only then we have the meeting. Yaa... operation which means the main BOD will endorse. But basically we are the one who manage it. And when taking the loan, we are the one become the guarantor. I'm the one who the major debtor. I just sign. But its ok.	Dr. Suhaimi, ABIM and KBI as shareholders
We ask for the support from federal mosque to join us. And me, for JAWI cooperation because JAWI have their own program, program Rahmah. So we said khusnul khatimah. We want to help people who already want to die. We help for the talkin and so on.	Partnership with government agency (JAWI)
Staff training is compulsory. Have you heard about Ustaz Jaafar? So Ustaz Jaafar, every fajr, through his program. He is very good. Everyone of my staff must go through including the doctors. He tell about tasawul in Islam. Thats is one of the compulsory training which we have organize. This Friday we have gathering for end of Ramadhan. So we called for Ustaz Shauki.	Staff training: inviting ustaz for religious programs
RHI: PUSRAWI Hospital	
As we moved here, we asked for a new building and MAIWP had seen its needs. So this place is actually a commercial land. Then they buy. They want to change from what ehh .. want to turn it into commercial land, so MAIWP changed, they bought the land, and they made a building. So this building is indeed MAIWP land that has been purchased and convert it to commercial, where they build up this building and we pay the rent with MAIWP.	Location at the center of Kuala Lumpur
We do not have a kitchen at this moment. There is no kitchen downstairs. So we have to buy from outside. So we out source it. Like ... I mean now. Originally it should serve by the hotel kitchen. But currently someone else do it, someone else running it. We do not have it. So we are still out source. Someone sent it here. Such as we call for outside caterer. So we open the tender. We still have to outsource. But	Outsourced patient meal. Open tender for caterer.

at least we do the plating here. They used to come and send to the ward. There is no place to do the plating. But still not enough actually. The hospital must have a kitchen. Originally we seems not complete. We went through a painful process to get there. But in Shaa Allah anything that can be done.	
Meeting once every 3 months. We have a timetable. Meeting with subsidiaries, all subsidiaries. All CEOs have to meet every 3 months is mandatory. But reporting financial performance every month. We have give the report. That is from the financial aspect. Other things, if MAIWP requires anything we have to follow. But the most important in this hospital is financial report	Reporting schedule every three months.
Ohhh ... MAIWP is the top management ... MAIWP is our main shareholder. Under MAIWP, they appointed directors. Led by the chairman .. and also ... now there are 5 members of the board of directors. One of them is the obligatory CEO of MAIWP. He is a permanent member of it. It in indeed follow the post. Even if he changes other people, the CEO will stay.	MAIWP is a main shareholder.
All members in the board of directors for the subsidiary should have the CEO of MAIWP as an internal member. So under the BOD, only then will be me. So it has 2 forms ... 2 big wings under the board members ... one is me, as a COO who manages the management administration and the other is called as the medical director. The MD position is only to provide hospitals. Because the license is under him. Under his name. Because it should be under a doctor. So MD will take care for the clinical issues. The issue of doctors, the issue of nurses ... anything clinical, he will handle it. Other than that, I handle it.	CEO of MAIWP as an internal member for PUSRAWI. COO oversees the management and MD oversees the clinical procedure.
PICOM starts ... PUSRAWI actually .. when we want to open it here, we want to find a nurse which is a bit hard to find. So we want to train the nurses. So we opened a training department in PUSRAWI just to train the nurses. At that time, PICOM was actually under PUSRAWI. Our department. At that time, it was under Major Noor. After the building at Tabung Haji complete, the board of nurses doesn't allow it. They said you cannot be under hospital. You must be a different company. That's is why we establish PICOM. To establish PICOM its a bit painful. Because at that time we need to have capital and MAIWP who provide the capital. They have spend a lot of money. So PUSRAWI put the money and bought the company at SSM ... the company name is Anggun Mulia. Because they buy the ready company. Buy a RM2 company ... After they bought then they change. So the reason to get it done quickly because by end of the year it should be ready. So we want to avoid that incident where PUSRAWI used their money to buy the company. Then it became PICOM. So far they are our feeder. The nurse is important. The one of the pillars for a hospital is the nurses. So Alhamdulillah in PUSRAWI we have PICOM which is a subsidiary of MAIWP as well.	PICOM as a feeder for trained nurses
We now want to add a proposal to get MSQH right. So that is an obligation. But if MSQH indirectly we have a process that we have to comply with so that we follow the right procedure. MSQH is indeed what we should aim.	Quality policy (MSQH)

We have our own procedure. MAIWP has a trading subsidiary. MAIWP Dangang. It is also one of our vendors. But it has to compete. If we want to buy stationery, if they havea good price, we will take him. Otherwise we look for another. Its a normal procedure. Not necessarily we choose them. But we usually open tender and invite them.	MAIWP's trading subsidiary as PUSRAWI's supplier.
We are fully under them. Everything you want to do must follow MOH. MOH is indeed monitor us. It actually like this. KKM guideline is simple. Anything to do with the patient, they need to know. Which mean, you want to develop the a building, to change rooms, to renovate, reduce beds, adding nurses, everything should to be inform to the MOH. If you want to add radiology, you have to tell them. Everything has to be inform. It is full monitoring. Engagement is good. They will check. Because we need to renew our license every 2 years. And to get a license you have to follow the requirement. If not, they have the power to close the hospital if you do not follow their requirement. So in terms of the relationship with the MOH, it is with the full monitor of the MOH and it is the requirement from the MOH if we want to do anything. When there is an intention to do something, we need to inform them. Examples to add dialysis need to be infrom. I asked for permission, ask for the form. Because MOH will monitor. And it began to get tighten nowdays.	Full monitoring by regulator.
The doctor is not a staff. Specialist doctors are independent contractors, we call them. They are a party. we have an agreement with these doctors. They are not our staff. Which means, the tax is his own responsibility. When a patient comes ... we charge ... in that charge there is a portion for the doctor and the hospital portion. So the portion for the doctors, its theirs. So this doctor is not our staff. So our staff is included in the MOO..all kinds of medical officers, nurses ... and all hospital support systems ... support units..physiology, laboratories..haa that's all our staff. So indeed the main business for PUSRAWI is medical.	Doctors as independent contractors
In general for private hospitals, everything is there ... There is only a certain facility that still not available. Not much. Such as a pediatric cardiology that is very focused ... if like heart ... pediatric cardiologist. But we have the heart specialist. Only if things that are too specific we do not have it. But the general facilities for most private hospitals we have. The specific facilities are still not many. Because what we have now is a general facilities. Because this hospital still does not have many cases.	Services and facilities
RHI: MUIP Healthcare	
When we make a hospital, we establish our own restaurant. Our restaurant supplies food to the ward. So it supplied the food to the ward. With the hospital, there is a ward and there is a restaurant.	Patient meal supplied by MUIP's restaurant
If you want to open a hospital, you have to know the building. We also have research.	Business research
We need to know the location first of all. Its not easy. For me, if possible don't share with other people. If you have the strength, do it yourself.	Location at the center of Kuantan

