



**STANDARDS**  
MALAYSIA



# EVOLUTION OF THE NATIONAL HEALTHCARE ACCREDITATION IN MALAYSIA

**Assoc. Prof. Dr. M.A. Kadar Marikar**  
**Chief Executive Officer, MSQH**

# **PRESENTATION OUTLINE**

- 1.Introduction on Malaysian Healthcare and Quality in Healthcare :Direction and Strategies.**
- 2.Quality Improvement Activities in Action.**
- 3.Regulatory, Statutory requirements and Enforcement.**
- 4.Development of the National Accreditation Program .**
- 5. Performance, Success and Challenges.**

# INTRODUCTION

Statistics	
POPULATION (2013)	28.3 million
Life expectancy male (2010)	71.9
Life expectancy female (2010)	77
Annual population growth rate (2011)	1.3
Total expenditure on health per GDP (2009)	4.96%
MOH Hospitals & Institutions (2017)	148
Private hospital s (2017)	320



# MALAYSIAN HEALTH SECTOR:

## MINISTRY OF HEALTH

Inpatient care services

- Total 148 hospitals

- Primary

- Secondary

- Tertiary

- Specialized services

(Range of beds 40-1500)



## Public Health Services

### Out-patient services:

- Health Centres (10,000 population)
- Community Clinics (2,000 population)  
(Estimated every 5 kilometers radius -> 1CC)
- In remote areas: Flying Doctors Services.

### Preventive and Health Promotion services

**Medical Training Institutions-University Hospitals: 3**

**Ministry Of Defense: 4 Hospitals.**

## **Private Sectors**

- **Private Hospitals: 320 (Range of beds 2-350 beds)**
- **Private Medical clinics: 6000**
- **Maternity Centres :**
- **Hemodialysis centers :**
- **Day care centers :**
- **Nursing Homes:**

**Corporatised Hospital : National Heart Institute (IJN)**  
**323 beds.**

# Ministry of Health Malaysia

- Provides the leadership and direction for the healthcare industry in the country.
- Enforcement arm
- Driver for Safety and Quality improvement activities in the country.
- Plans for the future development of healthcare services through the 5 year Malaysia Plans. (with participation of public and private sectors, professional bodies and consumers).

# Strategic Plan For Quality

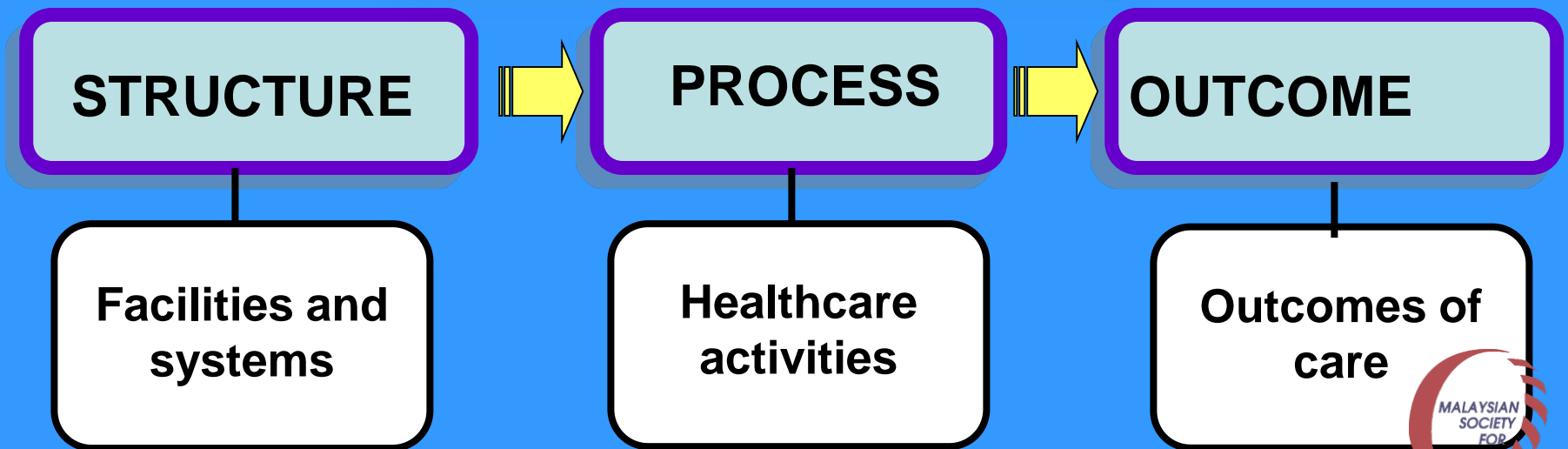
- **Late 1996 & 1997: Evaluation of 17 Quality Initiatives in MOH was carried out at National Level.**
- **Outcome of the evaluation was deliberated in March 1998 National Conference on Quality in Health Care .**
- **A Strategic Plan for Quality was developed and implemented.**



