

JOTS FROM THE MANAGEMENT



Dear Readers,

Welcome back to Voices of CompuMed.

Thank you for your continuous interest and taking time to read our newsletter that is jointly produced by our fellow colleagues.

Here, I would like to take this opportunity to welcome all our new comers in CompuMed and extending the ever growing family of CompuMed. At half way through the year, we are looking towards progressing and continuously growing towards our set goals and objectives. I am very pleased to announce that we are on track with our targets and we will all continue to strive for betterment.

Please take time off to enjoy and relax. Remember, health is wealth! To all our readers, happy reading and see you in the next issue.



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ACCESSORY BREAST

Compiled by Leh Ha

Introduction

Accessory breast tissue is residual tissue that persists from normal embryologic development. During the fifth week of embryologic development, an ectodermal primitive milk streak forms along the ventral surface of the body extending from the axilla to the inguinal region. From this streak, a mammary ridge develops in the thorax.



Incomplete involution anywhere along the primitive milk streak can result in accessory or ectopic breast tissue. Accessory breast tissue can present as a mass anywhere along the course of the embryologic mammary streak. Aberrant or ectopic breast tissue has been reported to arise from extra sites, including the face, posterior neck, chest, buttock, vulva, hip, shoulder, posterior and/ or lateral thigh, perineum, as well as the midback.

Epidemiology

Accessory breast tissue are found in 2-6% of women.

Clinical presentation

Accessory breast tissue is most frequently found in the axilla and may be bilateral. The accessory breast tissue may range from a subcutaneous focus of breast tissue to a full structures that include a nipple and areola.

Accessory breast tissue is not usually identified at a young age. It responds to hormonal stimulation and may become more evident during menarche, pregnancy, or lactation. Ectopic breast tissue has been known to change size cyclically with menstruation, to increase in size during pregnancy, and to lactate while nursing. Discomfort, pain, milk secretion, and local skin irritation can occur.

Classification

Accessory breast can consist of any or all components of breast and may be functional or non-functional. There are 8 classifications system established by Kajava in 1915 for supernumerary breast tissue is still valid till today.



Class 1: consists of a complete breast with nipple, areola, and glandular tissue.

Class 2: consists of nipple and glandular tissue but no areola.

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World Humanitarian Day

Compiled by Chung Paik San

World Humanitarian Day is commemorated on 19 August each year. It is a collaborative global celebration of humanitarian aid work joining the United Nations and over 500 national and international NGOs, aimed at engaging and inspiring the general public to get involved.

The General Assembly of the United Nations adopted in its Plenary Session on 11th December 2008, the Swedish sponsored Omnibus Resolution on "Strengthening of the Coordination of Emergency Humanitarian Assistance of the United Nations", that carried the historic decision by the world body, to designate the 19th August as World Humanitarian Day to honor all humanitarian and the United Nations and associated personnel who have lost their lives in the cause of duty and those who have worked in the promotion of the humanitarian cause. The Resolution invites all Member States, the United Nation system, within existing resources, as well as other international organizations and non-governmental organizations to observe the day annually in an appropriate manner. This is a major historic landmark for the Humanitarian Sphere and a great gain for all victims of armed conflict.

As a background to this landmark resolution, the family of Sergio Vieira de Mello, the late Special Representative of the Secretary General in Iraq, deeply moved by the tragic bombing of the Headquarters of United Nations in Baghdad on 19th August 2003 that killed Sergio and 21 of his humanitarian colleagues, resolved to work towards having the day recognized as a befitting tribute to

all humanitarian personnel. In 2004 Madame Annie Vieira de Mello the widow of Sergio initiated discussions with key personalities in the United Nations and a number of governments to designate the day as the World Humanitarian Day. Based on this concept, in early April 2008 the Board of the Sergio Vieira de Mello Foundation prepared a draft Resolution to be sponsored and adopted by the General Assembly designating 19th August as World Humanitarian Day. France, Switzerland, Japan and Brazil, contacted with the draft Resolution, agreed to co-sponsor it. They led its long and extensive debate and revision in the General Assembly. The family of Sergio and the Board of the Foundation remained engaged with following up the process. Eventually the draft Resolution was folded by the co-sponsors into the omnibus Swedish draft Resolution that was adopted by the General Assembly on 11th December.



