



MINISTRY OF HEALTH
INSTITUTE FOR HEALTH SYSTEMS RESEARCH

NPQH
STRATEGIC
PRIORITIES
INDICATORS
GUIDEBOOK
(2023 - 2026)

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NPQH STRATEGIC PRIORITIES INDICATORS Record of Change

This section shows the changes occurring for indicators outlined for NPQH progress indicators.

Date of Change	Section	Original	Change																								
16 November 2023	IND 2, Page 14	Must be published in 2023	Moved to be published in 2024																								
16 November 2023	IND 9, Page 21	National Quality Directorate/Council is a committee that governs and integrates various quality initiatives across the different levels of the health system	Refinement at the Definition of Term and Numerator to include: "These may include steps towards it such as the development of a standardised job description for healthcare quality professional working at the Quality Unit/Department in various level (Hospital/PKD/State/National)"																								
8 June 2023	IND 12, Page 24	Number of posts proposed for quality directorate in MOH/programme/state level Reporting is only for 2022	Change indicator to number of posts proposed for quality directorate at programme level Reporting is to be done yearly																								
8 June 2023	IND 15, Page 27	Percentage of workers screened for risk factors of NCD in Ministry of Health settings that implemented the KOSPEN Plus programme in the current year.	Change of programme's name from KOSPEN Plus to KOSPEN WOW: "Percentage of workers screened for risk factors of NCD in Ministry of Health settings that implemented the KOSPEN WOW programme in the current year"																								
8 June 2023	IND 17, Page 29	Include all Sub-programmes/Programmes	To exclude HPU and Pathology																								
8 June 2023	IND 18, Page 30	Include all Sub-programmes/Programmes	To exclude Pathology																								
8 June 2023	IND 20, Page 32	To be developed by 2023	Moved to be developed and reported by 2026																								
8 June 2023	IND 21, Page 33	Target <table border="1" data-bbox="534 1736 869 1982"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>50%</td> </tr> <tr> <td>2023</td> <td>60%</td> </tr> <tr> <td>2024</td> <td>70%</td> </tr> <tr> <td>2025</td> <td>80%</td> </tr> <tr> <td>2026</td> <td>100%</td> </tr> </tbody> </table>	Year	Standard	2022	50%	2023	60%	2024	70%	2025	80%	2026	100%	Refined target based on current circumstances <table border="1" data-bbox="901 1769 1236 2004"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>31%</td> </tr> <tr> <td>2023</td> <td>25%</td> </tr> <tr> <td>2024</td> <td>50%</td> </tr> <tr> <td>2025</td> <td>88%</td> </tr> <tr> <td>2026</td> <td>100%</td> </tr> </tbody> </table>	Year	Standard	2022	31%	2023	25%	2024	50%	2025	88%	2026	100%
Year	Standard																										
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2023	25%																										
2024	50%																										
2025	88%																										
2026	100%																										

8 June 2023	IND 22, Page 34	Numbers of dialogue sessions conducted	Refinement of indicator's name: Numbers of dialogue sessions conducted (within MOH)												
8 June 2023	IND 23, Page 35	Numbers of dialogue sessions conducted	Refinement of indicator's name: Numbers of dialogue sessions conducted (outside MOH)												
8 June 2023	IND 26, Page 38	Total number of quality projects presented at conventions/conferences 1. Quality projects can include these or more: <ul style="list-style-type: none"> • Innovation • QA project • KIK project 	To include under the quality project <ul style="list-style-type: none"> • Lean (start reporting 2024) • COMBI (start reporting 2024) 												
8 June 2023	IND 33, Page 46	Alternate frequency of reporting	Yearly reporting												
8 June 2023	IND 34, Page 47	Name of the indicator: Quality competency framework for quality developed Frequency of reporting once in 2024	Refinement of the indicator's name: Quality improvement competency framework developed. Refinement of Definition of term to include: "These may include steps towards it such as related reviews towards the framework development" The frequency of reporting changed to yearly reporting.												
8 June 2023	IND 40, Page 53	Initial indicator's name: Establishment of an integrated database Target set in 2023	Refine indicator's name: Establishment of an integrated database for quality indicators Target changed to 1 in 2027												
8 June 2023	IND 42, Page 55		Refinement at the inclusion criteria by stating that the data needed were limited to four agreed indicators: <ol style="list-style-type: none"> 1. Readmission rate 2. Length of stay 3. Hospital mortality 4. Patient experience survey 												
8 June 2023	IND 43, Page 56	Target <table border="1" data-bbox="534 1713 877 1989"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>Moved to 2023</td> </tr> <tr> <td>2023</td> <td>40</td> </tr> <tr> <td>2024</td> <td>40</td> </tr> <tr> <td>2025</td> <td>-</td> </tr> <tr> <td>2026</td> <td>40</td> </tr> </tbody> </table>	Year	Standard	2022	Moved to 2023	2023	40	2024	40	2025	-	2026	40	2022 target was moved to 2023 as the evaluation training can only be done in 2023 due to financial constraint.
Year	Standard														
2022	Moved to 2023														
2023	40														
2024	40														
2025	-														
2026	40														

NPQH STRATEGIC PRIORITIES INDICATORS at a Glance

The National Policy for Quality in Healthcare identified seven (7) Strategic Priorities (SPs) to be worked on. The 7 SPs are:

- SP 1: Improving Integrated People-Centred Services
- SP 2: Strengthening Governance for Quality
- SP 3: Strengthening Internalisation of Quality Culture Among All Healthcare Staff
- SP 4: Enhancing Communication and Engagement of Stakeholder for Quality
- SP 5: Building Effective Capacity and Capability for Quality
- SP 6: Enhancing Measurement and Quality Improvement Initiatives
- SP 7: Strengthening Monitoring and Evaluation of Quality

A set of 22 objectives and 43 actions have been meticulously formulated to operationalise the SPs. In tandem, a total of 47 indicators have also been systematically developed to monitor and evaluate the progressive implementation of these SPs.

Each successive year is designated with its distinct set of indicators tailored to its specific context to be closely monitored. For instance, in 2022, 34 indicators are earmarked to assess the output, with subsequent years projecting 39 indicators in 2023, 37 in 2024, 34 in 2025, and an anticipated 38 in 2026, each tailored to the specific nuances of the respective years.

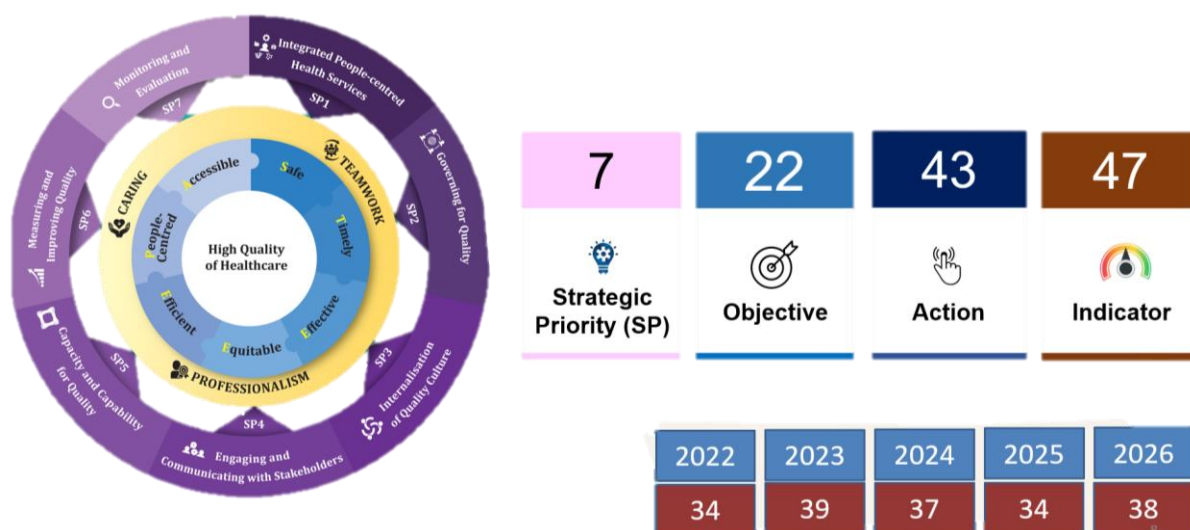


Figure 1 The NPQH Implementation Framework with the overview of the original number of indicators to be monitored

