

THEME

# Applying Best Practices in Healthcare Delivery

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- Kuala Lumpur Convention Centre Malaysia



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**APPLYING THE REQUIREMENTS OF THE PRIVATE  
HEALTHCARE FACILITIES & SERVICES ACT 1998 AND  
REGULATIONS 2006 INTO MSQH HOSPITAL  
ACCREDITATION STANDARDS**



23 July 2009

By

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Chief Executive Officer



# Presentation outline

- **Formation of MSQH**
- **Malaysian Hospital Accreditation Standards**
- **Focus of standards**
- **Applying the PHCFS Act 1998 & Reg.2006 into MSQH Hospital Accreditation Standards 3<sup>rd</sup> Edition**
- **Conclusion**

# MSQH

- **The national accreditation body for Healthcare Facilities and Services in Malaysia**
- **Registered with Registrar of Societies 1997 (ROS 470) as a legal entity**
- **An outcome of smart partnership between MOH, APHM and MMA**
- **Non governmental and non profit organisation**
- **Accreditation is voluntary**
- **Implementation Hospital accreditation since end of 1999**
- **Conducted over 200 Hospital surveys**
- **Standards for Medical clinics have been finalised and process for implementation is in process of development.**

# MSQH Hospital Accreditation Standards

- **Adopted from the 9<sup>th</sup> edition of ACHS**
- **However ,it has been customised to Malaysian service needs, resources, practice, patients needs , belief and cultures**
- **Underwent national comments and consensus before being adopted for implementation nation wide**
- **1<sup>st</sup> and 2<sup>nd</sup> edition focuses on structures and process needs within the health care system**
- **3<sup>rd</sup> edition focus on structures, process and outcomes.**
- **3<sup>rd</sup> edition effective for implementation January 2009**

# Philosophy

- **Educational ,enabling and facilitating towards compliance to standards**
- **Self assessment prior to validation by Peers**
- **Not a fault finding process**
- **Creating Quality Culture**
- **Promoting Continuous Quality Improvement**
- **Enhancing Patient Safety**

# Hospital Accreditation Standards 3<sup>rd</sup> Edition (2009)

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## I. Organizational wide Service Standards

1. Governance, Leadership and Direction
2. Environmental and Safety Services
3. Facility Management and Safety
4. Nursing Services
5. Prevention and Control of Infection
6. Patient and Family Rights
7. Health Information Management System (HIMS)

## II. Service Standards

8. Emergency Services
9. Clinical Services (Generic)
  - Specific Requirements for Specialist Services
  - 9A Cardiology Services
  - 9B Oncology Services
  - 9C Rehabilitation Medicine Services

- 10. Anaesthetic Services**
- 11. Operating Suite Services**
- 12. Ambulatory Care Service**
- 13. Critical Care Services (Generic) Applicable for: ICU, CCU, NICU & PICU**
  - Specific Requirements**
    - 13A Labour /Delivery Services**
- 14. Diagnostic Imaging Services**
- 15. Pathology Services**
- 16. Blood Transfusion Services**
- 17. Allied Health Professional Services (Generic)**
  - Specific Requirements**
    - 17A Physiotherapy Services**
    - 17B Occupational Therapy Services**
    - 17C Dietetics Services**
- 18. Pharmacy Services**
- 19. Central Sterile Supply Services**
- 20. Housekeeping Services**
- 21. Linen Services**
- 22. Food Services**
- 23. Forensic Medicine Services**
  - 23A Mortuary Services**
- 24. Standards for General Applications**

# HOSPITAL ACCREDITATION STANDARDS 3<sup>RD</sup> Edition

- **Private Healthcare Facilities and Services Act 1998 and Regulation 2006**
- **ISQua Accreditation Council Principles and Standards**
- **World Alliance on Patient Safety**
- **Outcome focus**

# INTERNATIONAL BRANDING

- **WHO promotes every country to develop National Accreditation Program**
- **ISQua Accreditation Federation Council (IAFC) establishes standards, principles and philosophies that needs to be adopted by National Accreditation Program**
- **Compliance to the ISQua IAFC Standards is the International branding for Healthcare Accreditation Program**