# QUALITY MEASUREMENT FRAMEWORK



# OPERATIONAL MODEL



# Quality Improvement Activities in Action Hospital-wide.

- **1986 Ministry of Health: Introduction of National Quality Assurance Program:-**  
put in place the various QI Activities in all hospitals and programmes.
- **These are the “building blocks” of organisational performance and monitoring systems**
- **Focus on providing quality safe patient care**

# QUALITY IMPROVEMENT ACTIVITIES IN MALAYSIAN HOSPITALS

- NATIONAL INDICATOR APPROACH (NIA)
- HOSPITAL SPECIFIC APPROACH (HSA)/
- DISTRICT SPECIFIC APPROACH (DSA)
- MATERNAL MORTALITY REVIEW/
- PERINATAL MORTALITY REVIEW
- PERIOPERATIVE MORTALITY REVIEW (POMR)
- MEDICAL AUDIT
- TOTAL QUALITY MANAGEMENT
- QUALITY CONTROL CIRLCE
- QUALITY CONTROL
- INFECTION CONTROL
- CLINICAL PRACTICE GUIDELINES (CPG)
- INCIDENT REPORTING
- CORPORATE CULTURE
- CLIENT'S CHARTER
- INNOVATIONS
- RENAL REGISTRY
- Credentialing and Privileging
- Specialist Register

# **ACTS , REGULATIONS AND ENFORCEMENT**

- **PRIVATE HOSPITALS ACT 1971  
(amended 2016)**
- **PRIVATE HEALTHCARE FACILITIES  
AND SERVICES ACT 1998**
- **REGULATIONS 2006**
- **Others Related to Healthcare services  
(29)**

# FRAMEWORK FOR MEASUREMENT OF PERFORMANCE

Quality	Structure	Process	Outcome	
Amenities	Patients Satisfaction Survey		Patients Satisfaction Rate	Quality in patients eyes
Interpersonal				
Technical	REGULATORY	Quality Improvement Activities	Performance indicators	Quality in the providers eye

# **Building, Sustaining and Uplifting Organizational Quality and Accountability**

**Accreditation  
Of Healthcare  
Facilities and  
Services**

**Tool to  
=Demonstrate  
Hospital-wide  
Accountability**

# Establishment : National Accreditation Programme

- **1995:** MOH initiated a national meeting with the – APHM, Medical Universities ,Medical Associations and Professional Bodies to discuss on the development of National standards for healthcare services
- **Consensus:**
  - to develop national standards
  - To establish a voluntary national accreditation programme managed by a non government healthcare professionals through a not for profit organisation .

-



# Between 1995 and 1997

Establish working groups to

- develop standards
- form the organisation and register as a legal entity- Birth of **MSQH** as the national accreditation body for healthcare facilities and services.
- Seek WHO support
- Develop the accreditation process



**WHO  
CONSULTANT**

**MOH**



**MMA**

**PARTNERSHIP  
&  
CONSENSUS**

**Development  
of  
Standards**

**COLLABORATION  
&  
SUPPORT**

**MSQH**



**APHM**



**UNIVERSITIES**

# Between 1998 and 1999

- Hospital service Standards finalised after national consensus. (Published in national media for comments)
- Assessment tools developed
- Pilot test in 2 Public and 2 Private Hospitals
- Identified the 1<sup>st</sup> Hospital to be surveyed
- Conduct on site training for the hospital staff
- Conduct 1<sup>st</sup> surveyors training in a Private hospital.

