



The International Society for Quality in Health Care External Evaluation Association
Standards for External Evaluation Organisations, 5th Edition, v1.0
Merged with Standards for Surveyor Training Programmes, 3rd Edition, v1.1

Self Assessment Tool for
MALAYSIAN SOCIETY FOR QUALITY IN HEALTH (MSQH)

Report Stage Final Report

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Introduction

The International Society for Quality in Health Care External Evaluation Association (ISQua External Evaluation Association) accreditation survey of the Malaysian Society for Quality in Health (MSQH) was conducted virtually from 28th September to 2nd October 2020.

This is the third occasion on which both the organisation and the Surveyor Training Programme have been assessed by the ISQua External Evaluation Association.

Survey Methodology

The survey team was Edward Chappy, Team Leader (Cambodia), Tricia Dore (New Zealand), and Gary Smith (Australia). The survey was conducted virtually, and no surveyors were present on-site at the organisation in Malaysia. During the week, the IEEA surveyors had the opportunity to meet virtually and have discussions with clients, staff, Committee (Board) members, surveyors, and stakeholders. Extensive documented evidence of compliance was provided both before and during the survey. All the activities have been beneficial in supporting the findings in evaluating the organisation's compliance with the ISQua External Evaluation Association Standards for External Evaluation Organisation, 5th Edition, and the Standards for Surveyor Training Programmes, 3rd Edition.

The survey team would like to take this opportunity to thank all members of the Malaysian Society for Quality in Healthcare (MSQH) for the completion of the self-assessment, for agreeing to take part in this survey virtually, and for the efforts all individuals contributed to the survey process. The survey team would like to extend a special thank you to Heather Wilson and Jan Mackereth-Hill, ISQua EEA Accreditation Managers, and the IT staff at MSQH for their technical support, which contributed immensely to making the first ISQua EEA virtual survey a success.

Summary

There were no recommendations from the previous IEEA survey; however, MSQH responded to the opportunities for improvement offered in the last survey. By doing so, the organisation successfully demonstrated its commitment to the external review process by providing evidence of their commitment to improvement.

MSQH is going through a transition phase with the recent appointment of a new CEO and the completion of their four-year strategic plan – 2016 to 2020. These changes will offer MSQH challenges and the opportunity to move to a new level of excellence.

The strengths of the organisation are considerable. MSQH started in 1997, and in the 23 years of its existence, it has grown from a small organisation staffed by two staff to an organisation now with 25 staff. MSQH has grown to be a well-organised, well-governed, and managed organisation and a major player in improving the quality and safety of healthcare services in Malaysia.

MSQH has many strengths, including strong leadership from the Committee (Board), CEO and management team, and a dedicated, loyal, and competent staff. MSQH is a well-respected organisation and known for improving quality and patient safety in Malaysia. Additional strengths and some challenges are listed in the summation of the standards that follow.

Standard 1 – Governance

MSQH is responsibly governed to meet the mission, vision, purpose, and goals of the organisation. It is a legal entity in Malaysia, established in 1997. The Constitution of MSQH states the vision, mission, values, and goals of the organisation. The vision, mission, and values are posted on the website, taught in the orientation of new Committee members, new staff, surveyor, and councillor training, and communicated on promotional material. MSQH has addressed social responsibility through its strategic plan and involvement in promoting environmental issues and healthcare quality and safety. Ethical issues are addressed through the Ethics and Complaints Committee. The accreditation decision is objectively made with systems and processes in place to ensure no conflict of interest. MSQH does not provide consultation to facilities, and MSQH staff who orientate facilities to the standards are not allowed to participate in surveying the organisation. A system to maintain the confidentiality of information is in place. All Committee members, staff, surveyors, and councillors sign a code of conduct statements. The governance structure and roles and responsibilities of the Committee (Board) and management of MSQH are defined in the Constitution, including the responsibility for budgetary matters to sustain the Society. The CEO orients new Committee (Board) members to the Constitution and their roles and responsibilities. The Strategic Plan contains indicators related to the five Goals stated in the Constitution, but there are no specific indicators related to governance functioning or a way to determine if the governance function is improving over time.

Standard 2 – Strategic, Operational, and Financial Management

MSQH is effectively managed to meet its strategic, operational, and financial objectives. The Committee (Board) is guided by the Constitution and delegates to the CEO and management team the operational responsibility to ensure the organisation's smooth management. Key performance indicators are determined for the CEO. The CEO is annually evaluated against the KPIs by the President of the Committee. An organisational structure defines reporting relationships and job descriptions that clarify management and staff's roles and responsibilities. MSQH does not outsource services but does contract services, including IT and equipment maintenance. There is a purchasing policy that ensures the process meets the ISQua EEA criteria. MSQH has a strategic plan and a business plan in place of an annual operational plan. There are processes in place for financial planning and budgeting, tracking income and expenses, monitoring financial activity, and generating financial reports. Systems for asset control are in place, and the strategic plan is monitored based on KPIs.