The family of Sergio Vieira Mello supported by the Board of the Sergio Vieira de Mello Foundation is deeply grateful to all the Member States for adopting the historic Resolution and to the Governments of France, Switzerland, Japan, Brazil and Sweden for co-sponsoring the Resolution. The Board is committed to working closely with all governments, the United Nations, International Organizations and Non-Governmental Organizations to give the day a meaningful observance every year.

The Importance of Water to Life

Compiled by Chung Paik San

The importance of water can't be overstated when it comes to life on Earth. Over 70% of the Earth is covered in water, and without water there simply is no life. There are many life forms that can live with very little water, but nothing living on Earth exists without water. A fluid is needed for the transportation of the nutrients that are required by all living things. All life on Earth uses water as this fluid medium.

Possibly greater than the importance of water itself, is the importance of clean water. Most living things require a certain type of water to live. For example, fish in the ocean need salt water. Moreover, different fish live at different depths because they've adapted to a particular level of salt in the water combined with the temperature at that level. If that water isn't clean, that balance changes and those life forms have a more difficult time surviving.

Humans require very clean water to live. We must have water that is free of chemicals and diseases. Various other life forms can live on different levels of cleanliness in their water, but wild changes in the type of water ingested can severely affect any living thing. Increasing the contaminants and chemicals in water sources can throw entire ecologies out of whack, killing the life within in

them. This illustrates the importance of water to life and it shows why clean water is so important; it's our job as humans to do what we can to keep these contaminants out of the water.

How can you demonstrate your knowledge of the importance of water? Doing some simple things on a day to day basis can help you can do to help keep water clean for every living thing. For example, don't dump chemicals and contaminants down the drain. This may seem like common sense but it happens every day. People dump things like anti-freeze, motor oil and other contaminants down the drain or right on their lawn (this includes pesticides!) because it's easier for them. These people are lazy and they obviously don't understand the importance of water. Don't be that guy. There are appropriate places to dispose of these chemicals either at your local mechanic, or a hazardous waste facility.

These are just a few things that demonstrate the importance of water. As humans, we do the most damage to our water supply, and it is up to us to do small things to make big changes in the cleanliness of Earth's water.



ACCESSORY BREAST

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- Class 3: consists of areola and glandular tissue but no nipple.
- Class 4: consists of glandular tissue only.
- Class 5: consists of nipple and areola but no glandular tissue (Pseudomamma).
- Class 6: consists of a nipple only (Polythelia).
- Class 7: consists of an areola only(Polythelia Areolaris).
- Class 8: consists of a patch of hair only (Polythelia Pilosa).

Research /Studies

Some studies believe that patients with accessory breast tissue may also be more prone to other congenital anomalies. Although there is some dispute over the findings, research indicates a correlation between ectopic breast tissue and urogenital abnormalities. Urogenital anomalies occur in 1%-2% of the general population, whereas an estimated 14.5% of patients with accessory breast tissue have been diagnosed by ultrasound with kidney and /or urinary tract abnormalities. This high association has led some researchers to suggest that there may be a common supernumerary breast tissue/ renal field defect. Accessory breast tissue has also been associated with underlying cardiovascular disorders, although the relation between the two has yet to be definitively established. Congenital heart anomalies with pulmonary hypertension, cardiomyopathy arising from myocardial infarction, and systemic hypertension are notably related to polythelia. Ectopic breast tissue in patients is an important cutaneous indicator of conduction system abnormalities, such as bundle branch block or third degree heart block.

Both benign and malignant diseases of accessory breast tissue as in

normal breast have been described.

Cases of accessory or ectopic breast with benign cystic changes, benign tumors(adenomas and fibroadenomas) and carcinoma are documented. Ductal carcinoma is the most frequent subtype reported. Medullary breast cancer, cystosarcoma phylloides, extramammary Paget's disease, and papillary carcinoma have all been reported in accessory mammary tissue.

Treatment

The treatment of choice for symptomatic accessory axillary breast tissue is surgical excision.

International Coding of Disease (ICD 10)

Q 83.1

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(Source: www.askartsolutions.com)

Audit Evidence

During the audit, information relevant to the objectives, scope and criteria, including information relating to the interfaces between functions, activities and processes, should be collected by appropriate sampling and should be verified. Only information that is verifiable may be audit evidence. Audit evidence should be recorded. The audit evidence should be based on samples of the available information. Therefore, there is an element of uncertainty in auditing, and those acting upon the audit conclusion should be aware of this uncertainty.