Table 1 List of indicators and reporting year in which [...] indicate changes of the reporting year

SP	Objective	Indicator	2022	2023	2024	2025	2026	
SP1	Obj1	Indicator 1	Number of researches / innovations / quality projects / other activities	/	/	/	/	/
		Indicator 2	PCC policy or guidelines developed			[/]		
		Indicator 3	Number of CPG developed within the element of PCC incorporated	/	/	/	/	/
	Obj2	Indicator 4	Percentage of MOH hospitals which conduct Annual Patient Experience Survey	/	/	/	/	/
		Indicator 5	Percentage of MOH health clinic which conduct Annual Patient Experience Survey	/	/	/	/	/
		Indicator 6	Percentage of client feedback delivered within the stipulated time	/	/	/	/	/
SP2	Obj1	Indicator 7	Number of quality-related meetings (discussing quality indicators' performances as one of the agendas) chaired by top leaders at respective programme levels or at the national level	/	/	/	/	/
	Obj2	Indicator 8	Number of quality-related initiative papers presented during the KPK Khas Meeting	/	/	/	/	/
	Obj3	Indicator 9	Establishment of a National Quality Directorate / Council		/	[/]	[/]	/
		Indicator 10	Percentage of TORs of Quality Committees, being reviewed	/	/	/	/	/
		Indicator 11	Percentage of District Health Offices with a quality unit	/	/	/	/	/

SP	Objective	Indicator	2022	2023	2024	2025	2026	
	Obj4	Indicator 12	Number of posts proposed for quality directorate in MOH / programme / state level	/	[/]	[/]	[/]	[/]
		Indicator 13	Percentage of allocation for Quality related trainings	/	/	/	/	/
SP3	Obj1	Indicator 14	Number of organisations which have conducted assessment on quality culture			[/]		[/]
	Obj2	Indicator 15	Percentage of workers screened for risk factors of NCD in MOH settings that implemented the KOSPEN PLUS programme in the current year	/	/	/	/	/
	Obj3	Indicator 16	Number of programmes / institutions that conducted Internal Client Satisfaction Survey	/	/	/	/	/
	Obj4	Indicator 17	Number of programmes / organisations having an incentive and recognition system	/	/	/	/	/
		Indicator 18	Number of quality trainers or officers given acknowledgement	/	/	/	/	/
		Indicator 19	Number of institutions given acknowledgement	/	/	/	/	/
		Indicator 20	Mechanism for healthcare facility ranking					[/]
	Obj5	Indicator 21	Percentage of MOH lead hospitals accredited	/	/	/	/	/
SP4	Obj1	Indicator 22	Number of dialogue sessions conducted within MOH	/		/		/
	Obj2	Indicator 23	Number of dialogue sessions conducted with other ministries,		/		/	

SP	Objective	Indicator	2022	2023	2024	2025	2026	
	Obj3	Indicator 24	private sectors and the community	/	/	/	/	/
		Indicator 25	Number of quality seminars / conferences / conventions conducted within MOH	/	/	/	/	/
		Indicator 26	Number of collaborative seminars / conferences / conventions on quality conducted between MOH and other agencies	/	/	/	/	/
		Indicator 27	Total number of quality projects presented at conventions / conferences	/	/	/	/	/
		Indicator 28	Number of QA/QI projects manuscripts published	/	/	/	/	/
	Indicator 28	Number of hits received for online quality page / hub	/	/	/	/	/	
SP5	Obj1	Indicator 29	Number of quality training within MOH conducted per program as per POL (Pelan Operasi Latihan)	/	/	/	/	/
		Indicator 30	Number of HCWs trained in quality at national level per program per year	/	/	/	/	/
		Indicator 31	Number of collaborative QA/QI trainings conducted between MOH and other agencies\	/		/		/
		Indicator 32	Number of core QA/QI trainers at the national / international levels	/	/	/	/	/
		Indicator 33	Number of training modules developed / reviewed / updated	/	[/]	/	[/]	/
		Indicator 34	Quality competency framework for quality developed		/	[/]	[/]	[/]
		Indicator 35	Percentage of competent staff				/	/

SP	Objective	Indicator	2022	2023	2024	2025	2026	
	Obj2	Indicator 36	working in quality department	/	/	/	/	/
			Number of training feedback obtained (national level, per program per year)					
SP6	Obj1	Indicator 37	Framework adopted / adapted / reviewed	/				/
			A set of indicators finalised / adopted that measure technical and experiential component of quality and community engagement		/	/		
			Indicator 38					
	Obj2	Indicator 39	Number of audits conducted on the quality of QA/QI data per program	/	/	/	/	/
			Indicator 40					
	Obj3	Indicator 40	Establishment of an integrated database					
			Indicator 41	/	/	/	/	/
	Obj4	Indicator 41	Number of new health sectors engaged / participated (national level performance)					
			Indicator 42	/	/	/	/	/
			Indicator 42					
			Number of new health sectors engaged / participated (hospital level performance)					
SP7	Obj1	Indicator 43	Number of quality evaluators trained		[/]		[/]	
			Indicator 44			[/]		[/]
			Number of in-house evaluations conducted by trained quality evaluators					
			Indicator 45				[/]	
			Number of external or joint evaluations conducted by trained quality evaluators					
	Obj2	Indicator 46	Number of evaluation summaries which include recommendations on possible remedial measures			/	/	/

SP	Objective	Indicator	2022	2023	2024	2025	2026
		Indicator 47 Number of summaries which include Root Cause Analyses and remedial actions			/	/	/
TOTAL INDICATOR			34 [33]	39 [35]	37 [40]	34 [38]	38 [41]

*Data will be reported according to the programme even though data submission might come from the sub-programme, unless otherwise stated

Description for NPQH Reporting

Main Programmes

1. Medical
2. Public Health
3. Pharmaceutical Services
4. Oral Health
5. Research & Technical Support
6. Food Safety & Quality
7. Management Division

Sub-Programmes / Unit

Medical (*Bahagian Perkembangan Perubatan*)

1. Medical Care Quality Section (CKPP)
 - a. *Unit Akreditasi & Piawaian*
 - b. *Unit Kawalan Infeksi*
 - c. *Unit Keselamatan Pesakit*
 - d. *Unit Surveilan Pencapaian Klinikal*
 - e. *Unit Audit Klinikal*
 - f. *Unit Nilai & Etika Perubatan*
2. Medical Services Development Section
 - a. *Unit Perkhidmatan Pengurusan Hospital (UPPH)*
3. MAHTAS – Bhg Perkembangan Perubatan
4. Nursing Division (*BKJ*)
5. Allied Health Science Division (*BSKB*)
6. Pathology
7. Pembangunan Profesyen Perubatan

Public Health

8. *Bahagian Perkembangan Kesihatan Awam*

Pharmaceutical Services

9. Bahagian Dasar dan Perancangan Strategik

Oral Health

10. Cawangan Kualiti Kesihatan Pergigian

Research & Technical Support

11. Institute for Health Systems Research (IHSR)
 - a. CHQR
12. Planning Division
13. Health Performance Unit (HPU)
14. Engineering