# "Welcome to MSQH Conferment of ISO 9001 Accreditation Award"



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# HOSPITAL ACCREDITATION STANDARDS 3<sup>RD</sup> EDITION

- **Effective for implementation January 2009**
- **Accredited by ISQua AFC from August 2008 to July 2012**



# MALAYSIAN HOSPITAL ACCREDITATION STANDARDS 3<sup>RD</sup> Edition

- **Areas of concern**
- Organization and Management.
- Human Resource Development and Management.
- Policies and Procedure.
- Facilities and Equipment.
- Quality Improvement Activities.
- **SAFETY**

# Standard 1: Governance, Leadership and Direction

- **Org & management:**

- **Standard 1.1.1. The GB shall:**

- adopt a governing framework to constitute the internal legislation that will fit the particular needs of the facility; Hospital By-Laws and medical staff By-Laws.
- establish an Organisational quality policy and ensure implementation Hospital-wide.
- staff appointments , credentialing and privileging shall be documented
- service planning is based on strategic direction
- conform to all applicable gov. statutes, acts, regulations, ordinance and orders.
- external services used shall meet the relevant Standards of Accreditation.

Part III, clause 11 Reg. 2006

## Standard 1.1.2.

**The GB shall:**-establish and maintain an effective safety and quality improvement plan facility wide.

### Criteria for compliance:

- written safety and quality improvement plan
- measurable performance indicators with tracking and trending analysis
- Risk management system with incident reporting ( WHO patient safety solutions)
- feedback on safety and quality improvement activities are regularly communicated
- results of safety and quality improvement activities are converted into information and utilised for system improvement.

(Part XXVIII ,chapter 6- Quality Assurance)

# Standard No: 2 Environmental Safety

- Standard 2.1.1.

Each activity is organised and administered to provide optimum support to the goals and objectives of the healthcare facility...

## Criteria for compliance

- Designated Committee
- Policies and procedures are current
- Provisions are made for the personal comfort of patients.
- Reporting of activities as required by law and regulation.
- Fire Safety, and Safety programmes
- Disaster Plans
- Waste disposal
- Security services

Part X: General Provisions for Standards of PHCFS  
,Chapter 1-8

## Standard No: 3

# Facility and Biomedical Equipment management

- The service may be provided from within the facility by either own staff or contracted to qualified external contractors.
- Sufficient numbers of qualified personnel and support staff are employed.
- Orientation programmes , Continuing education activities
- Policies and procedures are current and shall include emergency and contingency plans for water, electricity and medical gases.
- Equipment are maintained in good working order and subject to PPM , Calibration , QC

Part X: General Provisions for Standards of PHCFS,  
Chapter 1-12

# STD 4: Nursing Services

## STANDARD 4.1.1.

The Nursing Service shall offer high standard of care to the community as inpatients and out patients in a *safe, efficient, effective and caring manner and shall be organized, directed and coordinated with other services.*

leadership, clear direction, effective monitoring, teamwork

- at top senior nursing management, nursing matron/director
- at middle ward/ unit manager, nursing sister
  - training plans, risk management program

# Standard 5 :Prevention and Control of Infection (PCI)

- Infection Control Committee
- ICN, Link nurses
- Infection control policies (WHO Patient Safety Solutions- Challenge 1 Hand Hygiene)
- Surveillance activities, monitoring of infections, notification of infectious diseases
- Continuous Education activities
- Isolation facilities- meet regulatory requirements
- Monitoring and evaluating performance of PCI

Part IX, clause 49- Infection control

# Standard 6: Patient and Family Rights

- The Facility is responsible for providing processes that support patients' and families rights during care.
- Care provided is considerate and respectful on the patient's personal values and spiritual beliefs/religion. The Facility has a process to respond to patient and family request for services related to patient's personal values and spiritual beliefs/religion
- Care is respectful of the patient's need for privacy especially during clinical interviews, examinations, procedures/ treatments. Patient may desire privacy from other staff, other patients or even from family members. Also patient may not want to be photographed, recorded or participate in interviews, staff members need to enquire about the patient's privacy needs related to care given.
- The facility take measures to protect patients' patients possessions from theft or loss.