The purpose of an audit is to collect audit evidence to permit audit findings and by evaluating the evidence against audit criteria and then reviewing all individual findings to reach an overall audit conclusion about the degree of conformity and effectiveness of the quality management system. Auditors must not allow their opinions or prejudices to influence decisions.

Techniques to obtain objective evidence include:

Interview People:

- that manage, perform, and verify activities
- with responsibility and authority for work

Observe Operations:

- for identification, status, condition, flow, and operation of:
- facilities, materials, product, equipment, processes, and tasks

Review Documents:

- pertaining to processes and activities
- for details of why, who, **what, when, and where**

Examine Records:

- for objective evidence of implementation of:
- processes, activities, controls, inspections, and tests

Evaluate Results:

- to summarize and analyze the audit observations
- to determine the effectiveness of the quality system



Pre-Marital Screen: Why Is It Important Before You Say, "I DO"

Compiled by Dr. Kamallesh

Shoes – check.
 2nd fitting of Gown – check.
 Bridesmaids tailored outfits – check.

With only 3 months to go before the big day, you tick off the items on your mental checklist and seem to have gotten everything down to the smallest detail. But there is still that nagging sense of something amiss which irritates the living daylight out of the bridezilla that you are!

Often, excited couples are too busy preparing themselves to be the bride and groom, that they overlook preparing themselves to be husband and wife. As much as wedding preparations take time and effort, so does marriage preparation; essentially, ascertaining your marital health as a couple.

Most of us are not fully aware of our state of health. Even if you or your partner have never had any health problems in the past, you may be a silent carrier of infectious or hereditary disease, which, if expressed, could affect your children once you choose to conceive.

What is Pre-Marital Screening?

Pre-marital screening consists of a group of tests meant for couples considering marriage or starting a new family together. These tests serve to detect potential health problems, particularly chronic infectious diseases, sexually transmitted diseases and hereditary disorders, which may affect your future children. Pre-marital screening offers you the peace of mind you deserve for you and your future children's health.

3 Important Reasons

1. Detection of hereditary disorders

Pre-marital screening enables you to firstly assess your general health status and rule out carrier status of genetic disorders. It enables you to identify hereditary conditions that may affect your future children e.g. Thalassaemia; a common and also easily detectable hereditary blood disorder. Carriers of Thalassaemia usually do not exhibit any symptoms. However, when both you and your partner are carriers, there is a chance that your children may inherit a particularly severe form of the disease which requires lifelong blood transfusion. Early detection of the disease and genetic counselling may enable you to make a decision if you should go ahead with the marriage or pregnancy.

2. Detection of infectious diseases

Pre-marital screening also helps rule out carrier status of potentially life-threatening infectious diseases like the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). Although the modes of transmission for HBV are the same for HIV, the World Health Organization (WHO) notes that HBV is 50 - 100 times more infectious. HBV can be passed from mother to baby during birth. Therefore, it is imperative to safeguard yourself from these potentially life-threatening diseases with simple screening.

3. Evaluate a woman's readiness for child bear

Engaging in pre-marital screening also helps detect viral infection

like Rubella (German measles) and Varicella (Chickenpox). Both Rubella and Varicella are highly contagious viral infections, with transmissions through air or by direct contact, which can turn serious when the infection occurs in pregnant women, especially in the first 20 weeks of pregnancy. The results of the pre-marital screening will enable the couple to make an informed decision to consider vaccination before conception.

How does it work?

In a pre-marital screening, a complete medical history will be taken to assess pre-existing medical conditions and family history of hereditary diseases or abnormal children. A physical examination is then done. Investigations may include, for the female, a Full Blood Count, HBV screen, Rubella screen, Varicella (chickenpox) screen and checks for sexually transmitted diseases. Investigation for the male patients may include the first four named above.

If a patient has no protection for HBV and Rubella, she may want to consider vaccination before conception. This is especially so for Rubella as a gynaecologist may recommend abortion if the patient were to contract the disease during pregnancy.

The Peace of Mind You Deserve

Pre-marital health screening offers you the peace of mind you deserve for you and your future children's health.

You may be ready for the big day.

But are you ready for the lifetime ahead?