Our hospital has its own BOD. We have monthly meeting. The CEO is MUIP. My boss. So every monthly meeting, he will look at the performance.	MUIP as the CEO for its subsidiary, hospital, and clinic
From the funder, we search for the location. This location is relavant to State Council. Which means maybe State Council that has land in the city can develop a hospital. But the best land, it should be aroud 2 acres, only then its comfortable. 1 acres is a bit small.	Strategic location of the land belongs to MUIP
For medicine, we have our own supplier. So for supplier matter, it was manage by our own subsidiaries. They will buy the medicine and everything as prescribed by our doctor. We always take a good care our supplier. If there is no medicine, we cant make a business.	Medicine purchasing managed by the clinic/hospital
Our dialysis machine was own by us. In Kuantan, we have 27 dialysis machine. Our dialysis center is the biggest in Kuantan.	Dialysis facilities owned by MUIP
The main leader here is my boss and me. Ok, ... we are here, to carry out the wishes of this Council. We use the functions of the subsidiaries. Not the Council. Not the Council staff. We use our subsidiary functions. Therefore, I train the managers of my subsidiary	MUIP Leadership
BOD once in 3 months. Then every subsidiaries have their own management meeting. The management meeting are much more detail. For the management meeting i go through very detail. If BOD, its more to policy. Management meeting is more detail.	Meeting with BOD about policy once every three months.
For now we have 8 main services/facilities. We need to add more. When we operate, we need to add more facilities. The main compulsory services is 8. This was according to MoH. MoH asked for 8 main services/ facilities which is very minimum for hospital setting. Because it must have anesthetist, paediatricians, O&G, surgeon etc.	Offering eight main services
RHI: Penang Adventist Hospital (PAH)	
So he was trained there and he sat the exam in London so he can qualify to practice in Malaysia in British colony. Ok it started in down town street called Muntri Street. Now its called Southern Hotel.	Location at the center of Penang
Yeahh actually we hire... we have program like training... HRD program... so we have all this kind of program. So actually the most important during the orientation staff when they come. I have this orientation for doctor. The doctors do not join the general orientation.	Staff training and orientation
Board of trustee. So the administration council are the one who run the hospital lah. They are the religious leader... PR is Pastor... they are ulamak lah... but this the board chairman is a Thai. But he is experience, he used to be a chaplain..	Board of Trustee comprises Adventist religious leaders
we executive committee policy have to be approve by them lah. that means like our Dr by law, because governing Dr is actually this thing also dont control Dr you know.. we actually have a committee called medical advisory board right but we call medical dental because we have dentist here... so we called medical dental executive committee.. so that control the medical practice. So the by law in medical staff is actually approve by them. So here also a lot of top policy are approved by them but the rest is actually by us lah... the operation by us lah. The medical advisory board will report to them. Of course our CEO, our medical admin, head, thats our COO is also a medical Dr. this is COO	Executive committee policy and medical advisory board

then Chief Medical Staff.. Chief Medical Staff this is the PIC... I also take care of the philosophy lah...	
we have our ethic committee. i think i need to read this up for you ahh... our core value ahh... community achievement relevance, integrity, nature and godliness.. is acronym for caring. so that is the core value.so, i guess we are nothing without the community. we are community oriented. we want to achieved and relevant... we want to have a good integrity... we also nurture staff and people... this is are the value. so i guess this is also a part of ethics right?	Ethics Committee
so we are not like Lam Wah Ee... we dont want to be... we want to be in the between... we are not cheap as Lam Wah Ee... if you ask me, where we place our price, we are closer to the commercial price... Our rate is not as cheap as Lam Wah Ee... We are higher than Lam Wah Ee... But we want to be cheaper than the rest private hospital. Less than commercial, but more expansive than Lam Wah Ee...	Competitor
its a marketing... its a market positioning decision. Because for us, staff retention is very important... nurture ... staff retention is very important, staff progression is very important, so our staff go for a lot of training. so we want competency is very important to us. HR development is very important to us.	HR development
And equipment up to date is very important. we want to be at the front in the medical advances.. so with that we need to pay for the price. you cannot just... and also you realize that to many of the Dr if not all more money than Lam Wah Ee Dr is important today.	Investing in latest equipment
yeahh... tax exemption... they... how you must behave. they have i have not seen it, but i think they have. because you know our type of company, you have bhd, sdn bhd... so this one, you look at my name card... this one is tak ada sdn bhd, bhd... its (M)... Thatt is the company. Adventist Hospital and Clinic Services (M)... ini... operated by Adventist Hospital and Clinic Services (M).. yes... got advantage and non-advantage lah... The advantage is that you can keep tax exempt receipt lah... so our fund rising can be given a receipt lah.. for non-advantage, is you cannot simply used your money... you used your money for anything, you can be questioned. because all of our money we cannot simply used. we cannot give our charity for Indonesian. Even we kesian, we cannot give to them.	Tax exemption for fund raising
Of course... Even dept finance will come... we used KPMG as our internal auditor. to audit our things... but our church also have audit team. worldwide church have audit team and Asian team located in Bandung. They would come... because we have enough... in Indonesia we have 4 hospital. In Thailand 2 hosipital, In hong kong we have 2 hospital, in Taiwan we have 1 hospital, in Japan we have 4 - 5 hospital...	KPMG as an auditor
Our college... our nursing college is 25 years. 1993 started. now is a we just move here. we have 300 student. hanya untuk nursing sahaja. running a medical school is alot expansive.	Nursing college for staff training