# Memorandum of Understanding

1<sup>st</sup> October 1999

**MOH**



**MMA**



**PARTNERSHIP  
&  
CONSENSUS**

**COLLABORATION  
&  
SUPPORT**

## The Malaysian Healthcare Accreditation Program

**MSQH**

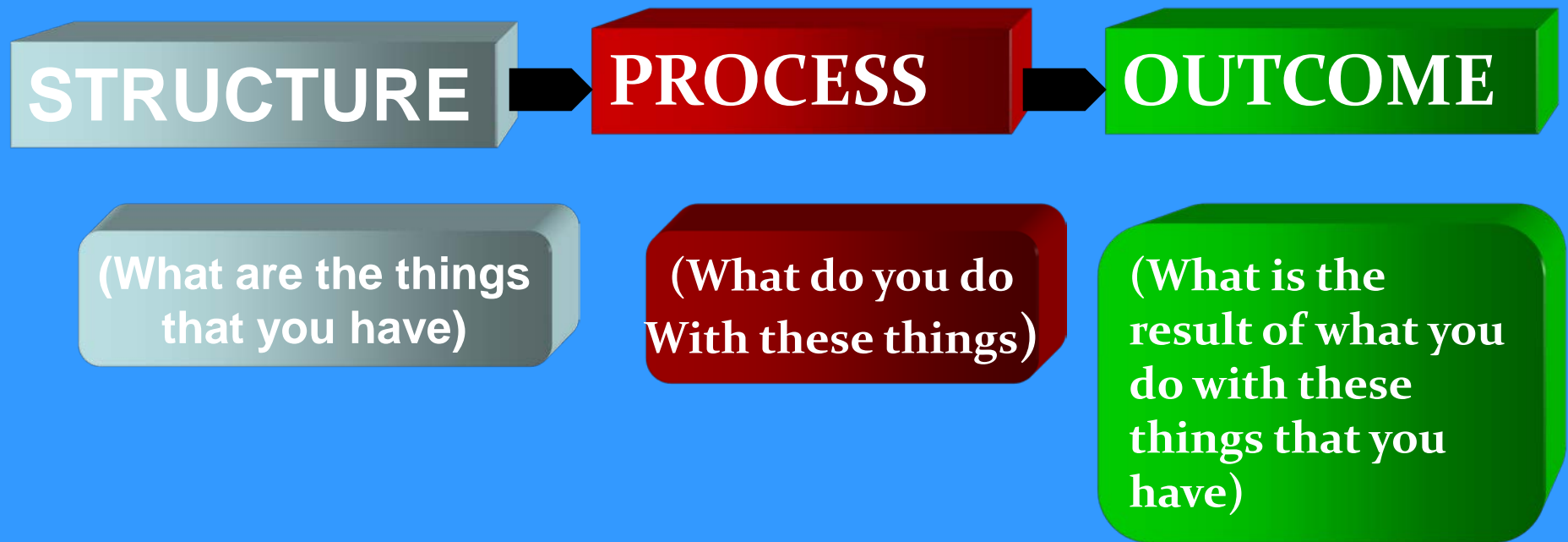


**APHM**



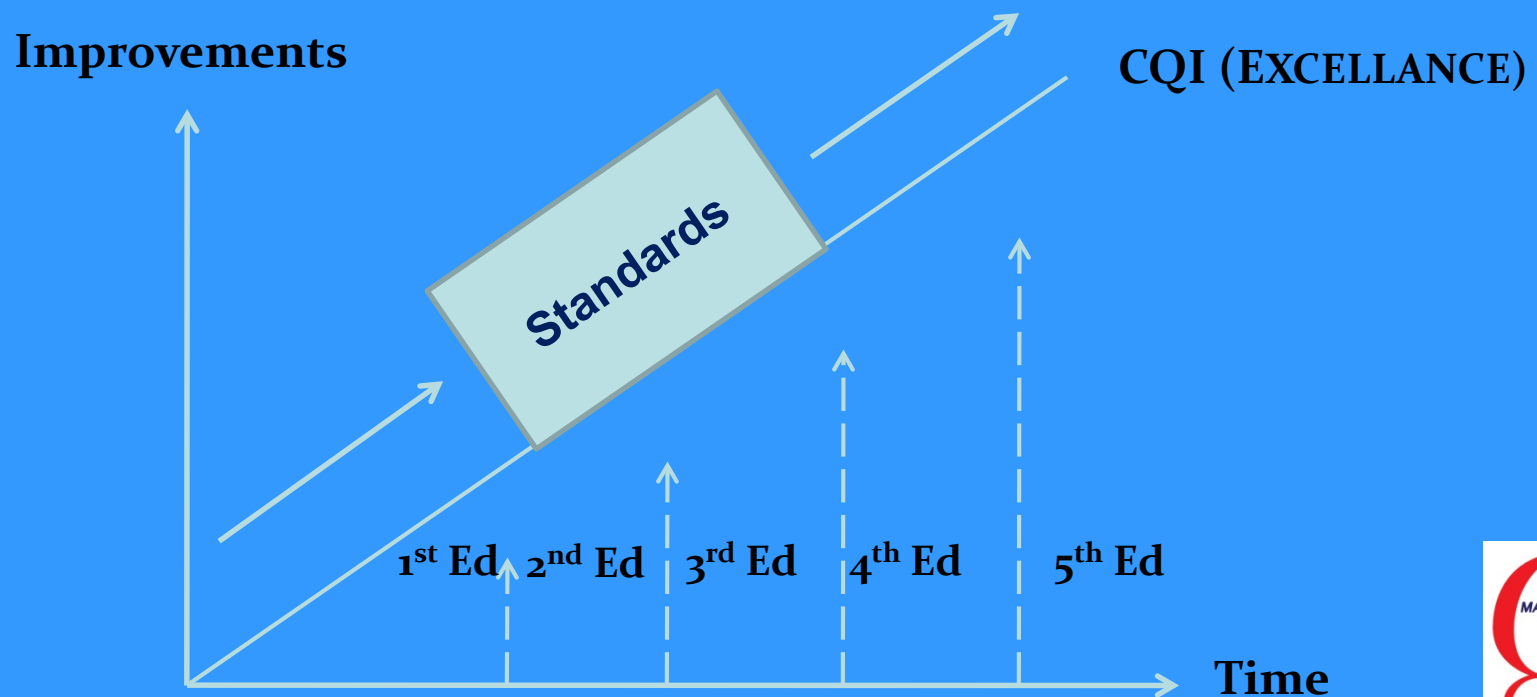
**Active Participation of the Public, Private Sectors  
& Professional Organisations**