Food Safety & Quality

15. Cawangan Polisi dan Pembangunan

Management Division

16. Corporate Communication Unit

17. Training Management Division
18. Innovation Unit
19. *Bahagian Dasar dan Hubungan Antarabangsa (BDHA)*

QII Activities

1. Licensure & Registration
2. Credentialing & Privileging
3. Clinical Audit
4. Peri Operative Mortality Review (POMR)
5. Internal Audit Pharmacy (ADAF)
6. Confidential Enquiry Maternal Death (CEMD)
7. Hospital Accreditation
8. Wound Care Programme
9. Cluster Hospital
10. Stillbirth and Under 5 Mortality Reporting (SU5MR)
11. National Nursing Audit (NNA)
12. Pain Free Programme
13. COVID-19 Mortality Review
14. Surgical Site Infection (SSI)
15. Clinical Practice Guideline (CPG)
16. Value Added Service (VAS)
17. National Operating Room Nursing Audit (NORNA)
18. Incident Reporting and Learning System
19. Infection Prevention and Control
20. Malaysian Patient Safety Goal (MPSG)
21. Medication Error Reporting System (MERS)
22. Safe Surgery Safe Life (SSSL)
23. Antimicrobial Resistant Containment Programme
24. Fall Prevention & Intervention
25. Patient Experience Survey
26. National Indicator Approach (NIA)
27. Performance Surveillance in Healthcare
28. Continuing Professional Development (CPD)
29. Hospital Accreditation
30. Laboratory Accreditation
31. COMBI for dengue prevention and control
32. Customer Complaint Management Patient Experience survey
33. Komuniti Sihat, Perkasa Negara (KOSPEN)
34. KOSPEN WOW
35. Dental Icon (iGG)
36. Know Your Medicine
37. Kesihatan Oral Tanpa Amalan Merokok (KOTAK)
38. QA / QI
39. Innovation (AIKKM)
40. Innovation (APIKKM)
41. Creative & Innovative Circle (KIK)
42. LEAN

SP 1: Improving Integrated People-Centred Services

OBJECTIVE 1	Strengthening commitment to improve people-centred care (PCC)
INDICATOR 1	Numbers of researches/innovations/quality projects/other activities implemented related to People Centred Care (PCC)
DEFINITION OF TERM	<ol style="list-style-type: none"> 1. People-Centred Care (PCC) is a care approach prioritising individuals, carers, families, and communities. PCC emphasizes providing necessary education and support for individuals to actively engage in decision-making and self-care. This approach is centred on people's health needs and expectations rather than focusing solely on diseases.^[1] 2. Quality projects relate to projects that use QA/QI, KIK, Clinical Audit, Lean and Innovation approaches in solving quality problems in improving health services.
CRITERIA	<p>Inclusion:</p> <ol style="list-style-type: none"> 1. Researches/innovations/quality projects retrieved from NMRR 2. Researches/innovations/quality projects from programmes and sub-programmes 3. Researches/innovations/quality projects that had been completed <p>Exclusion: N/A</p>
NUMERATOR	Numbers of researches / innovations / quality projects / other activities implemented related to People Centred Care (PCC)
DENOMINATOR	N/A
TARGET	≥ 2 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	<ol style="list-style-type: none"> 1. NMRR database search by IHSR using appropriate keywords and to be updated from time to time. For example XXXX 2. Programmes' databases <ol style="list-style-type: none"> a. Allied Health Science Division (BSKB) b. Oral Health c. Pharmaceutical d. Unit Inovasi e. Food Safety & Quality f. Training Management Division g. Public Health (COMBI)
LIST OF REFERENCE	<ol style="list-style-type: none"> 1. https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf 2. <i>Minit Mesyuarat</i> TWG NPQH Bil. 1/2023, 8 June 2023

OBJECTIVE 1	Strengthening commitment to improve people-centred care (PCC)
INDICATOR 2	PCC policy and guidelines developed
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion: Any national policy and guideline on PCC related to healthcare</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of policies and guidelines developed
DENOMINATOR	N/A
TARGET	1 per QAP in 2024
FREQUENCY OF REPORTING	N/A
SOURCES OF DATA	Medical Care Quality Section (Medical Programme)
LIST OF REFERENCE	N/A

OBJECTIVE 1	Strengthening commitment to improve people-centred care (PCC)
INDICATOR 3	Number of CPG developed with elements of PCC incorporated
DEFINITION OF TERM	1. Clinical Practice Guideline (CPG) is defined as statements that include recommendations intended to optimise patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options [1].
CRITERIA	<p>Inclusion:</p> <p>1. CPG developed with elements of PCC approved by MaHTAS</p> <p>Exclusion:</p> <p>N/A</p>
NUMERATOR	Number of CPG developed with elements of PCC
DENOMINATOR	N/A
TARGET	4 CPG per year
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Malaysian Health Technology Assessment Section (MaHTAS)
LIST OF REFERENCE	<p>1. Manual on development and implementation of evidence-based CPG</p> <p>https://www.moh.gov.my/moh/resources/CPG_MANUAL_MAHTAS.pdf</p>

OBJECTIVE 2	Empowering and engaging people
INDICATOR 4	Percentage of MOH hospital which conduct Annual Patient Experience Survey
DEFINITION OF TERM	NA
CRITERIA	Inclusion: All MOH hospitals Exclusion: N/A
NUMERATOR	Number of MOH hospital which conduct Annual Patient Experience Survey
DENOMINATOR	Total number of MOH hospital
TARGET	100%
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Medical Care Quality Section (Medical Programme)
LIST OF REFERENCE	N/A

OBJECTIVE 2	Empowering and engaging people													
INDICATOR 5	Percentage of MOH health clinic which conduct Annual Patient Experience Survey													
DEFINITION OF TERM (PRN)	N/A													
CRITERIA (PRN)	Inclusion: All MOH Health Clinics (KK) Exclusion: N/A													
NUMERATOR	Number of MOH health clinic which conduct Annual Patient Experience Survey													
DENOMINATOR	Total number of MOH health clinics													
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>70%</td> </tr> <tr> <td>2023</td> <td>80%</td> </tr> <tr> <td>2024</td> <td>85%</td> </tr> <tr> <td>2025</td> <td>90%</td> </tr> <tr> <td>2026</td> <td>100%</td> </tr> </tbody> </table>		Year	Standard	2022	70%	2023	80%	2024	85%	2025	90%	2026	100%
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2022	70%													
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2025	90%													
2026	100%													
FREQUENCY OF REPORTING	Yearly													
SOURCES OF DATA	Public Health Programme													
LIST OF REFERENCE	N/A													

OBJECTIVE 2	Empowering and engaging people
INDICATOR 6	Percentage of client feedback delivered within the stipulated time
DEFINITION OF TERM	<ol style="list-style-type: none"> 1. Client feedback is information provided by customers about their experience with a product or service. Its purpose is to reveal their level of satisfaction and help product, customer success, and marketing teams understand where there is room for improvement.^[1] 2. Stipulated time referred to 15 working days and subjected to normal cases only.^[1]
CRITERIA	<p>Inclusion: Normal cases</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of normal cases settled within stipulated time
DENOMINATOR	Total number of normal cases received
TARGET	85%
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Corporate Communication Unit, Management Division
LIST OF REFERENCE	1. https://www.pcb.gov.my/pdf/pekeliling/2022_-_PA_BIL_2_Penambahbaikan_Pengurusan_Aduan_Awam.pdf