Focused Coding for Environmental Sustainability Practices

Environmental Sustainability Practices	Focused coding
Waqf Annur Clinic Chain	
Building management by other company	Supplier/ procument
Clinical waste management	Environment Management
MAIJ as a shareholder	Partnership
Collaboration with mosques under MAIJ	Partnership
Tax exemption from MoF for 5 years	Policy
Location in industrial area	Location setting
Mobile clinic facility	Services/ facilities
Clinical operation reporting to KPJ	Organizational structure
Tan Sri Ali Hashim as the initiator	Champion
Location at the center of Pasir Gudang	Location setting
Clinic built in the mosque area	Location setting
Partnership with MAIJ	Partnership
Staff training based on KPJ module	Manpower/ staff training
Regulator audit	Regulator
Waqf Annur Clinic under JCorp	Organization structure
Datuk Mufti as the advisor	Advisor/ Social accquitance
USIM Medical Specialist Clinic (UHSC)	
PTJ under USIM	Organization structure
Reporting to USIM Tijarah, Faculty of Dentistry and Medicine, MAINS	Governing body/ trustee board
Reporting to PWZ	Governing body/ trustee board
Cooperation with Baitulmal and local ADUN	Partnership
Advisor/ Social acquaintance	Advisor/ Social accquitance
Person involved during establishment/ initiator	Champion

Table 6.9 continue

Environmental sustainability Practices	Focused coding
Relationship with the regulator	Regulator
Mobile clinic facility	Services/ facilities
Basic clinical equipment	Services/ facilities
Training program for nurses and clinic staff	Manpower/ staff training
Location in Bandar Baru Nilai	Location setting
Al-Islam Specialist Hospital	
Location at the center of Kuala Lumpur	Location setting
Partnership with mosques for CSR programs	Partnership

Partnership with NGO (MRA)	Partnership
Partnership with NGO (ABIM)	Partnership
Medical staff, fulltime/ parttime /visiting	Manpower/ staff training
Relationship with regulator	Regulator
Environmental management	Environment management
Medicine purchased through central purchasing unit	Supplier
Dr. Suhaimi, ABIM, and KBI as shareholders	Organization structure
Partnership with government agency JAWI	Partnership
Staff training: inviting ustaz for religious program	Manpower/ staff training
PUSRAWI Hospital	
Location setting at the center of Kuala Lumpur	Location setting
Outsourced patient meal. Open tender for caterer.	Supplier
MAIWP is a main shareholder.	Governing body/ Trustee board
CEO MAIWP as an internal member for PUSRAWI. COO oversees the management and MD oversees the clinical procedure.	Organization structure
PICOM as a feeder for trained nurses	Manpower/ staff training
Quality policy (MSQH)	Policy
MAIWP's trading subsidiary as PUSRAWI's supplier.	Supplier
Full monitoring by regulator.	Regulator
Doctors as independent contractors	Manpower/ staff training
Services and facilities	Services/ facilities
MUIP Healthcare	
Patient meal supplied by MUIP's restaurant	Supplier
Business research	Planning
Location at the center of Kuantan	Location setting
MUIP as the CEO for its subsidiary, hospital, and clinic	Governing body/ Trustee board
Strategic location of land belonging to MUIP	Location setting
Environmental sustainability Practices	**Focused coding**
Dialysis facilities owned by MUIP	Services/facilities
MUIP Leadership	Champion
Offering eight main services	Services/ facilities
Medicine purchasing is managed by the clinic/hospital	Supplier
Penang Adventist Hospital	
Location at the center of Penang	Location setting
Staff training and orientation	Manpower/ staff training
Board of Trustee comprises Adventist religious leaders	Governing body/ Trustee board
Executive committee policy and medical advisory board.	Organization structure
Ethics Committee	Organization structure

Competitor	Competitor
HR development	Manpower/staff training
Investing in latest equipment	Services/facilities
Tax exemption for fund raising	Policy
KPMG as an auditor	Auditor
Nursing college for staff training	Manpower/ staff training

Healthcare Institutions' Practices to Establish Relationships with their Staff, Patients, and Local Communities

Interview Question: How does your healthcare institution establish a relationship with your employees, patients, and local community?	
Answer	**Open Coding**
RHI: Waqf Annur Clinic Chain	
This meeting is a bit difficult if I want to set. We have KPIs. Sometimes we don't even have a chance to do it. But more to make programs, lunch, staff briefings. This year is only 2 times. But I usually take the opportunity during the program. Examples of Aidilfitri. Like before, the program Ramadhan. That was the time that I will communicate with the staff. We even had about 30 staff, but never met. Because they have a shift and I am in the office. So far relationship, no one of them that I dont know their name.	Program/ meeting/ staff briefing.
If there urgent things I will inform in the wassup group. So people can access the information.	WhatsApp group
This mobile clinic has a schedule to get out. Setting and location only place approved by MOH only. When we want to make a program, we have to ask for approval from the MOH within 14 days from the date of the program. So the location is 5 ... So far there are 5. We operate from 2-5 pm every day. Sunday to Thursday. So that Sunday we went to Kampung Pasir Putih, Pasir Gudang. Monday at Kampung Perigi Achech, Pasir Gudang. I always join the mobile clinic. Many people at the place we go is a poor people who could not afford. The place is a remote place.	Mobile clinic
We are not doing usrah. But more to the programs that involve all. Among them, as I said earlier, is the staff briefing every month. We also celebrate the staff who celebrated their birthdays that month. Mybe its among it.	Meeting/ staff briefing
The second of course I make a visit. In terms of clinics distributions. Some are here, some are in Muar. Some in Bt Pahat, some in Kluang. But Kluang not yet. Will come there. I control those in Johor only. So, when I go there, we will have a meeting. Have a little snack. That among others apart from memos and whatsapp groups and so on.	Visiting other clinic branch
Firstly, we already have our own program. Sunday-Thursday which has been set. But when there is an invitation or program that we feel the potential of the promotion is more, so we will close the place which we have set and go there. An example of such a Kembara Mahkota program that takes 4 days. So that week we will not go as we have set.	Kembara Mahkota program
Under normal circumstances there is no interruption, we will just follow the set schedule. Like for me, if we tell the patient that there is no mobile clinic that week, then they will come to this clinic. Because in that week there are those who want to take medicine. So when we told them we had a program, so they came here. This mobile clinic is aim to go to their place. That's the purpose of the mobile clinic. Reach out to the community. Instead they came to us, we came to them.	Community outreach
RHI: USIM Medical Specialist Clinic	
This Baitulmal is indeed have a program every haaa… not every month. There is indeed a program. In a month there were several programs organized by the local ADUN. So the program is actually for monthly assistance. So at the time they did the monthly assistance program, they will organize a few	Collaboration Program with Baitulmal and ADUN.