# Framework for the development of MSQH Standards

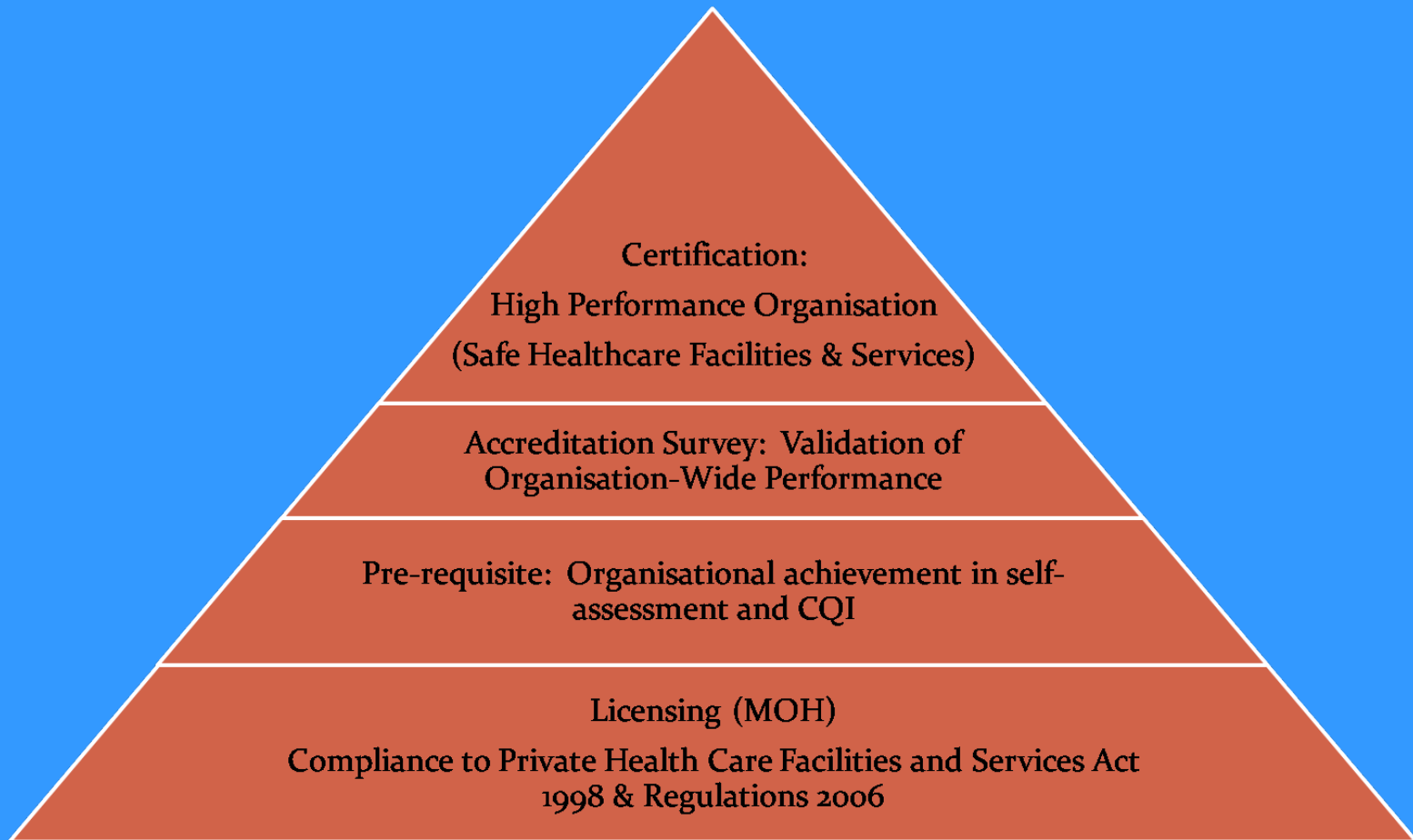


# Quality Improvement in Accreditation Programs

- Improvement gradients are embedded into the healthcare accreditation process



# MSQH Certification Roadmap



# PHILOSOPHY of MSQH

## Hospital Accreditation Program



Educational-Peer Review  
Creating Quality Culture  
Continuous Quality Improvement  
Enhancing Patient Safety

Educator Enabler Evaluator





# Expected Outcomes of Accreditation Process

Creation of Culture of Quality and Safety through:

- National Leadership**
- Good Corporate Governance**
- Good Clinical Governance**
- Enhancing Patient Safety by having:**
  - a. Safe structures and equipment
  - b. Safe working environment
  - c. Safe staff
  - d. Safe practices/process/identification of risks
  - e. Safe patient outcomes

# HOSPITAL ACCREDITATION

First Public Hospital Surveyed (September 1999) and Awarded the Accreditation Certificate by The Honorable Minister of Health in 01.02.2000.



# National Recognition

1. Ministry of Health 2006



2. Standards Malaysia 2009



3. Malaysian Health Tourism Council 2014



# International Recognition

- Organization accredited by ISQua from 2008- 2012, 2012-2016, 2016- 2020.
- Standards accredited by ISQua from 2008-2012, 2012- 2016, 2017-2021
- Surveyors Training Programme accredited by ISQua from 2011-2015, 2016-2020