SP 2: Strengthening Governance for Quality

OBJECTIVE 1	Strengthening leadership commitment in quality through the monitoring of current organisation's performances
INDICATOR 7	Number of quality-related meetings (discussing quality indicator's performances as one of the agendas) chaired by top leaders at respective programme levels or at the national level
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion: Number of meetings taken into account is the meeting led by the program/sub-program for QII activities at the national level chaired by the Deputy Director/<i>Setiausaha Bahagian (SUB)</i> or a higher position</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of quality-related meetings (discussing quality indicator's performances as one of the agendas) chaired by top leaders at respective programme levels or at the national level.
DENOMINATOR	Meeting chaired by Deputy Director of Division or higher (54 committee)
TARGET	≥1 per Committee
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	54 Committee for 40 QIIs (Refer to Appendix 1 for Committee list)
LIST OF REFERENCE	N/A

OBJECTIVE 2	Underline the importance of quality in the MOH at top-level management												
INDICATOR 8	Number of quality-related initiatives papers presented during the <i>KPK Khas</i> Meeting												
DEFINITION OF TERM	N/A												
CRITERIA	<p>Inclusion: Proposal paper, <i>kertas makluman</i>, <i>kertas dasar</i>, related to quality activity which has the potential to be presented during the <i>KPK Khas</i> Meeting.</p> <p>Exclusion: N/A</p>												
NUMERATOR	Number of quality-related initiatives papers presented during the <i>KPK Khas</i> Meeting												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>1 per QAP</td> </tr> <tr> <td>2023</td> <td>1 per QAP</td> </tr> <tr> <td>2024</td> <td>1 per QAP</td> </tr> <tr> <td>2025</td> <td>2 per QAP</td> </tr> <tr> <td>2026</td> <td>2 per QAP</td> </tr> </tbody> </table>	Year	Standard	2022	1 per QAP	2023	1 per QAP	2024	1 per QAP	2025	2 per QAP	2026	2 per QAP
Year	Standard												
2022	1 per QAP												
2023	1 per QAP												
2024	1 per QAP												
2025	2 per QAP												
2026	2 per QAP												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programme/Programmes												
LIST OF REFERENCE	N/A												

OBJECTIVE 3	Strengthening governance of the Quality Committee / Department / Section
INDICATOR 9	Establishment of a National Quality Directorate / Council
DEFINITION OF TERM	<p>National Quality Directorate / Council is a committee that governs and integrates various quality initiatives across the different levels of the health system.</p> <p>These may include steps towards it such as the development of a standardised job description for healthcare quality professional working at the Quality Unit/Department in various level (Hospital/PKD/State/National)</p>
CRITERIA	<p>Inclusion: N/A</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of National Quality and Patient safety Directorate / Council established or steps towards it
DENOMINATOR	N/A
TARGET	Established by 2026
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Quality Competency Research Team (IHSR) with the related TWG
LIST OF REFERENCE	<ol style="list-style-type: none"> 1. Minit JK QAP Bil 1/2023 2. <u>Ministry of Health Malaysia. National Policy for Quality in Healthcare: Bridging Silos, Accelerating Improvements. Selangor: Institute for Health Systems Research; 2021, page 66</u>

OBJECTIVE 3	Strengthening governance of the Quality Committee / Department / Section
INDICATOR 10	Percentage of the TORs of Quality Committees being reviewed
DEFINITION OF TERM	Terms of reference is a broader document that outlines the objectives, scope, and responsibilities of a particular quality committee.
CRITERIA	<p>Inclusion:</p> <ol style="list-style-type: none"> TOR of Quality Committee at National level / Programme level TOR being reviewed at least 3 – 5 years <p>*Reporting requires the name of each quality committee that has TORs. The Quality Committee here refers to the same Committee as listed for Indicator 7.</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of TORs of Quality Committees being reviewed
DENOMINATOR	Total number of Quality Committees with TOR at National level / Programme level
TARGET	80%
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	51 committees
LIST OF REFERENCE	N/A

OBJECTIVE 3	Strengthening governance of the Quality Committee/Department/Section													
INDICATOR 11	Percentage of District Health Offices with a Quality Unit													
DEFINITION OF TERM (PRN)	N/A													
CRITERIA (PRN)	<p>Inclusion: All District Health Offices in MOH</p> <p>Exclusion: N/A</p>													
NUMERATOR	Number of established Quality Department/Unit/Section in District Health Offices													
DENOMINATOR	Total number of District Health Offices in MOH													
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>20%</td> </tr> <tr> <td>2023</td> <td>50%</td> </tr> <tr> <td>2024</td> <td>75%</td> </tr> <tr> <td>2025</td> <td>85%</td> </tr> <tr> <td>2026</td> <td>100%</td> </tr> </tbody> </table>		Year	Standard	2022	20%	2023	50%	2024	75%	2025	85%	2026	100%
Year	Standard													
2022	20%													
2023	50%													
2024	75%													
2025	85%													
2026	100%													
FREQUENCY OF REPORTING	Yearly													
SOURCES OF DATA	Public Health Programme													
LIST OF REFERENCE	N/A													

OBJECTIVE 4	Improving resources for Quality
INDICATOR 12	Number of posts proposed for quality directorate at programme level
DEFINITION OF TERM	Quality directorate in programme encompassed any post requested under the program/sub-program level
CRITERIA	<p>Inclusion: Post for quality directorate at the Programme level</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of posts proposed for quality directorate at the Programme level
DENOMINATOR	NA
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes (except Pathology and <i>BKMM</i>)
LIST OF REFERENCE	<i>Minit Mesyuarat</i> TWG NPQH Bil. 1/2023, 8 June 2023

OBJECTIVE 4	Improving resources for quality													
INDICATOR 13	Percentage of allocation for quality-related training													
DEFINITION OF TERMS	N/A													
CRITERIA	<p>Inclusion:</p> <ol style="list-style-type: none"> Budget allocation under <i>Pelan Operasi Latihan (POL)</i> Budget allocation under <i>Peruntukan Mengurus</i> (to include any allocation requested for quality-related convention) Budget from outside eg. WHO or other sources (extramural) <p>Exclusion: N/A</p>													
NUMERATOR	Budget allocated (RM) for quality-related training													
DENOMINATOR	Total budget allocated for training													
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>5%</td> </tr> <tr> <td>2023</td> <td>5%</td> </tr> <tr> <td>2024</td> <td>5%</td> </tr> <tr> <td>2025</td> <td>10%</td> </tr> <tr> <td>2026</td> <td>10%</td> </tr> </tbody> </table>		Year	Standard	2022	5%	2023	5%	2024	5%	2025	10%	2026	10%
Year	Standard													
2022	5%													
2023	5%													
2024	5%													
2025	10%													
2026	10%													
FREQUENCY OF REPORTING	Yearly													
SOURCES OF DATA	Sub-programmes/Programmes													
LIST OF REFERENCE	N/A													

SP 3: Strengthening Internalisation of Quality Culture Among All Healthcare Staff

OBJECTIVE 1	Understanding current level of the organisation's quality culture, readiness for change and performances
INDICATOR 14	Number of organisations which have conducted assessment on quality culture
DEFINITION OF TERM	Organizational culture refers to the shared values, thinking, and behaviors of people in workplaces and organizations ^[1] . In the context of healthcare, organisational culture offers a framework and a set of guiding values to create, implement and evaluate the delivery of the best possible care to patients, carers and staff ^[2] .
CRITERIA	Inclusion: Any healthcare facilities/institution in MOH which have conducted assessment on quality culture Exclusion: N/A
NUMERATOR	Number of organisations which have conducted assessment on quality culture
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	2024, 2026
SOURCES OF DATA	Programmes
LIST OF REFERENCES	<ol style="list-style-type: none"> 1. Parmelli E, Flodgren G, Beyer F, Baillie N, Schaafsma ME, Eccles MP. The effectiveness of strategies to change organisational culture to improve healthcare performance: a systematic review. <i>Implementation Science</i>. (2011) 6:1–8. doi: 10.1186/1748-5908-6-33 2. Francis R. The mid Staffordshire NHS Foundation Trust Public Inquiry. (2013) http:// webarchive.nationalarchives.gov.uk/ 20150407084003/ http://www.midstaffpublicinquiry.com/