Glossary of Essential Pre-Marital Health Screening Tests

Hepatitis B Screen

(To detect for acute and chronic hepatitis B infection)

Hepatitis B is a potentially life-threatening liver infection caused by the Hepatitis B virus. It is a major global health problem and the most serious type of viral hepatitis. It can cause chronic liver disease and puts people at high risk of death from cirrhosis of the liver and liver cancer. The virus is transmitted through contact with the blood or other body fluids of an infected person - not through casual contact.

Human Immunodeficiency Virus (HIV) Screen

(To detect and diagnose HIV infection)

The human immunodeficiency virus (HIV) infects cells of the immune system, destroying or impairing their function. Infection results in the progressive deterioration of the immune system, leading to "immune deficiency." Early treatment of HIV infection and immune system monitoring can greatly improve long-term health. Also, knowing your HIV status may help you change



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Pre-Marital Screen: Why Is It Important Before You Say, “I DO”

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behaviour that would put you and others at risk.

Venereal Disease Screen

(To screen for and diagnose infection by the Treponema pallidum, the bacterium that causes syphilis)

Syphilis is a sexually transmitted disease (STD) caused by the bacterium Treponema pallidum. Many people infected with syphilis do not have any symptoms for years, yet remain at risk for late complications if they are not treated. The syphilis bacterium can also infect the baby of a woman during her pregnancy.

Varicella (Chickenpox) Screen

(To detect and screen for Varicella)

Varicella (Chickenpox) is an acute, highly contagious disease transmitted via droplets, aerosol or direct contact and causes an itchy rash. If a woman develops chickenpox at any point during pregnancy, she is at risk of potentially serious complications.

Rubella Screen

(To detect and screen for Rubella)

Rubella, also known as German measles, is a highly infectious

viral infection transmitted by the respiratory route. Congenital rubella syndrome (CRS) is an important cause of severe birth defects. When a woman is infected with the rubella virus early in pregnancy, she has a 90% chance of passing the virus on to her foetus.

Peripheral Blood Film

(To determine if red blood cells, white blood cells and platelets are normal in appearance and number)

To help diagnose a range of deficiencies, diseases, and disorders involving blood cell production, function and destruction, such as anaemia, thalassaemia and leukaemia.

Thalassaemia Screen

(To detect and screen for Thalassaemia)

Thalassaemias are genetic disorders that cause decreased and defective production of haemoglobin, a molecule found inside all red blood cells (RBCs) that transports oxygen throughout the body.



Is serving your customers faster really better?

Compiled by Chong Hui Ling

Many organizations use waiting time and processing speed as key measures of service quality. This is fine – as long as they don't become [the only metrics that matter](#). An obsession with such 'numbers' can make you lose sight of what is important: how your customers experience what you are doing for them rather than how efficient your systems and processes are.

A telecommunications provider wanted to ensure customer queries were handled quickly. Therefore, it introduced a metric in its contact center where the performance of customer service agents was evaluated on 'call time' – how long agents took to 'close' a call from a customer. The result: whenever a call appeared to be about an issue that would take time to resolve, agents looked to either escalate the case or re-direct the query. Anything they could do to get the customer off the phone as quickly as they can.

This is similar to another metric commonly used in call centers: "average handling time", and to many other metrics that organizations use, where the focus is on 'how fast we can respond'. Such metrics are rooted in productivity, inward looking and based on the assumption that all customers value 'speed' above everything else.

As these metrics become entrenched in an organization, they usually drive everyone's focus inwards. Attention zooms in on eliminating waste, reducing defects and increasing productivity – in processes and systems. One well-known software company even has a jargon for getting customers off the phone—their call

it "slamming calls". Think about the customer experience on the other end of that call. Now that *is* real waste!

In a world where products are commoditized faster than ever before, and processes are easily copied, service is the domain where an organization can achieve sustainable competitive advantage.

Organizations should stop obsessing about what works for processes and systems in the domain of improving 'service'. What is more urgent is the need to build a culture that emphasizes [an outside-in perspective](#). 'How we can improve what we do' is only valuable when it is guided by ['are we doing what our customers truly value?'](#) Some customers do value time above all else, but others want patience, education, to feel appreciated, encouraged or understood. Some value flexibility and options, others want their problems solved with just one call ... no matter how long it takes.