Standard 3 – Risk Management and Quality Improvement

There is a very well detailed and developed Risk Management Plan in place, with a very comprehensive set of policies and procedures to support this plan. The Strategic Plan identifies the risk priorities for both internal and external risks. Comprehensive strategies to manage the current COVID-19 have been identified, and risk minimisation strategies are implemented. There is a defined reporting process for current risks identified up to the Committee by the

CEO each quarter. However, there requires to be more of a robust process in place to identify risks that the organisation faces both internally and externally. Also, there is a Quality Improvement Plan which emanates from the Strategic Plan, but there are limited specific quality indicators identified.

Standard 4 -Human Resource Management

MSQH has an excellent set of human resource documented policies and procedures that are adhered to by the organisation. There is an excellent staff orientation programme in place and defined education and training programmes to suit the specific needs of the employee and their job role, either by self-identification or by the staff appraisal process. Staff personnel records are well managed and kept current. However, the overall human resource practice could be improved by introducing a human resource management plan, bringing together all the well-developed information that the organisation has in place.

Standard 5 – Information Management

The organisation has a robust system in place to manage the information technology of the business. There is a very good reporting mechanism in place, reporting on the performance of the computer network. There is a very robust and well-documented Disaster Recovery Plan in place. The organisation has IT arrangements with an external provider under a management contract to provide “managed services” that support data integrity. There is internal software that supports the business objectives of the organisation. There is a detailed Information Management Plan in place linked to the Strategic Plan and is funded accordingly.

Standard 6 – Surveyor Management

MSQH has effective processes to manage surveyors. There is a robust process in place for recruitment and selection of surveyors. There is a defined set of competencies, attributes, and attitudes that MSQH uses to attract and select suitable candidates, focusing on shoulder tapping people recommended by senior managers in hospitals and in advertising widely for applicants. A training programme includes face-to-face training, survey observations, self-reflection, and completion of assessments at specific points in the programme. Risks are considered when developing the programme and through ongoing feedback and discussion. The training programme includes recognising desired competencies and attitudes, including a focus on surveyors portraying professionalism, skills, and knowledge that allows MSQH to be recognised in the country for how organisations have continued to improve over the years. MSQH evaluates the recruitment, selection, training, and assessment process. Legal and ethical principles underpin training. Surveyors interviewed were highly satisfied and complimentary of the training programme provided.

Standard 7 – Survey and Client Management

The MSQH accreditation programme is held up in high esteem by surveyors and organisations in Malaysia, as evidenced through interviews with surveyors (who also work in hospitals surveyed) and representatives of hospitals surveyed (private and public). MSQH has focused on improving standards and quality of care in healthcare and is to be commended for the lead it has taken in this. The organisational culture of MSQH and the external links and sound relationships allows for it to receive feedback from its clients in different ways and times during the accreditation process and on the impact, it is making in Malaysia. The external evaluation programmes provided by the organisation are developed in response to identified needs. Clients are provided with information around the accreditation process with training provided by MSQH so that the client is able to interpret the standards. A gap analysis may be completed if required to establish readiness for a survey. Conflict of interest and impartiality is assured. There is a planned and well evaluated accreditation process that ensures that the survey is conducted and reviewed in a consistent and transparent manner. Relationships with the client are strengthened by MSQH with assurance that they are involved in all aspects of the process.

Standard 8 – Accreditation and Certification Awards

MSQH has processes in place for awarding and maintaining accreditation that are objective and consistently implemented. There is a two-tiered system for determining the accreditation award including the recommendation from the survey team and a review by a panel of councillors who evaluate the survey findings individually and assign a value based on predetermined criteria. The award certificate contains the name and duration of the accreditation award. There is an appeals process if the facility does not agree with the award and systems in place to monitor the consistency of the award based on criteria. Monitoring compliance with the standards and responding to complaints against the MSQH accredited facility are addressed in policies and procedures. There is a policy on the proper use of the MSQH accreditation certificate and logo. The public has access through the MSQH website to information about which facilities are accredited. The data from surveys is protected and disposed of according to policy. However, MSQH should determine and track indicators to improve the accreditation and certification award processes.