of slots, for example talks and anything related to the asnaf-asnaf. So then we go. We started with the asnaf program that they organized. There we can reach asnaf. After that, the asnaf who is near here we can invite to come to this clinic.	
I also started to open facebook because I saw the community here is a young generation. Its a young generation.Compare to us which lived in Bangi which is more old generation.It's been 30 years there. Here we are young, haahaa.... So I said we need to have a Facebook. So I started opening FB, Intagram, Twitter to find them. I want them to come to our clinic	Community outreach through social media
For the mobile clinic, we use for promotion. Sometimes I also use it for clinic promotion. Sometimes here if we knows, during our family day, we will ask to go out. We just need to get a permission to go out.	Mobile clinic
I try to liven up the family-like atmosphere. They are new and have never worked. Like my clerk, she worked earlir than me but no one guided her. When I came, I guided her and she was willing to do it. While with me, I guided and taught her a lot. The staff here too, if they ask for guidance, I will teach them one by one. So here I teach. I am an HR person. My engagement is strong. I learned this and I practiced it. I also celebrate them. I buy them cakes every month. They cook and bring potluck. In the future, we plan to have a family day.	Staff guidance/ bonding
We invite doctors from the klinik kesihatan here. I need them to refer patients here. For X-tray. But they want to move out. But for the X-tray or for a quick clinical test result, the doctors will ask their patient to come here. We need to get along with our neighbors. Thats how it is. When there is a banquet we call the people around. Our doctors here are nice.	Engagement with the surrounding community through programs
RHI: Al-Islam Specialust Hospital	
Alhamdulillah we have been contributing to the program. Da'wah program, we do a lot. Every week we do it. And we have this in our agenda actually	Contributing to the da'wah program
There is ... of course we have. Recently we organized Ambang Ramadan program. We ask donations for asnaf. With this MRA (NGO), we do CSR program everywhere. Many...many. Its widespread.	Collaboration with NGOs in community engagement programs
We create a program. Ever heard of chaplaincy? Never? Have you ever gone to overseas? Never? Chaplaincy is like a pastor ... So this pastor, what he did, he go to the patient. So here is a ustaz. So JAKIM sent to MOH. So this ustaz will take care of so called Islamic program. But this ustaz, most ustaz have never been exposed ... do not know what to do before this. So they form this ustaz called as JAKIM cadres .. So we are in a program to train to help this ustaz so that he understands a little about safety, a little counseling.	Creating a chaplaincy program for the hospital
Ohh .. patient is more important. First is we try to treat this patient holistically. So we want to translate Islam which is syumuliah. Holistic. We want to translate Islam as a way of life. The first meaning is that the staff must also look at the patient holistically. Meaning he is the best creation of God. Not only physical, psychological, but also spiritual, we also need to look. That's the first one. And then as I said again, during he lived ... the time he died .. even if he died we went to visit and give their family some money in RM200. Then we visit we have ... now we have a department that we used	Relationship with patient through chaplaincy program

to call religious affairs ... but now we call it spiritual (Chaplaincy). We promoted a little. So it has a bigger role of chaplaincy. And then their family, we visit. The patient who died we visit all the way until to the grave.	
This Da'wah bil hal is in various ways. This da'wah that I said earlier for the staff, for the patients .. for the outsiders. Overseas we have sent before. I used to go to Acheh. Indeed we send for our staff for getting the exposure.	Staff involvement/ exposure in NGO programs
Every year so far we never miss .. we have a program like going on umrah. I have sent staff 2 times who have worked for more than 15 years and with good KPIs	Appreciation program for the staff
We have a program for children during school holidays. We help create programs and we also have a nursery.	School holiday programs for children
Every morning there is a tazkirah. Various programs and activities we do.	*Tazkirah* programs
RHI: PUSRAWI Hospital	
There is. We have our CSR. But this year I do not know ... we dosuch as a free medical check up. At the low cost residential area. So its actually more for allocation for them. Talks program. The doctors talk. Last year we made at a complex near Sentul. Just the public came. Dr Azah giving talk about heart. We also have a free medical check up. All free. In fact, PUSRAWI is the owner for the marketing. Because it's like a promotion too. Kind of to promote PUSRAWI.	Free medical check-up programs
Haaa ah..it is actually a community program. But indirectly MAIWP actually promotes hospitals. They create community programs for social responsibility, and at the same time promote hospitals. Usually if MAIWP organize a program, we will joined them	MAIWP community programs
If look at the FB, it always updated with our program. That will always be update by our marketing. The doctors. New activity that we planned to organize. There are some event that will be updated there.	Social media
So our staff is included in the MOO .. like medical officers, nurses ... and all the hospital support system ... our support units .. Physics, laboratories..haa that's all our staff. So indeed the main business for PUSRAWI is medical. So you have to be taken care of it in terms of welfare, salary, and everything ... All of them .. their safety ... training ... career ... so it is important. You have to take care all of those aspects. Like other companies, you have to be careful. Because they are the pillars of our business	Performing all responsibilities as employer
The obliged one is once a month. Management with the units. Because we want to monitor their problems, their performance. But we are usually more than once. Depending on the issue. For example, say either one happens ... if we want an example if we want because any hospital activity involves them. If we want to do it, we want to add the hospital facility we have to call them. By right management issues have to involve staff in medicine.	Management meeting
I myself will look for the opportunities to engage with the community. If there is a community program, I will go. Whether invited by MAIWP. MAIWP has many programs such as its community service programs and asnaf. Usually they will make sure their subsidiary goes. Then program with the government. Whatever opportunities I will go. Engagement with the	Build relationship with the community through various programs