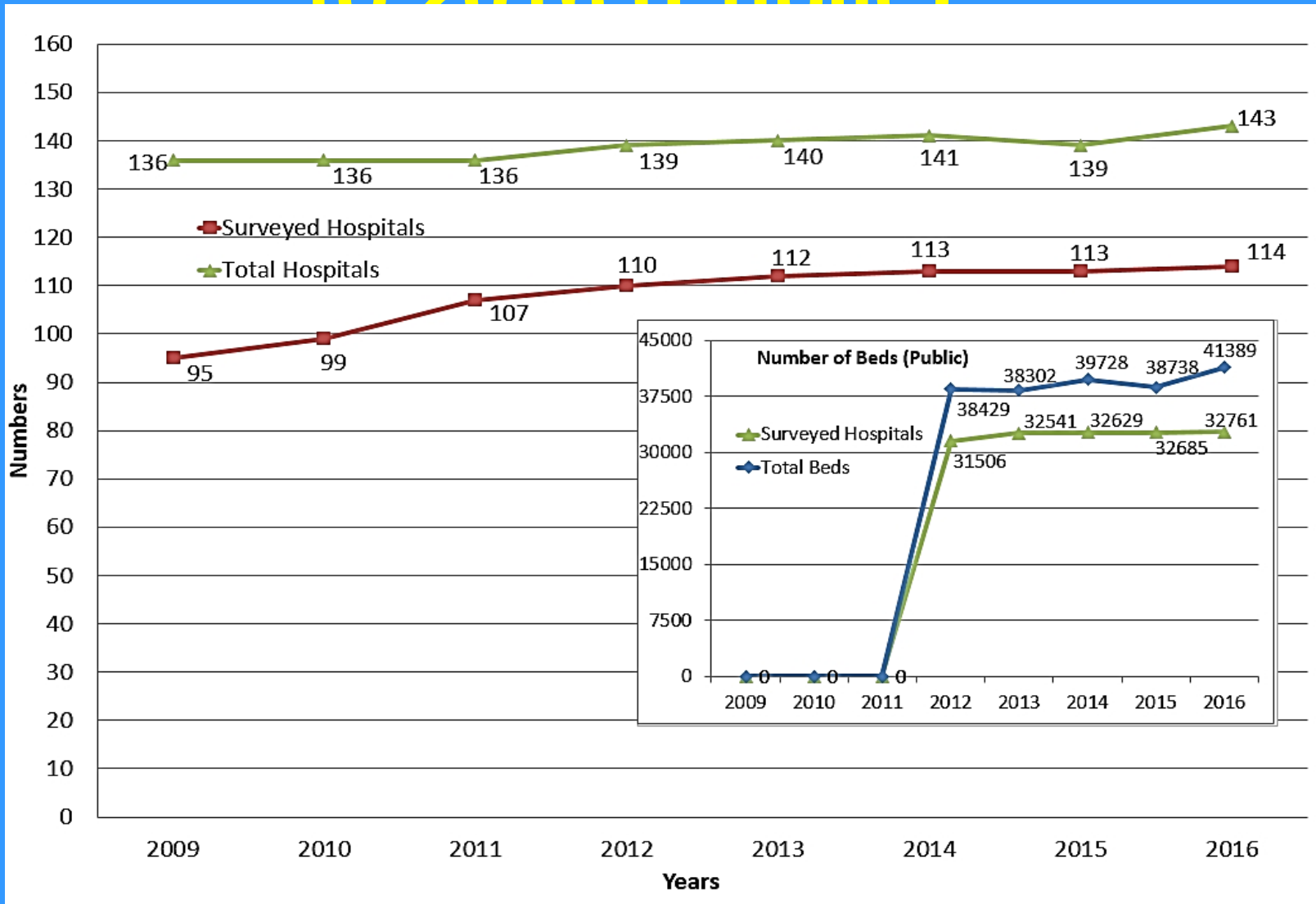


# Achievement of MSQH Hospital Accreditation

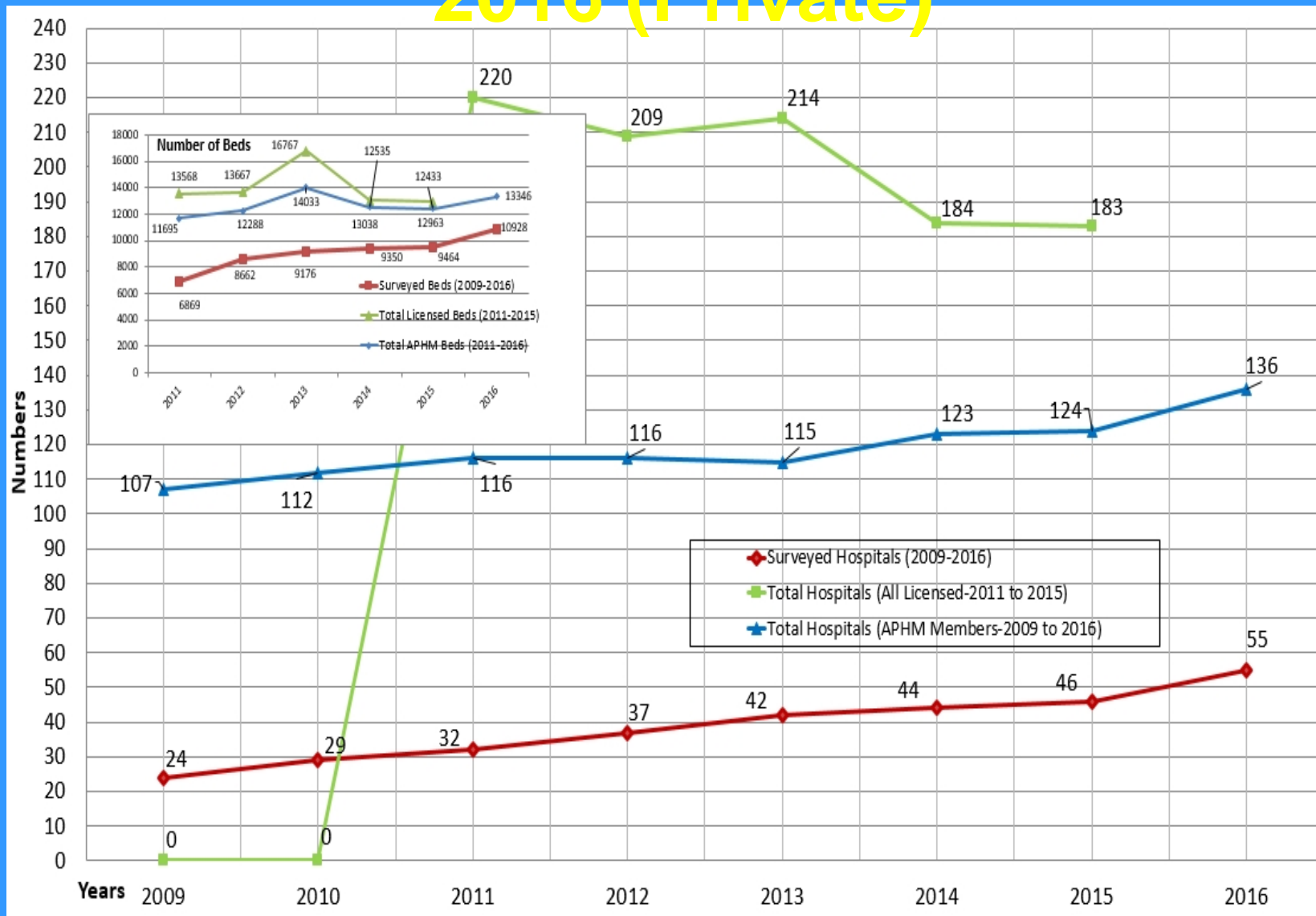
Between 2000 to 2016:

- 80% of public hospitals (district hospitals without specialist and with specialist and tertiary levels) have received certification.
- 40% of major private hospitals received certification.
- Currently implementing 5<sup>th</sup> Edition of Hospital Accreditation Standards (2017 – 2021).