OBJECTIVE 2	Emphasis on employee wellness and welfare
INDICATOR 15	Percentage of workers screened for risk factors of NCD in Ministry of Health settings that implemented the KOSPEN WOW programme in the current year.
DEFINITION OF TERM	<p>Health Screening: Tests/ screening or assessments to detect early symptoms of chronic diseases to facilitate prevention and treatment. The tests/ screening that need to be carried out are as follows:</p> <p>Mandatory exams/ screening:</p> <ul style="list-style-type: none"> • Measurement of Body Mass Index (BMI). • Waist circumference measurement. • Measurement of blood glucose levels (capillary blood), Random Blood Sugar or Fasting Blood Sugar. • Measurement of blood pressure levels. • Smoking status. <p>Optional test/ screening (as required):</p> <ul style="list-style-type: none"> • Healthy Minds Screening uses the Depression Anxiety Stress Scales (DASS-21) form. • Risk of alcohol harm using the Alcohol Use Disorder Identification Test for Consumption (AUDIT C) form. <p>Screening frequency: Once a year</p>
CRITERIA	<p>Inclusion criteria:</p> <ol style="list-style-type: none"> 1. MOH workers screened in accordance with KOSPEN WOW definition 2. Ministry of Health settings that implemented the KOSPEN WOW programme <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of workers screened for risk factors of NCD
DENOMINATOR	The total number of eligible workers in the current year.
TARGET	50%
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Disease Control Division
LIST OF REFERENCES	

OBJECTIVE 3	Develop, implement, and strengthen an engagement plan between top management and healthcare providers
INDICATOR 16	Number of programme/institutions that conducted Internal Client Satisfaction Survey
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion criteria: All programme/institutions/divisions that conducted Internal Client Satisfaction Survey</p> <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of programme/institutions that conducted Internal Client Satisfaction Survey
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/programme
LIST OF REFERENCE	N/A

OBJECTIVE 4	Strengthen the reward, incentive and recognition system and mechanism
INDICATOR 17	Number of programmes/organisations having an incentive and recognition system
DEFINITION OF TERM	Incentive or recognition given to organizations/ individuals/ groups. These incentives and recognitions include finance, certificates, awards, goods, training sponsorship and others.
CRITERIA	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Incentive/rewards by projects – for example innovation, KIK, QA, Lean, clinical audit • Incentive/rewards by individual – for example QA Champion, Lean Champion • Incentive/rewards by organisation – for example Hospital Accreditation, Best Participation Award (QA Convention) • Certification MS ISO 9001:2015 (SIRIM) • Certification EKSA 2022-2024 (MAMPU) <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of programmes/organisations having an incentive and recognition system
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes (except HPU and Pathology)
LIST OF REFERENCE	N/A

OBJECTIVE 4	Strengthen the reward, incentive and recognition system and mechanism
INDICATOR 18	Number of quality trainers or officers given acknowledgement
DEFINITION OF TERM	<ol style="list-style-type: none"> 1. Acknowledgement is any incentive or recognition given to individuals. In this case, the certificate as a quality trainer. 2. There must be clear criteria in awarding acknowledgement. 3. Given to the individual, not the institution/work of place.
CRITERIA	<p>Inclusion criteria: N/A</p> <p>Exclusion criteria: Letter of appointment as a quality trainer Credentialing certification related to the scope of work</p>
NUMERATOR	Number of quality trainers or officers given acknowledgement
DENOMINATOR	N/A
TARGET	Beating own standard
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes except Pathology.
LIST OF REFERENCE	N/A

OBJECTIVE 4	Strengthen the reward, incentive and recognition system and mechanism
INDICATOR 19	Number of institutions given acknowledgement
DEFINITION OF TERM	Acknowledgement is any incentive or recognition given to organizations/institutions
CRITERIA	<p>Inclusion criteria: Institutions/organisations given acknowledgement for substantial achievement in quality-related awards from:</p> <ul style="list-style-type: none"> • agencies within the Ministry of Health • agencies outside the Ministry of Health • clients or patients <p>Including</p> <ul style="list-style-type: none"> • Incentive/rewards by organisation – KPI/HPIA/OHP/Hospital Accreditation • Certification MS ISO 9001:2015 (SIRIM) • Certification EKSA 2022-2024 (MAMPU) • QA Convention- Best Participation Award <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of institutions given acknowledgement
DENOMINATOR	N/A
TARGET	Beating own standard
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 4	Strengthen the reward, incentive and recognition system and mechanism
INDICATOR 20	Mechanism for healthcare facility ranking developed
DEFINITION OF TERM	Mechanism for healthcare facility ranking is a method for grading healthcare facilities based on their performance.
CRITERIA	Inclusion criteria: N/A Exclusion criteria: N/A
NUMERATOR	Mechanism for healthcare facility ranking established
DENOMINATOR	N/A
TARGET	2026
FREQUENCY OF REPORTING	Once
SOURCES OF DATA	Healthcare facility Ranking Team & the related TWG
LIST OF REFERENCE	N/A

OBJECTIVE 5	Review and optimise the system for healthcare facility accreditation to meet quality of care objectives												
INDICATOR 21	Percentage of MOH lead hospitals accredited												
DEFINITION OF TERM	<p>Leads hospitals means the hospital responsible for coordinating, in collaboration with the jurisdictional emergency management agency and health department, staffing and management of the clinical services provided, or as a tertiary or cluster hospital, it is also responsible to coordinate between hospitals and public health clinics ^[1]</p> <p>Lead hospitals are the main hospital leading the other hospital in the cluster.</p>												
CRITERIA	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> All lead hospitals identified to be accredited Eg: 42 hospitals under the MOH <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of lead hospitals accredited in that particular year												
DENOMINATOR	Number of MOH lead hospitals identified/listed to be accredited												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>31%</td> </tr> <tr> <td>2023</td> <td>25%</td> </tr> <tr> <td>2024</td> <td>50%</td> </tr> <tr> <td>2025</td> <td>88%</td> </tr> <tr> <td>2026</td> <td>100%</td> </tr> </tbody> </table>	Year	Standard	2022	31%	2023	25%	2024	50%	2025	88%	2026	100%
Year	Standard												
2022	31%												
2023	25%												
2024	50%												
2025	88%												
2026	100%												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Medical Care Quality Section, Medical Development Division												
LIST OF REFERENCE	[1] https://www.moh.gov.my/index.php/database_stores/attach_download/386/346												

OBJECTIVE 1	Strengthen the interaction among programmes within the MOH
INDICATOR 22	Numbers of dialogue sessions conducted (within MOH)
DEFINITION OF TERM	<p>Dialogue sessions are conversation between two or more people, or an exchange of opinions, discussion or a communication on quality related matters.</p> <p>The goal is to collectively address issues, share perspectives, and work towards consensus or effective collaboration in policymaking and implementation.</p>
CRITERIA	<p>Inclusion criteria:</p> <ol style="list-style-type: none"> 1. Dialogue sessions conducted at programme or ministry level 2. Dialogue sessions conducted across similar or different level of personnel 3. The session is chaired/attended by the top-level managers, programme and division directors. 4. The dialogue can be a stand-alone event or may be incorporated as part of the conference/convention agenda <p>E.g.</p> <ul style="list-style-type: none"> • IHSR- Meet the Leaders in conjunction with National QA Convention 2022 • BSKB- <i>Perbincangan Hasil Kajian Rintis dan Spesifikasi Teknikal Cadangan NIA Profesion Pemulihan (Carakerja)</i> • Oral Health- <i>Lawatan Rasmi Wilayah Persekutuan Labuan</i> <p>Exclusion criteria:</p> <p>Meetings such as Mesyuarat SOP 2022 dan Pencapaian 2021 Program Kejuruteraan Kesihatan Umum, Mesyuarat Persediaan Konvensyen QA Kebangsaan Tahun 2022 Bil.02/2022</p>
NUMERATOR	Numbers of dialogue sessions conducted
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	2022, 2024, 2026
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