mosque, surau. If there is opportunity, either I or other staff will go to build relationships with the community.	
RHI: MUIP Healthcare	
So far we have not done that because we do not have enough equipment. Like Annur, they have a mobile clinic, right ... We don't have enough equipment. But let's just say, there is an exhibition related to religion, if invited, we will send our hospital staff to go. To do a health check up and so on	Invitation to religion exhibition/ programs
But if the Council has a big exhibition, then we will also open our booth. Booth for medical check-ups where people can check blood, check anything minimal. The simple medical check up.	MUIP community programs
I communicate with them every day through wassup. I wassup direct to every manager. I follow them up. And if they have a problem, I will give them support	WhatsApp Group
Every subsidiary has its own management meeting. Management meeting in more detail. If the management meeting I will go every thing in detail. If this BOD meeting is more to the policy. Management meeting is more detail	Management meeting/ staff briefing
Yes ... we always go, I always go down, for discussion with the staff. I told them what they should do. Then I said back, do your best. If you do your best, get more profit, we will give it back to you. I always motivate them. We are in close contact with PMC and with other subsidiaries. The tips are always give them the support. We do not want them to feel we are isolating them	Motivating staff
RHI: Penang Adventist Hospital	
So for us the spiritual care is like the shepherd taking care for the folks... like mother Terresa.. so very caring. I think everyone know about the concept of mother Teressa... that is the concept. Be caring actually this is very important. Calm presented and non judgmental listening. Actually we view as a lot people come in doesn't matter what religion, sometimes they also have a wrong concept of God. So now they supposed to represent God. When they meet the patient, they supposed to represent the God. Give this calm present and non-judgmental listening. And caring them and just keep them and cry with them. After i got exposure then i know that why there is an advantage of not be able to speak well, not able talk well, and this people is very good in listening. I,m not a good one. so actually also help them to discover the meaning of sickness suffering and death. So what do they give so this is what you can see...	Chaplaincy
So pastoral care, actually emergency response when there is a code blue, when people arrest may die they would be there to assist the family. Stand by with the family. And then if somebody die and dont know, you know how many people so experience for arranging the undertaken? so this people would help them and guide them. otherwise some of this shark you know. they can mark up very high. So we actually know lah...	Engagement/ support for patient's family
So we actually serve community as anybody want to come. Anybody need help. As long as you qualify, we have criteria aa.. for charity. We have criteria you put in, we help any body everybody... you can tell a lot of Muslim in Kedah, Perlis even we help. Got also... but very rarely.. but definitely poor patient come can be 100% free...	Charity program

We do go around... we do move around. our charity committee have social have a community people in the committee... its just not our own people. We have department called charity	Charity department
We also do other social social thing like our community health... like this health campaign. we also do nursing.. we have a lot of community outreach.	Community outreach
Actually you get edge out. unless of course you have a based you know... you see aaa... im not sure... im not very familiar how your Muslim got cluster of believe like our Christian Churches got Catholic, got Adventist right,so unless you have big based of your people to going to support you. Without them you would not... so for us we are not without them... because in the West Malaysia, Penisular Malaysia Mission we only had 3000 Church members. Sabah, Sarawak cannot come here maaa... they have their won hospital there maa... We have have more member because of the Bumiputra there originally already Christian... Here no maa... Here there are Indian and Chinese become Adventist	Strong base of Adventists
Definitely very strong, rather than environment and financial. Its our tradition also. Before goverment since 1957 we have already started working for welfare. From worldwide Church develop. because we believe in health education remember, we believe smoking is bad for people. so in the early 1950s... when Dr really believe... we already start.	Health education programs

Staff, Patient, and Local Community Feedback on Activities and Services Provided by the Healthcare Institutions

Interview Question: How are the participation and acceptance of employees, patients, and the local community on the activities and services provided by your healthcare institution?	
Answer	**Open Coding**
RHI: Waqf Annur Clinic Chain	
People know ... and it's just their perception. Their perception is ok. Just why the hospital status but some of the facilities and services does not exist. So if they do not achieved, can not get the service they want, then they will complain. But for us, if we want to do something we will definitely get such a challenge or feedback. We the operators understand. So we try to explain. Indeed, sometimes when written at FB. Maybe Alhamdulillah, since we became a clinic, complaints have disappeared.	Local community acceptance/ perception
It is actually seasonal. After the festival and the fasting month, patients will be come at 9am to 10pm so. At 11 o'clock there was no more. 11 pm to 7am there are only 3-4 patients.	Patient response/ visitation
Ok ... We get many collections. If we have a place that we do not go for a month, it is full. There are some mosques like that	Mosque donation box feedback/ acceptance
What I see, many contributed, regardless of the race. There are Chinese, Indian, and especially the Malays. Muslim. It means that despite such inconsistencies, the response from non-Muslims is encouraging as well. The participitation also came from the staff. Maybe they understand the concept of charity and they contribute even though it is basically waqf for Muslims. But for us, this waqf clinic is open to anyone. There is only a	Donation support/ participation

difference between citizens and non-citizens. When citizens they are all the same whether they are Malay, Chinese, Indian	
In 5% of the total patients and I think if I look at the distribution of the country many from Indonesia, Pakistan, Bangladesh.	Feedback from non-Malaysian patients
Alhamdulillah I see a non-Muslim patient saying its good. The medicine is suitable for them.	Patient feedback
RHI: USIM Medical Specialist Clinic	
Just like my own kids. I consider them like family. I really like treat people like family. Because it may be I was trained like that.	Staff-manager relationship
The other day we see the feedback is very encouraging. Alhamdulillah. Its free. Who does not want. Many came. if we make an event, a feast, many people come.	Local community acceptance
My doctors always like to contribute. To make this feast, our budget is not enough. Each of them bring a potluck. Everyone bring a little. They are supportive. Various menus are available. That's the way I want to liven up the atmosphere.	Staff acceptance
The public have come. Various races, Indian, Chinese, came.	Local community acceptance
RHI: Al-Islam Specialist Hospital	
That's why the Ibadah friendly hospital became my niche. Because I want the nurse to come and remind the patient about prayer. It's simple. Not Dr, not ustaz, no, the nurse herself.	Staff acceptance/ involvement
I want to tell you about a stroy of one patient who coming in here and its very classic. She is married. After marriage, the husband did not pray. 20 years. God measles ... Measles so called. Sakit. Sign in here. Everyday nurse came ... Sir .. have you prayed ... haa..ok..ok ... And one fine day, he said, ustaz, ustaz please teach me to pray.	Patient acceptance
There is participation from the surrounding community. Of course there is. Recently we organized the Ambang Ramadhan program. We ask for donations for asnaf.	Community participation/ acceptance in programs organized by the hospital
RHI: PUSRAWI Hospital	
So far feeback from patients only. We compile all. Because it is the responsibility of the PR which they will collect the feedback and we will compile and will look at the trending ... what is the problem ... usually the patient does not want to complain..just give feedback for us to improve the service.	Patient feedback
Every place is the same. But we will take care ... if there is something negative, there will be a team that will look ... the initiative will be discussed first. He complains at which level. For as far as individuals ... such as people say that there is no hot water, ... dusty ... that is a small thing .. But if it involves treatment, it will involve a bigger stage. If it involves patient claiming that he has a wound during treatment..for example..it involves doctors, nurses ... so that's why we are very concerned about the complaint. For myself I want zero complaints. I talked to the person in charge of this section, we want to zero complaints from patients about us not being friendly in terms of treatment, services	Customer/ patient complaint mechanism