Exceptional Performance

MSQH has evolved into a well-managed, efficient, people-centred organisation that is respected by clients and other stakeholders as the trusted healthcare accreditation organisation in Malaysia. The staff, clients, and surveyors have all expressed their strong support and loyalty to MSQH management and the mission and vision of the organisation. MSQHs response to the COVID-19 pandemic is commendable. MSQH stopped all surveys losing revenue but did not lay off staff and continued to work from home keeping the organisation visible within the health sector. MSQH is commended for having a code of Ethics that is comprehensive and thorough in addressing ethical issues. There is a clear procedure of how ethical issues will be addressed in the organisation through the actions of the Ethical Committee. Also, MSQH is commended for the depth of review to assess intra and inter surveyor reliability.

Survey: MSQH Organisation & STP
Organisation and STP
STP (shaded red criteria below)
Standard 6

Overall Score: 420/432 = 97%

Overall Score: 95/96 = 99%

Overall Score 99/100 = 99%

Std1	Self	Survey	Std2	Self	Survey	Std3	Self	Survey	Std4	Self	Survey	Std5	Self	Survey	Std6	Self	Survey	Std7	Self	Survey	Std 8	Self	Survey
Maximum = 60-56 70% = 42-39.2			Maximum = 36 70% = 25.2			Maximum = 44 70% = 30.8			Maximum = 52-48 70% = 36.4-33.6			Maximum = 48 70% = 33.6			Maximum = 100 70% = 70			Maximum = 64-60 70% = 44.8-42			Maximum = 40 70% = 28		
1.1	4	4	2.1 Core	4	4	3.1 STP 1.6	4	4	4.1	4	4	5.1	4	4	6.1 Core	4	4	7.1	4	4	8.1 Core	4	4
1.2	4	4	2.2 Core STP 2.1	4	4	3.2	4	4	4.2	4	3	5.2	4	4	6.2 Core STP 2.4	4	4	7.2	N/A	N/A	8.2	4	4
1.3	4	4	2.3	4	4	3.3 Core	4	4	4.3	4	4	5.3 STP 3.2	4	4	6.3	4	4	7.3	4	4	8.3	4	4
1.4	4	4	2.4 Core	4	4	3.4 Core	4	4	4.4 STP 2.2	4	4	5.4 Core STP 3.3	4	4	6.4 STP 2.5	4	4	7.4 Core	4	4	8.4	4	4
1.5	4	4	2.5 Core	4	4	3.5 Core	4	4	4.5 Core	4	4	5.5	4	4	6.5 STP 1.1	4	4	7.5	4	4	8.5 Core	4	4
1.6 Core	4	4	2.6 Core	4	4	3.6	4	4	4.6	N/A	N/A	5.6 Core	4	4	6.6 STP 1.2	4	4	7.6	4	4	8.6 Core	4	4
1.7	N/A	N/A	2.7	4	4	3.7 Core	4	3	4.7	4	4	5.7 Core	4	4	6.7 STP 1.3	4	4	7.7 Core	4	4	8.7	4	4
1.8	4	4	2.8	4	4	3.8 Core	4	3	4.8 Core	4	3	5.8	4	4	6.8 STP 1.4	4	4	7.8	4	4	8.8	4	4
1.9	4	4	2.9	4	4	3.9	4	4	4.9	4	4	5.9	4	4	6.9 STP 1.5	4	4	7.9	4	4	8.9	4	4
1.10 Core	4	4	Total	36	36	3.10	4	3	4.10	4	3	5.10	4	4	6.10 STP 1.7	4	4	7.10	4	4	8.10	4	3
1.11 Core	4	4	%	100	100	3.11 Core STP 3.4 5.5	4	4	4.11	4	4	5.11	4	3	6.11 STP 2.3	4	4	7.11	4	3	Total	40	39

Std1	Self	Survey	Std2	Self	Survey	Std3	Self	Survey	Std4	Self	Survey	Std5	Self	Survey	Std6	Self	Survey	Std7	Self	Survey	Std 8	Self	Survey																	
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%	100	96													STP 5.4	4	4	Total	60	59																				
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Please calculate the total for each Standards by highlighting '0' and selecting F9																	6.5	4	4																					
Please highlight any ratings below 3 in red																	6.6	4	4																					
<p>Note: If the requirements as noted in Section 5 of the Guidelines are met, the organisation will receive two awards, one for the organisation and one for the surveyor training programme. Please note that for the surveyor training programme to be awarded, the overall compliance for the surveyor training programme criteria (as denoted in red throughout the SAT and shaded in red here) and Standard 6 (Surveyor Management) must achieve a 70% compliance rate against the maximum score. There should be no more than two criteria rated as 2 or lower within Standard 6.</p>																	6.7 STP 4.2	4	4																					
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