Part IV, clause 27-Patient's Right, Part VIII clause 47-48 Consent

# Standard 7

## Health Information Management system

Health information is a resource that must be managed effectively .

Std.7.1. An accurate patient medical record is maintained to facilitate optimal patient care and allow for evaluation of the care provided.

### Criteria for compliance

-The patient medical record contains sufficient details to enable;-patients to receive effective continuing care,.....

## Part VII-Patient's Medical Record

# Standard 8: Emergency services

**8.1.1: All Hospitals shall provide Emergency services.....**

**8.3.1. A reliable and consistent triage shall be established and used to assess all patients on arrival.**

## **Criteria for compliance:**

**-there are written policies and procedures for the E services...**

**Part XVII-Chapter 2-Emergency care facilities**

# STANDARDS NO. 9 CLINICAL SERVICES

# ORGANISATION AND MANAGEMENT

## STANDARD 9.1.1.

The clinical services shall be organized, directed and coordinated with other services in the Facility to provide a high standard of inpatient and outpatient care to the community in a safe, efficient, effective and caring manner and with due regards for the needs, dignity and privacy of patients and confidentiality of their personal information. All the clinical services shall be easily accessible and continuity of care assured.

# THE MEDICAL ADVISORY COMMITTEE

- A Medical Advisory Committee whose members shall be registered medical practitioners representing all medical practitioners practicing in the private hospital
- Representation of the Board of Management
- To advise the Board of Management on all aspects relating to medical practice

**PHFS Act 1998 (XIV) 78**

# HUMAN RESOURCE AND DEVELOPMENT

All healthcare professional:

- Are registered

- Have such qualification, training, experience and skill to practice in his particular specialty in the field of medicine as are recognised by the Director General.

**PHFS Act 1998 (III) 13**

# Standard 9.3. POLICIES AND PROCEDURES

## CRITERIA FOR COMPLIANCE

- Documentation of policies and procedures in relation to prescription, death, notification diseases
- Policies for staff appointments etc
- Periodic review of policies and procedures
- Incident reporting

Part 1V of Reg. 2006

## QUALITY OF HEALTHCARE FACILITIES AND SERVICES

**Every private healthcare facility or service shall have programmes and activities to ensure the quality and appropriateness of healthcare facilities and services provided.**

**Information regarding such programmes and activities shall be furnished to the Director General as and when required by him**

**PHFS Act 1998 (XIII) 74**

# Standard 16:Blood Bank

- Std.16.1.1.

The blood transfusion services shall be organised and administered to provide transfusion of safe and adequate screened blood and blood products appropriate to the level of clinical services provided by the facility.

Part XXI clause 277-300 Reg.2006

# Standard 14: Diagnostic Imaging Services

- Std.14.1.1.  
The diagnostic imaging services shall aim at providing the facility with safe, efficient and quality services as required for good patient care.

Part XIII Reg. 2006

# Standard 18: Pharmacy services

- Manufacturing, compounding and dispensing, purchase and storage
- Main/ Inpatient ; outpatient, satellites
- Drug distribution system
- DDA – control of narcotics and barbiturates
- Generic versus brand name drugs

Part XVIII: Special requirements for  
Pharmaceutical services

# UPDATING PROCESS

- MSQH spend 2 years (2007-2008) to update ,refine and incorporate the requirements of the PHCFS Act 1998 and Regulation 2006 into the Hospital Accreditation Standards 3<sup>rd</sup> Edition.
- Several sessions with Medical Practice Division MOH
- Publish for National comments and consensus
- Pilot tested before implementation in 2009

# CONCLUSION

- Compliance to the PHCFS Act 1998 and Regulation 2006 is the minimum requirements.
- Hospitals are expected to surpass this and provide evidence of safe outcomes and continuous quality improvements.
- Proposed that MOH considers providing automatic renewal of licence to MSQH Accredited private Hospitals.



Thank you for your attention  
[www.msqh.com.my](http://www.msqh.com.my)