Where speed truly matters is how quickly you build a culture where everyone is focused on creating more service value. Not how fast you process the next customer.



Medical Investigation

By Wong Leh Ha

Clinical Scenario

A 23 year old girl was admitted with worsening symptoms with pain & swelling of her Right armpit for one month. Her admitting diagnosis was R Axillary Lump.

She was planned for excision of the lump. An appeal for Medical Report Part 2 was put forth to the hospital as there was no diagnosis indicated

As the treating specialist was unable to provide a final diagnosis upon discharge the HPE report was requested. The HPE report was consistent with features of an **accessory breast**.

A letter of decline was issued to the hospital as the final diagnosis falls under the insurers exclusion clause : **Any treatment or surgical operation for congenital abnormalities or deformities including hereditary condition.**

Conclusion

Please be informed that an accessory breast (ICD Code Q83.1) is a congenital condition that falls under policy exclusion.

Grace's Diary

After the hospitalization, I only realized that we have to manage our health condition in good hand. When it is gone, God won't be able to return it to you. Pay attention to the signals from your body and mind. There are the most important indicators.

We tend to missed out the messages sent from our body due to busy work schedule, eventful personal life and etc. However, it is time for you to calm down and respond to the messages.

Thinking of what you have been done for your health condition so far. A spa session to relax your tired body, a travelling to escape from stress, or a proper medical checkup to see how well you are doing.

Don't be afraid to give yourself a check. Prevention is better than cure. Health screening can be invaluable in detecting potentially life-threatening illnesses such as cancer, heart disease and diabetes before they can do serious damage.

By giving yourself a specific information about the health risks that affect you personally; it is a powerful incentive to take positive action - either to seek treatment or to make changes in the way you live.

Now, I'm back to my workplace. After 2 months absent from office, there are a lot of stuff that I need to catch up. However, I have my own lesson learnt. When you are at work, do work. When you at leisure, do PLAY! :) But have to take good care yourself!

FAMILY DAY 2011

By Chong Hui Ling

July 30, 2011 is just another lazy Saturday morning for most people, but not for the staff of CompuMed. It was the day that everybody was eagerly looking forward to - CompuMed's family day and it was held at the wonderful Commonwealth Forest Park & Resort, Rawang. The heavy rain in the morning caused some worried faces among the committee members as it was still drizzling when we gathered for the event. It was more like the showers of blessing as it soon stopped when we started the family day events and we had have lots of excitement under the clear blue sky.

Staff and family members were divided into five teams namely Dragon, OmSys, HIMS, Jasper & Red Mine. All in all, six games were line up. Games that involved mental skills, physical endurance tests, and not forgetting creativity. Kids were participated in Art Attack to show their coloring talent and CompuMed Idol 2011 given a chance for the participants to show off their singing talent.



The whole event ended at about 3:00pm with OmSys, Dragon and Jasper team being declared the winning teams and they were rewarded with prizes for their efforts. We would like to take this opportunity to thank our business associates for their generosity in sponsoring the door gifts and lucky draw items. Win or lose didn't matter. The most important fact was that everybody had so much fun and laughter. A day where we can forget about our work in the office and purely enjoy the event and each other's company.



About CompuMed






CompuMed was established in 1998 to provide business process outsourcing in healthcare administration and management to individuals and corporate organizations, and third party administration services to insurance companies.

At CompuMed, we provide a "one-stop integrated services center" to cater for our customers needs to acquire (or access) to health care attention and services which include primary, secondary and tertiary care. We provide inpatient services (admission & discharge), outpatient services (at GP and specialists centres), other allied services (dental, optical, maternity), claims administration, medical investigations and data management through our 24 hours call centre and homegrown proprietary information system.

In tandem with the rapid expansion of health industry and increasing demand of health management services nationwide, CompuMed has stationed its branch offices in Penang and Sabah to satisfy and meet the current needs and requirements of corporate clients and panel hospitals alike.

We pride ourselves with services rendered and in our endeavor to maintain delivery of standards by attaining the MSC Status Company in 2006 and the UKAS/DMS ISO 9001:2008 Certified Managed Care Organization in Health Scheme Benefits Manager and Third Party Administrator in 2005. CompuMed is also registered with both the Ministry of Health and Ministry of Finance of Malaysia.

Our Solutions :

- | | | | | |
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