we have. If possible, we do not want any complaints. But usually there will be small complaints. Only that thing we value. If these little things we can still accept. Because if people complain about small things such as no one to serve them, slow etc.	
There is ... like Dr Fakir an ophthalmologist ... most of his patients come. Lots. Some of them came from Johor. He is an eye specialist. We does not have a lot of expertise in Malaysia, that's what people are looking for. That's why Chinese, Indian patients came looking for him.	Non-Muslim community acceptance
RHI: MUIP Healthcare	
Very close ... very strong. Day and night I follow up my staff. Haa ...	Staff/employer relationship
Of course I get a good cooperation. Because we give them the opportunity to get involved. we always talk to our staff, if you want to get a good job, the Council is the most suitable place. You can go to the village, do treatment. We give money and you treat. Automatically you get rewarded and at the same time doing charity. So they like it.	Feedback on opportunities given by employers to employees
RHI: Penang Adventist Hospital	
If I have to tell you by percentage... how to tell you. its accepted.. ok so as far as the charity is concern, if we give charity cases, its automatic in the policy. So when we hire the Dr, we tell them. its like that. if you want, when we bring in its not your choice. so they also can introduce their patient who need help. they can tell us this patient need help. but its automatic we give ... if this a charity case, we would not cut 100% because they also work here. we would make a discount for their professional fees... so that actually charity case you cannot take full fees.	Doctor participation in charity work
For us its a mixture of people. We have Muslim, Christian, Taoist, etc. We have a mix of people.	Diversity of patients' religious background
This is our chaplaincy team. we have an Indonesian. because we have a lot Indonesian patient.	Feedback from non-Malaysian patients

Focused Coding for Healthcare Institutions' Practices to Establish Relationships with their Staff, Patients, and Local Communities

Practices	Focused coding
Waqf Annur Clinic Chain	
Program/ meeting/ staff briefing	Staff Engagement
WhatsApp group	Staff Engagement
Mobile clinic	Community Engagement
Meeting/ staff briefing	Staff Engagement
Visiting other clinic branches	Staff Engagement
Kembara Mahkota program	Community Engagement
Community outreach programs	Community Engagement
USIM Medical Specialist Clinic	
Collaboration Programs with Baitulmal and ADUN	Community Engagement
Community outreach through social media	Community Engagement
Mobile clinic	Community Engagement

Staff guidance/ bonding	Staff Engagement
Engagement with the surrounding community through various programs	Community Engagement
Al-Islam Specialist Hospital	
Contributing to the da'wah program	Community Engagement
Collaborating with NGOs in community programs	NGO Engagement
Creating a chaplaincy program for the hospital	Patient Engagement
Relationship with patient through chaplaincy program	Patient Engagement
Staff involvement/ exposure in NGO programs	Staff Engagement
Appreciation program for the staff	Staff Engagement
School holiday programs for children	Community Engagement
PUSRAWI Hospital	
Free medical check-up programs	Community Engagement
MAIWP community programs	Auspice Engagement
Social media	Community Engagement
Performing all responsibilities as employer	Staff Engagement
Management meeting	Staff Engagement
Build relationship with the community through various programs	Community Engagement
MUIP Healthcare	
Invitation to religion exhibition/ program	Community Engagement
MUIP community program	Auspice Engagement
WhatsApp Group	Staff Engagement
Management meeting/ staff briefing	Staff Engagement
Motivating staff	Staff Engagement
Penang Adventist Hospital	
Chaplaincy	Patient Engagement
Engagement/ support for the patient's family	Patient Family Engagement
Charity program	Community Engagement
Charity department	Community Engagement
Strong base of Adventists	Followers Engagement
Community outreach	Community Engagement
Health education programs	Community Engagement

Focused coding for Staff, Patient, and Local Community Feedback on Activities and Services Provided by the Social-based Healthcare Institutions

Staff, Patient, and Local Community Feedback	Focused coding
Waqf Annur Clinic Chain	
Local community acceptance/perception	Community Engagement
Patient response/visitation	Patient Engagement
Mosque donation box feedback/acceptance	Community Engagement
Donation support/participation	Community Engagement

Feedback from non-Malaysian patients	Patient Engagement
Patient feedback	Patient Engagement
USIM Medical Specialist Clinic	
Staff-manager relationship	Staff Engagement
Local community acceptance	Community Engagement
Staff acceptance	Staff Engagement
Local community acceptance	Community Engagement
Al-Islam Specialist Hosptal	
Staff acceptance/involvement	Staff Engagement
Patient acceptance	Patient Engagement
Community participation/acceptance in programs organized by the hospital	Community Engagement
PUSRAWI Hospital	
Patient feedback	Patient Engagement
Customer/patient complaint mechanism	Patient Engagement
Non-Muslim community acceptance	Community Engagement
MUIP Healthcare	
Staff/employer relationship	Staff Engagement
Feedback on opportunities given by employers to employees	Staff Engagement
Penang Adventist Hospital	
Doctor participation in charity work	Staff Engagement
Diversity of patients' religious background	Patient Engagement
Feedback from non-Malaysian patients	Community Engagement

Objective	Themes/category	Interview quotation	Related Document
To examine CKAPS, MOH understanding on sustainability concept for social-based healthcare institutions.	Social-based healthcare Social-based healthcare definition	"What does it mean to be a private provider, it has been mention in Section 2, Act 586 to define it. It includes privatize and corporatize government. So the private is not only the private whether it is an NGO, it is NPO, it is a ... for profit ... a non-profit ... this Act does not differentiate but there are conditions"- Dr Afida Ali "there have one purely non-profit or wakaf but there is another modus operandi that they set up the hospital for what it is, it still have a profit. Its just the profit they didn't allocated for the shareholder. So the profit is used to run the hospital. So in that case, the chargers is not reflected to the people. They said it was a non-profit but meaning of the non-profit is the shareholder does not take the profit. But they making a profit and how much of the profit ... we can't measure." – Dr Siti Zufina "...1st of all,we need to touch on that and somehow we need to try to correct the perception that philanthropic health initiatives is not the same as any other industry with philanthropic services. Because when we talk about healthcare, there are the things that you can't lower the standard. Because in healthcare, no matter what purpose, the main aim is patient safety and quality of care."- Dr Siti Khadijah Hawari	Section 2, Act 586
	Differences between a non-profit and for-profit healthcare provider	"It depends. As I mentioned earlier, there are 13 types of private Healthcare facilities and services. So in that case, most of them are no different except for hemodialysis and hospice. for hospice and hemodialysis it can also be applied by society registered under the society Act 1966 and the conditions must be for the purpose of non-profit. So our laws really do dictate, if it is a society, it cannot be for-profit. Haa ... it's there. But when it comes to hospitals, to care centers, to clinics, we do not differentiate whether it is for-profit or not-for-profit."- Dr Afida Ali	