SP 4: Enhancing Communication and Engagement of Stakeholder for Quality

OBJECTIVE 2	Strengthen the interaction among MOH programmes with other ministries, private sectors, and the community
INDICATOR 23	Numbers of dialogue sessions conducted (outside of MOH)
DEFINITION OF TERM	Dialogue sessions are conversation between two or more people, or an exchange of opinions, discussion or a communication on quality related matters. The goal is to collectively address issues, share perspectives, and work towards consensus or effective collaboration in policymaking and implementation.
CRITERIA	<p>Inclusion criteria:</p> <p>1. Dialogue sessions conducted among MOH with agencies outside of MOH E.g.</p> <ul style="list-style-type: none"> • Planning Division- HWP- <i>Sesi libat urus Bersama Top Management di luar KKM</i> • Engineering- <i>Mesyuarat SOP 2022 dan Pencapaian 2021 Program Kejuruteraan Kesihatan Umum Bersama Syarikat konsensi</i> <p>2. The dialogue can be a standalone event or may be incorporated as part of the conference/convention agenda</p> <p>Exclusion criteria: N/A</p>
NUMERATOR	Numbers of dialogue sessions conducted
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	2023, 2025
SOURCES OF DATA	Sub-programmes/programmes
LIST OF REFERENCE	N/A

OBJECTIVE 3	Foster knowledge sharing and knowledge translation platforms on quality improvement activities												
INDICATOR 24	Number of quality seminars/conferences/conventions conducted within MOH												
DEFINITION OF TERM	N/A												
CRITERIA	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Quality seminars/ conferences/ conventions organised by MOH • Includes a webinar lasting at least for 4 hours <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of quality seminars/ conferences/ conventions conducted within MOH												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>5 per QAP</td> </tr> <tr> <td>2023</td> <td>5 per QAP</td> </tr> <tr> <td>2024</td> <td>6 per QAP</td> </tr> <tr> <td>2025</td> <td>7 per QAP</td> </tr> <tr> <td>2026</td> <td>8 per QAP</td> </tr> </tbody> </table>	Year	Standard	2022	5 per QAP	2023	5 per QAP	2024	6 per QAP	2025	7 per QAP	2026	8 per QAP
Year	Standard												
2022	5 per QAP												
2023	5 per QAP												
2024	6 per QAP												
2025	7 per QAP												
2026	8 per QAP												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes / programmes												
LIST OF REFERENCE	N/A												

OBJECTIVE 3	Foster knowledge sharing and knowledge translation platforms on quality improvement activities
INDICATOR 25	Number of quality collaborative seminars/ conferences/ conventions between MOH and other agencies
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> Quality collaborative seminars/ conferences/ conventions organised by MOH in collaboration with other agencies. Includes a webinar lasting at least 4 hours <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of quality collaborative seminars/conferences/conventions between MOH and other agencies
DENOMINATOR	N/A
TARGET	2 per QAP
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programme/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 3	Foster knowledge sharing and knowledge translation platforms on quality improvement activities					
INDICATOR 26	Total number of quality projects presented at conventions/conferences					
DEFINITION OF TERM	N/A					
CRITERIA	<p>Inclusion criteria: Quality projects can include these or more:</p> <ul style="list-style-type: none"> • Innovation • QA project • KIK project • Lean (start reporting 2024) • COMBI (start reporting 2024) <p>Involved quality projects presented at the national (ministry) level</p> <p>Exclusion criteria: N/A</p>					
NUMERATOR	Total number of quality projects presented at conventions/conferences. E.g., Innovation, QA project, KIK project, Lean project, clinical audit					
DENOMINATOR	N/A					
TARGET	Year	Standard				
		QA Secretariat	Oral Health Programmes	Training Management Division	Hosp Services/IHM Lean	HEP COMBI
	2022	≥70	≥100	≥80		
	2023	-	≥100	≥80	Setting standard	Setting standard
	2024	≥70	≥100	≥80	Start reporting	Start reporting
	2025	-	≥100	≥80		
	2026	≥70	≥100	≥80		
FREQUENCY OF REPORTING	Yearly for Innovation and KIK, every two years for QA					
SOURCES OF DATA	<ul style="list-style-type: none"> • <i>Bahagian Pengurusan Latihan</i> (BPL) • IHSR • Oral Health Programme 					
LIST OF REFERENCE	N/A					

OBJECTIVE 3	Foster knowledge sharing and knowledge translation platforms on quality improvement activities												
INDICATOR 27	Number of QA/QI projects manuscripts published												
DEFINITION OF TERMS	Manuscript related to quality published locally or internationally												
CRITERIA	<p>Inclusion criteria:</p> <ol style="list-style-type: none"> 1. QA/QI projects 2. Innovation projects 3. KIK project 4. Other publication related to QII <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of QA/QI projects manuscripts published												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>5 per QAP</td> </tr> <tr> <td>2023</td> <td>5 per QAP</td> </tr> <tr> <td>2024</td> <td>8 per QAP</td> </tr> <tr> <td>2025</td> <td>8 per QAP</td> </tr> <tr> <td>2026</td> <td>10 per QAP</td> </tr> </tbody> </table>	Year	Standard	2022	5 per QAP	2023	5 per QAP	2024	8 per QAP	2025	8 per QAP	2026	10 per QAP
Year	Standard												
2022	5 per QAP												
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2024	8 per QAP												
2025	8 per QAP												
2026	10 per QAP												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes/Programmes												
LIST OF REFERENCE	N/A												

OBJECTIVE 3	Foster knowledge sharing and knowledge translation platforms on quality improvement activities												
INDICATOR 28	Number of hits received for online quality page/hub												
DEFINITION OF TERMS	<p>A quality page/ hub is a website with content related to any quality improvement initiative in MOH.</p> <p>A hit refers to the number of files downloaded on your site, this could include photos, graphics, etc.</p> <p>E.g.</p> <ul style="list-style-type: none"> • BSKB 395 687 hits • MAHTAS 143766 hits • Bhg Kesihatan Keluarga 371 821 hits • Food safety & Quality • IHSR - My Jurnal 7480 hits, MyJMS 3266 hits • Oral Health - Malaysian Dental Council 435 384 hits 												
CRITERIA	<p>Inclusion criteria: N/A</p> <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of hits received for online quality page/hub												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>Baseline</td> </tr> <tr> <td>2023</td> <td>+5% for each website</td> </tr> <tr> <td>2024</td> <td>+10% for each website</td> </tr> <tr> <td>2025</td> <td>+20% for each website</td> </tr> <tr> <td>2026</td> <td>+50% for each website</td> </tr> </tbody> </table>	Year	Standard	2022	Baseline	2023	+5% for each website	2024	+10% for each website	2025	+20% for each website	2026	+50% for each website
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2025	+20% for each website												
2026	+50% for each website												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes / Programmes												
LIST OF REFERENCE	N/A												