# Figure 1: Number of Hospitals Surveyed vs. Total Hospitals 2009 to 2016 (Public)

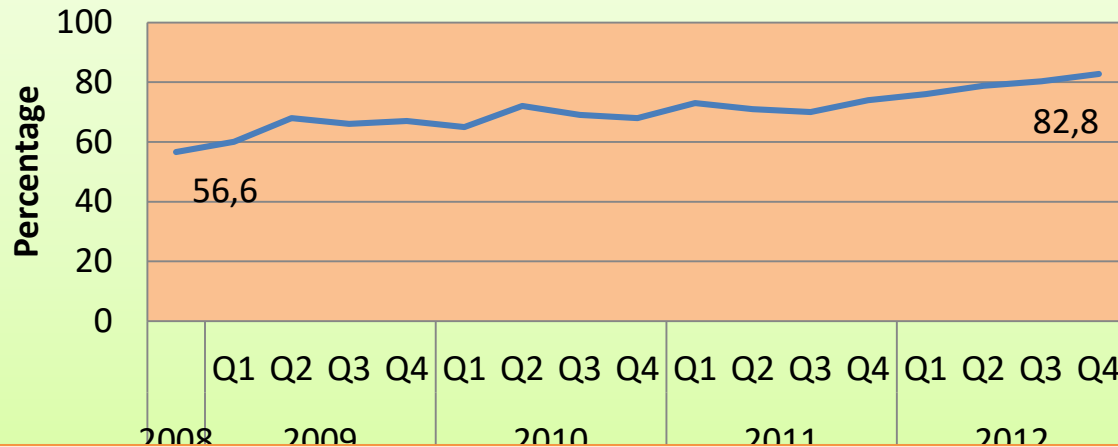


# Figure 2: Number of Hospitals Surveyed vs. Total Hospitals 2009 to 2016 (Private)

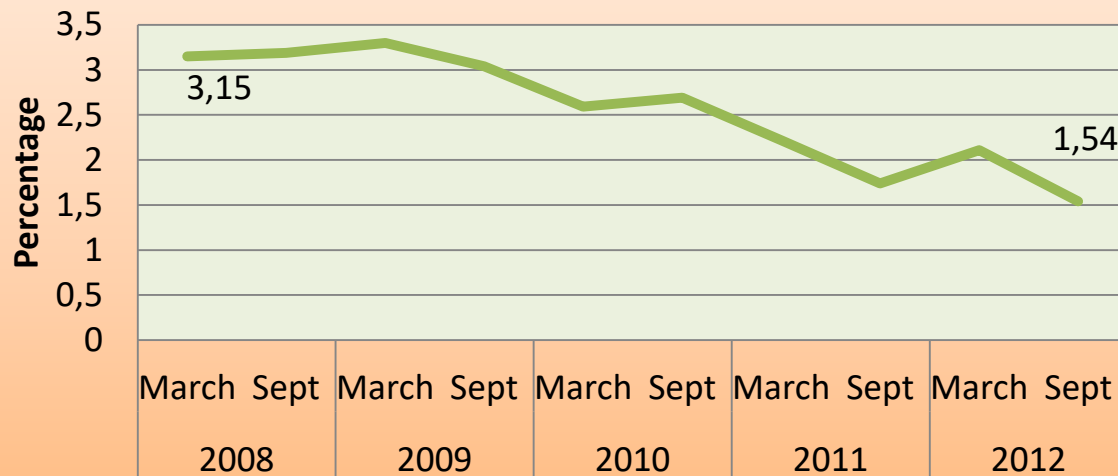


# HAND HYGIENE COMPLIANCE VS HEALTH CARE ASSOCIATED INFECTION

National Average of HHCR,  
2008 - 2012



National Average of HCAI, 2008 - 2012





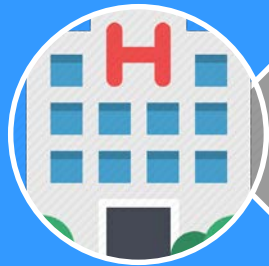
# SUCCESS FACTORS

1. Commitment of top leaders
2. Smart partnership and good collaboration between public ,private and professional bodies
3. Internalisation and Institutionalisation of Patient safety and safety culture.
4. Top down and bottom up feedback system between policy makers, implementers , providers , patients and families.

# CHALLENGES

1. Increasing workload
2. Rapid turn over of staff and inadequate numbers of staff with post basic qualification.
3. Limited resource to ensure improvements in infra structure and facility design.
4. Compliance to policies and procedures.

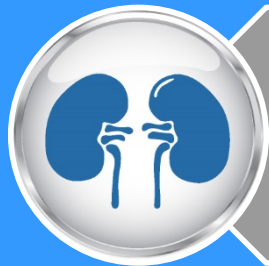
# MSQH Accreditation Standards



Malaysian Hospital  
Accreditation Standards  
(1999)



Medical Clinic Accreditation  
Standards (2012)



Chronic Dialysis Treatment  
Standards (2013)



Dental Clinic Accreditation  
Standards (2016)

# ISQua 2018 in Kuala Lumpur Convention Centre, KLCC, Malaysia

ISQua's 35<sup>th</sup> International Conference

# KUALA LUMPUR

# 2018

23<sup>rd</sup> - 26<sup>th</sup>  
SEPTEMBER

KUALA LUMPUR  
CONVENTION CENTER



# ACKNOWLEDGEMENT

- MSQH ADVISOR
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- ACHS ,WHO
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- MSQH MEMBERS AND SECRETARIAT
- STANDARDS MALAYSIA
- ALL WHO HAVE CONTRIBUTED TO MSQH

**THANK YOU**

**[www.msqh.com.my](http://www.msqh.com.my)  
[msqh@msqh.com.my](mailto:msqh@msqh.com.my)**