		"..... When we talk about private sector, SBHI regardless of whatever institutions they are, they are still considered as a private."- Dr Siti Khadijah Hawari	
	Private hemodialysis and hospice registration under non-profit	"Ok, right there, near the bottom of table 12 (referring Act 586), at the rules ... YES .. for the private hospitals and other facilities or clinics at table 6. YES... there is a social contribution. So they should submit to us. So that's one ... but from the beginning ... from the beginning sometimes they declare. But for dialysis centers if the person promise us to give for a free services or pro bono to the patient so the chance for its establishment is higher. Yaaa.... in terms of when they asked for pre-establishment and they said that we intended for poor people whereby they dont have to pay, or even if the patient was to paid, it should be very minimal because the institution would get other sponsorships. It does not mean that the center would not get paid at all, but they may get money or subsidies elsewhere. Whether the subsidies were from a company or else, that one we will find out if they declare. From the beginning. But we are not taken it as a compulsory."- Dr Afida Ali	Act 586, Section 6(4)
	Indentification on healthcare facility category for a non-profit organization	"Act 586 is the same to all. This Act didn't set that since it is from the NGO, thus it has to low the standard. Even though many actually come to us, asking why are we so strict.....NO ... what we have is the minimum standard. Whether you go for profit or not, you should provide the minimum standard. So if you ask that how we want to recognize, one of the way is through self-proclamation. Through the submitted document. That's one. And second, sometimes we will see if they has any other documents confirming that you wants to go for non-profit. For example when they gets tax examption from the LHDN. haa ... because sometimes some people just declare they want to go for non-profit but actually they doesn't. So roughly we can identify by self declaration from the institution, from other agency documents that taking care for specific department or from the information provided by the public whether it was from the complainant or etc. That is why we ask you the question about the regulatory	

		framework because the scope of the Act 586 is huge. From the beginning of establishment until to close the operation. And then the operational. So we will get information from time to time. So the one that you need to refer is LHDN for example...or Audit Negara. Yes Audit Negara can. So they can provide more accurate information. Because even as I said, we will depend on the document. For example the organization, they claims that they are not for profit. So they really get the LHDN examption, so we accept it. But later to confirm it, Audit Negara will go and check. So Audit Negara that will say that even if they declares it is not for profit, they will be found out that they are not eligible for NPO ... yes ... not me." – Dr Afida Ali	
Sustainability for Social-Based Healthcare Perspective	Sustainability concept for social-based healthcare from regulator perspective Important features for healthcare facility establishment Sustainability concept in Act 586 Pre-establishment proposal Comprehensive planning for healthcare establishment	"Aaa... for me, its overall. If we look at Act 586, the main concerned is about planning. So, before that person wants to do anything...for example hospital..." before you want to build a hospital or whatever, you have to make a proposal. So the person who wants to build a hospital or whatever, you habe to make a proposal. So the person who wants to apply, they has to know what to do. So for example.... based on this Act, it have three important words 1) Services. What is the healthcare services they want to provide; 2) Facility... this facility includes equipment; 3) Healthcare professional. So if anyone is interested to build a hospital, they should think from the day one. So it will start from saying what is the service that they intend to provide.....to sustain, you should look back at the concept what you want to look at.... what is sustainability... what you want to look. If you say that only financialy sustain...let say in future we have a robot... for me if only finance or economy, its not enough. You need human resources. That human also not enough. You must have the qualification, training, experience... Okay. Because when we talk about wakaf, majority will only look at the free service".- Dr Aliza Ali "So, if you want to sustain, sustainability is not regarding on how to build the hospital or how to operate the hospital, but how you	

		want to sustain in the way that you have to maintain the cost of everything and at the same time you cannot neglected whatever your social initiative was."- Dr Siti Khadijah Hawari	
To investigate the sustainability practices for social-based healthcare institution in malaysia	Underlying principle of social-based healthcare	"Because in healthcare, no matter what purpose, the main aim is patient safety and quality of care. So that is why when we talk about the sustainability for the philanthropy of ideas or initiative, you can help in terms of social contribution or whatever, but the basic principles remain the same. Regradless you are a private which is private-based, NGO or any wakaf or etc, the basic is the same. Your facilities, your services, your personal need to comply. So, there you need to understand that whatever cost that incurred to the private, it will go same to you."- Dr Siti Khadijah Hawari	
	Financial Sustainability Practices Financial sustainability emelent implies in Act	"Aaa ... no. Because that is what I said earlier it implies. But if this applicant is not aware? That's what's have happen where in between they need to close. For example this applicant just excited ... because now many people are sick, they want to apply. Example like cancer. There are many cancer patient ok ...so ...they want to built. Without even realizing the cost is high."- Dr Afida Ali	
	Fees to estabslih and maintain	So if that person had applied, on the first day he applied without realizing that it was all too expensive and they would have a tendency to not proceed the procees. Haa ... same procedure even for a simple application. If they doesn't realize that they need an expert to provide that service ... they need a trained staff nurse too with a certain post basic so they don't have it. Otherwise they cannot renew the license. For a simple approach, for a renewal of license is every 2 years. So, they need to submit for renewal 6 months before the license expired.	
	Financial statement document	. Aaa .. so actually .. the person who was interested should have known since the first day. Likewise, we've asked you already.We're not the ones who tick it. We ask them so they can do the budget. Let's say you want to make 6 hemodialysis chairs	