SP 5: Building Effective Capacity and Capability for Quality

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills
INDICATOR 29	Number of quality training within MOH conducted per program as per POL (<i>Pelan Operasi Latihan</i>)
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion criteria: Quality training within MOH conducted per program as per POL (<i>Pelan Operasi Latihan</i>) related to the QII E.g.</p> <ul style="list-style-type: none"> • Public Health- <i>Bengkel Audit Dalaman ISO Program KA (1)</i> • Oral Health- <i>Kursus KIK</i> • IHSR- <i>Writing For Q-Bulletin: Polish & Publish Workshop</i> <p>Exclusion criteria: N/A</p>
NUMERATOR	Number of quality training within MOH conducted per program as per POL (<i>Pelan Operasi Latihan</i>)
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills												
INDICATOR 30	Number of HCWs trained in quality at national level per program per year												
DEFINITION OF TERM	N/A												
CRITERIA	<p>Inclusion criteria: Attendees for the quality training listed in Indicator 29 E.g.</p> <ul style="list-style-type: none"> • Public Health- <i>Bengkel Audit Dalaman ISO Program KA</i> • Oral Health- <i>Kursus Pengurusan Maklum Balas Awam</i> • Pharmaceutical- <i>Kursus Pemantapan Audit Dalaman MS ISO 9001:2015</i> <p>Exclusion criteria: N/A</p>												
NUMERATOR	<p>Number of HCWs trained in quality at national level per program per year E.g.</p> <ul style="list-style-type: none"> • Public Health- <i>Bengkel Audit Dalaman ISO Program KA</i> • Oral Health- <i>Kursus Audit Dalaman 2022</i> 												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>Baseline per program</td> </tr> <tr> <td>2023</td> <td>+5% per program</td> </tr> <tr> <td>2024</td> <td>+10% per program</td> </tr> <tr> <td>2025</td> <td>+15% per program</td> </tr> <tr> <td>2026</td> <td>+20% per program</td> </tr> </tbody> </table>	Year	Standard	2022	Baseline per program	2023	+5% per program	2024	+10% per program	2025	+15% per program	2026	+20% per program
Year	Standard												
2022	Baseline per program												
2023	+5% per program												
2024	+10% per program												
2025	+15% per program												
2026	+20% per program												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes/Programmes												
LIST OF REFERENCE	N/A												

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills												
INDICATOR 31	Number of collaborative QA/QI trainings conducted between MOH and other agencies												
DEFINITION OF TERM	N/A												
CRITERIA	<p>Inclusion criteria:</p> <p>1. Collaborative QA/QI trainings conducted between MOH and other agencies (local/international) E.g.</p> <ul style="list-style-type: none"> Oral Health- <i>Bengkel Tatacara Menjawab Laporan Ketakakuran dan Laporan Penambahbaikan (SIRIM)</i> <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of collaborative QA/QI trainings conducted between MOH and other agencies (local/international)												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>1 per programme</td> </tr> <tr> <td>2023</td> <td>-</td> </tr> <tr> <td>2024</td> <td>1 per programme</td> </tr> <tr> <td>2025</td> <td>-</td> </tr> <tr> <td>2026</td> <td>1 per programme</td> </tr> </tbody> </table>	Year	Standard	2022	1 per programme	2023	-	2024	1 per programme	2025	-	2026	1 per programme
Year	Standard												
2022	1 per programme												
2023	-												
2024	1 per programme												
2025	-												
2026	1 per programme												
FREQUENCY OF REPORTING	2022, 2024, 2026												
SOURCES OF DATA	Sub-programmes/Programmes												
LIST OF REFERENCE	N/A												

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills												
INDICATOR 32	Number of core QA/QI trainers at the national/international levels												
DEFINITION OF TERM	Core QA/QI trainers are healthcare workers that have been trained to conduct trainings at the national or international level on the QA/QI by IHSR/programmes.												
CRITERIA	<p>Inclusion criteria: Core QA/QI trainers at the national/international levels identified by the programme or QII Leads for their respective quality fields E.g.</p> <ul style="list-style-type: none"> • QA • KOTAK • IGC • NIA, KPI <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of core QA/QI trainers at the national/international levels												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>Baseline</td> </tr> <tr> <td>2023</td> <td>+5% per QAP</td> </tr> <tr> <td>2024</td> <td>+10% per QAP</td> </tr> <tr> <td>2025</td> <td>+15% per QAP</td> </tr> <tr> <td>2026</td> <td>+20% per QAP</td> </tr> </tbody> </table>	Year	Standard	2022	Baseline	2023	+5% per QAP	2024	+10% per QAP	2025	+15% per QAP	2026	+20% per QAP
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2026	+20% per QAP												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes/Programmes with related QII												
LIST OF REFERENCE	N/A												

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills												
INDICATOR 33	Number of training modules developed/reviewed/updated												
DEFINITION OF TERM	Training modules related to quality												
CRITERIA	<p>Inclusion criteria:</p> <ol style="list-style-type: none"> No of training modules related to quality developed/reviewed/updated in the reporting period Conventional or e-module <p>E.g.</p> <ul style="list-style-type: none"> Module in assessing phlebitis by Nursing Programme Module Episiotomy guideline Quality Assurance in Oral Health Services <p>Exclusion criteria: N/A</p>												
NUMERATOR	Number of training modules developed/reviewed/updated												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>1 per QAP</td> </tr> <tr> <td>2023</td> <td>1 per QAP</td> </tr> <tr> <td>2024</td> <td>1 per QAP</td> </tr> <tr> <td>2025</td> <td>1 per QAP</td> </tr> <tr> <td>2026</td> <td>1 per QAP</td> </tr> </tbody> </table>	Year	Standard	2022	1 per QAP	2023	1 per QAP	2024	1 per QAP	2025	1 per QAP	2026	1 per QAP
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2026	1 per QAP												
FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	Sub-programmes/Programmes QII												
LIST OF REFERENCE	N/A												

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills																				
INDICATOR 34	Quality competency framework developed																				
DEFINITION OF TERM	<p>Quality improvement (QI) competencies are an integrated set of applied knowledge, skills, attitudes and behaviours required to perform a given role or responsibility effectively.</p> <p>These may include steps towards it such as related reviews towards the framework development.</p>																				
CRITERIA	<p>Inclusion criteria: NA</p> <p>Exclusion criteria: N/A</p>																				
NUMERATOR	Quality competency framework developed																				
DENOMINATOR	N/A																				
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> <th>Achievements</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>-</td> <td></td> </tr> <tr> <td>2023</td> <td>1</td> <td></td> </tr> <tr> <td>2024</td> <td>1</td> <td></td> </tr> <tr> <td>2025</td> <td>1</td> <td></td> </tr> <tr> <td>2026</td> <td>1</td> <td></td> </tr> </tbody> </table>			Year	Standard	Achievements	2022	-		2023	1		2024	1		2025	1		2026	1	
Year	Standard	Achievements																			
2022	-																				
2023	1																				
2024	1																				
2025	1																				
2026	1																				
FREQUENCY OF REPORTING	Yearly starting from 2023																				
SOURCES OF DATA	Q Competency Framework Development team (IHSR) and related TWG																				
LIST OF REFERENCE	N/A																				

OBJECTIVE 1	Strengthen in-service quality improvement training encompassing technical and soft skills													
INDICATOR 35	Percentage of competent staff working in quality department													
DEFINITION OF TERM	Staff competency is assessed based on the quality competency framework in Indicator 34.													
CRITERIA	<p>Inclusion criteria: All staff working at quality department at national/state/district/facility levels</p> <p>Exclusion criteria: N/A</p>													
NUMERATOR	Number of competent staff working in the quality department													
DENOMINATOR	Total number of staff working in the quality department													
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>-</td> </tr> <tr> <td>2023</td> <td>-</td> </tr> <tr> <td>2024</td> <td>-</td> </tr> <tr> <td>2025</td> <td>10%</td> </tr> <tr> <td>2026</td> <td>20%</td> </tr> </tbody> </table>		Year	Standard	2022	-	2023	-	2024	-	2025	10%	2026	20%
Year	Standard													
2022	-													
2023	-													
2024	-													
2025	10%													
2026	20%													
FREQUENCY OF REPORTING	2025, 2026													
SOURCES OF DATA	<ul style="list-style-type: none"> • Sub-programmes/Programmes • QII Leads • Quality Committee at the State Level 													
LIST OF REFERENCE	N/A													