		... 1 chair cost for how many thousand? So they need to provide us with financial statement for the establishment. So when they provide us with the financial statement, we know that they really understand what they say. If they put only RM1 in it, then it doesn't make sense. For example it is RM1 company .. then from where they get the money? Because we will ask for the financial statements."- Dr Afida Ali	
	Budgeting	"So,when they want to tell that ... you need to know every month how much you pay them. So then, I will not asking, how much you want to pay the doctor's salary. So we will see their account statement how much."-Dr Afida Ali	
	Detail on financial sources	"So we want the person who apply for it even though it is for Waqf, we dont have a problem. We even welcome people who want to do Waqf. But they need to know, from where they were going to get the source. Because they still need to pay even if they said it for Waqf, the experts who provide the service are not free. They ... are the ones who need to explain. Because otherwise how we want to approve it without the financial statements."-Dr Afida Ali	
	Comply with regulatory framework set by Act	So that's what I mean,we have many framework, it's just ... I ask my staff to print one slide where everything we discuss, everything is there. So the Act is very detailed and comprehensive.	
	Observation and enforcement from CKAPS	Yes ... it has to follow the process where its procedure depend on the facility renovation needs, thus they have to submit again the floor plan. But when it come to adding services, they need to tell us which healthcare professional they intend to add and so on. So that's what I mean,we have many framework, it's just ... I ask my staff to print one slide where everything we discuss, everything is there. So the Act is very detailed and comprehensive. Thats why I said before, its including before you develop then the operation until you close it....	
		One more thing if you want to put it later, maybe one more thing is just like the concept before, the person in charge has no	

		expertise in that field. So, when they are not expert in term of financial actually when I mentioned that it should be an expert, I want to relate it both. Its not only in the aspect of duniawi, but also in the afterlife, spiritual as well. In terms of that knowledge. At one side you learn how to run it such as in the aspect of its ledger, accounting.....operations ... You not only need to know from its cost only. But it's also about the way you should distribute it. So to me its about the person expertise...how they handle it.... when they wasn't there. So, when I see, any person who really sincere to do it, there will never an issues.	
	Floor plan	Yes ... it has to follow the process where its procedure depend on the facility renovation needs, thus they have to submit again the floor plan. But when it come to adding services, they need to tell us which healthcare professional they intend to add and so on. So that's what I mean,we have many framework, it's just ... I ask my staff to print one slide where everything we discuss, everything is there. So the Act is very detailed and comprehensive. Thats why I said before, its including before you develop then the operation until you close it....	
	<u>Social Sustainability Practices</u> Patient grievance mechanism	"And then it was about complaint. Based on the complaint or information. So for monitoring, we have a verification. Let say if they want to add the service, then we'll go for visit."- Dr Afida Ali	Section 36, Act 586
	Liscence and policy statement		Section 35, Act 586
	Engagement with the surrounding society		Section 105, Act 586
	Attitude among the initiator and management team	But that it is ... its management ... So how can it sustain? So the first thing is attitude ...	

	Healthcare experience and competence	One more thing if you want to put it later, maybe one more thing is just like the concept before, the person in charge has no expertise in that field. So, when they are not expert in term of financial actually when I mentioned that it should be an expert, I want to relate it both. Its not only in the aspect of duniawi, but also in the afterlife, spiritual as well. In terms of that knowledge. At one side you learn how to run it such as in the aspect of its ledger, accounting.....operations ... You not only need to know from its cost only. But it's also about the way you should distribute it. So to me its about the person expertise...how they handle it.... when they wasn't there. So, when I see, any person who really sincere to do it, there will never an issues- Dr Afida Ali	

APPNDIX F: SCHEDULE/ FRAMEWORK FROM CKAPS. MOH.

Non NIH Researcher/ Investigator, Not Requesting for Grant, Using MOH Facilities, Data and/or MOH Patients.

<table>
<tr><td>TIME</td><td colspan="6">BEFORE OPERATION</td><td>CERTIFICTE</td><td colspan="8">ON OPERATION</td><td>AFTER CLOSURE</td></tr>
<tr><td>Requirement</td><td colspan="6">Comply with Section 3 & 4, Act 586</td><td colspan="10">Comply with Act 586 and its subsidiary legislation</td></tr>
<tr><td colspan="18"></td></tr>
<tr><td rowspan="2">Approval Procedure</td><td>Registration</td><td colspan="3">Form A</td><td>Inspection</td><td>Form B/C; Form F/G</td><td colspan="3">NA</td><td>Amendment Form B/C; F/G</td><td>Form D (to transfer)</td><td>Duplication (Form B,F,C,G)</td><td>Form E (to dispose)</td><td rowspan="2">Preserve Patient Medical Record/ Patient Care Data (Limitation Act 1953 [Act 254]</td></tr>
<tr><td>Licensing</td><td>Pre Establishment (No Objection Letter)</td><td>Form 1 (Form 2)</td><td>Form 3</td><td>Inspection</td><td>Form 4/7</td><td>License Renewal (every 2 years)</td><td>Inspection</td><td>Form 5 (Extention Form 6)</td><td>Amendment Form 4/7/6/2/10</td><td>Form 8 (to transfer)</td><td>Duplication (Form 2,10,4,7,6)</td><td>Form 9 (to dispose)</td></tr>
<tr><td colspan="18"></td></tr>
<tr><td>Surveillance/ Monitoring</td><td colspan="6">13 TYPES OF PRIVATE HEALTHCARE FACILITIES</td><td>Written policies, stds. Procedures, G/line & Quality Assurance Programme</td><td>Statistical/ Data/ Information Submission</td><td>Grievance Mechanism (Complaint Mx)</td><td>Incident Reporting</td><td>Assessable Death Notification</td><td>Committees</td><td>Social/ Welfare Contribution</td><td>NA</td></tr>
<tr><td colspan="18"></td></tr>
<tr><td rowspan="2">Regulate/ Control</td><td colspan="6" rowspan="2">Approval Procedure</td><td colspan="7">Approval Procedure</td><td rowspan="2">Register</td></tr>
<tr><td>Section 112</td><td>Show Cause Notice</td><td>Written Notice</td><td>DG's Directive</td><td>YB MK's Directive</td><td>Board of Visitors</td><td>BOM & MDAC</td></tr>
<tr><td colspan="18"></td></tr>
<tr><td rowspan="3">Enforcement & Action</td><td colspan="6"></td><td colspan="11">Undercover, Raid (with/without warrant); Investigation; Prosecution</td><td></td></tr>
<tr><td colspan="6" rowspan="2">N/A</td><td colspan="11">Compound</td><td rowspan="2">N/A</td></tr>
<tr><td colspan="11">Warning/ Direction/ Temporary Closure; Suspend or Revoke the Approval, Licence or Registration</td></tr>
<tr><td colspan="18"></td></tr>
<tr><td>Liable Person</td><td colspan="6">Any Person</td><td colspan="11">Certificate Holder/ Licensee; or Person in charge (unless specified)</td><td>Certificate Holder/ Licensee/ Any Person</td></tr>
</table>

Regulatory Framework Under Act 586