OBJECTIVE 2	Assessment of the training provided
INDICATOR 36	Number of training (related to quality) feedback obtained (National level, per program per year)
DEFINITION OF TERM	Training feedback is any feedback obtained as evidenced by any assessment tool used to evaluate the quality-related training done. <i>e.g.</i> <i>Borang Penilaian Kursus yang dikemukakan kepada Penyelaras Latihan.</i>
CRITERIA	Inclusion criteria: Quality-related training feedback obtained (related to the training listed in POL (indicator 29)) Exclusion criteria: NA
NUMERATOR	Number of training feedback obtained from participants attending the quality-related training as listed in POL
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

SP 6: ENHANCING MEASUREMENT AND QUALITY IMPROVEMENT INITIATIVES

OBJECTIVE 1	Reviewing and strengthening the measurement and indicator framework
INDICATOR 37	Framework adopted/adapted/reviewed
DEFINITION OF TERM	Quality framework for technical and experiential components of quality
CRITERIA (PRN)	<p>Inclusion: NA</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of framework adopted/adapted/reviewed
DENOMINATOR	N/A
TARGET	1
FREQUENCY OF REPORTING	2022 (adopted), 2026 (reviewed)
SOURCES OF DATA	Measurement framework development team (IHSR) and related TWG
LIST OF REFERENCE	N/A

OBJECTIVE 1	Reviewing and strengthening the measurement and indicator framework
INDICATOR 38	A set of indicators finalised/adopted that measure technical and experiential components of quality
DEFINITION OF TERM	N/A
CRITERIA	<p>Inclusion: N/A</p> <p>Exclusion: N/A</p>
NUMERATOR	Set of indicators finalised/adopted that measure technical and experiential components of quality and community engagement listed according to the STEEPA domains
DENOMINATOR	N/A
TARGET	1 per QAP
FREQUENCY OF REPORTING	2023, 2024
SOURCES OF DATA	Measurement framework development team (IHSR) and related TWG
LIST OF REFERENCE	N/A

OBJECTIVE 2	Improving data quality
INDICATOR 39	Number of audits conducted on the quality of QA/QI data per programme
DEFINITION OF TERM	An audit of data refers to the assessment of the data completeness, frequency of submission and verification.
CRITERIA (PRN)	<p>Inclusion:</p> <ol style="list-style-type: none"> 1. Audit for QII activities at National level/State level which includes data audit 2. Cross audit or external audit <p>Exclusion: Self-audit</p>
NUMERATOR	Total number of audits being conducted
DENOMINATOR	N/A
TARGET	1 per programme
FREQUENCY OF REPORTING	Yearly
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 3	Managing data and linking data sources – strengthening MyHDW
INDICATOR 40	Establishment of an integrated database for quality indicators
DEFINITION OF TERM	<p>An integrated database for quality indicators refers to a comprehensive and centralized repository that stores and manages data related to various quality indicators within an organization or system.</p> <p>This could be done as part of the Malaysian Health Data Warehouse (MyHDW). MyHDW is a dedicated system that is optimized for analysis and reporting with data that is integrated, interoperable and comprehensive. It is built based on national health informatics standards that employ overarching healthcare system governance.</p>
CRITERIA (PRN)	<p>Inclusion: N/A</p> <p>Exclusion: N/A</p>
NUMERATOR	An integrated database for quality indicators
DENOMINATOR	N/A
TARGET	1 in 2027
FREQUENCY OF REPORTING	Once
SOURCES OF DATA	Integrated Database (PIK) Development team and related TWG
LIST OF REFERENCE	N/A

OBJECTIVE 4	Using data for decision making												
INDICATOR 41	Number of new health sectors engaged/participated (National level performance)												
DEFINITION OF TERM	<p>The engagement/participation here refers to the involvement of ministries or sectors (public and private) related to health in contributing to Big Data visualising analytics for decision-making.</p> <p>Big Data visualising analytics are the use of visual representations to explore, analyse, and communicate insights from large and complex datasets to reveal patterns, trends, and relationships within the data.</p>												
CRITERIA	<p>Inclusion: Healthcare facilities</p> <p>Exclusion: N/A</p>												
NUMERATOR	Number of new health sectors engaged/participated in big data visualisation analytic (dashboard)												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>1 MOH</td> </tr> <tr> <td>2023</td> <td>1 Ministry of Defense (MoD)</td> </tr> <tr> <td>2024</td> <td>1 Ministry of Education (MoE)</td> </tr> <tr> <td>2025</td> <td>1 private</td> </tr> <tr> <td>2026</td> <td>1 private</td> </tr> </tbody> </table>	Year	Standard	2022	1 MOH	2023	1 Ministry of Defense (MoD)	2024	1 Ministry of Education (MoE)	2025	1 private	2026	1 private
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FREQUENCY OF REPORTING	Yearly												
SOURCES OF DATA	HPU												
LIST OF REFERENCE	N/A												

OBJECTIVE 4	Using data for decision making													
INDICATOR 42	Number of new health sectors engaged/participated (Hospital level performance)													
DEFINITION OF TERM	Refer indicator 41. The engagement refers to the data provided for specific indicators as in the inclusion criteria													
CRITERIA	<p>Inclusion: The indicators:</p> <ol style="list-style-type: none"> 1. Readmission rate 2. Length of stay 3. Hospital mortality 4. Patient satisfaction and experience survey <p>Exclusion: N/A</p>													
NUMERATOR	Number of new hospital engaged / participated in big data visualisation analytic (dashboard) for the indicators identified													
DENOMINATOR	N/A													
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>1 MOH</td> </tr> <tr> <td>2023</td> <td>1 Ministry of Defense (MoD)</td> </tr> <tr> <td>2024</td> <td>1 Ministry of Education (MoE)</td> </tr> <tr> <td>2025</td> <td>1 private</td> </tr> <tr> <td>2026</td> <td>1 private</td> </tr> </tbody> </table>		Year	Standard	2022	1 MOH	2023	1 Ministry of Defense (MoD)	2024	1 Ministry of Education (MoE)	2025	1 private	2026	1 private
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FREQUENCY OF REPORTING	Yearly													
SOURCES OF DATA	HPU													
LIST OF REFERENCE	N/A													

SP 7: STRENGTHENING MONITORING AND EVALUATION OF QUALITY PROGRAMMES & INITIATIVES

OBJECTIVE 1	Organising/conducting QII evaluations												
INDICATOR 43	Number of quality evaluators trained												
DEFINITION OF TERM	Quality evaluator is a user with permission to do a comprehensive evaluation of processes, outcomes, and other factors to ensure that services meet established standards and contribute to positive patient experiences and outcomes. ^[1]												
CRITERIA	<p>Inclusion: Healthcare staff who were trained to be quality evaluators</p> <p>Exclusion: N/A</p>												
NUMERATOR	Number of trained quality evaluators												
DENOMINATOR	N/A												
TARGET	<table border="1"> <thead> <tr> <th>Year</th> <th>Standard</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>Moved to 2023</td> </tr> <tr> <td>2023</td> <td>40</td> </tr> <tr> <td>2024</td> <td>40</td> </tr> <tr> <td>2025</td> <td>-</td> </tr> <tr> <td>2026</td> <td>40</td> </tr> </tbody> </table>	Year	Standard	2022	Moved to 2023	2023	40	2024	40	2025	-	2026	40
Year	Standard												
2022	Moved to 2023												
2023	40												
2024	40												
2025	-												
2026	40												
FREQUENCY OF REPORTING	2022 (pinda ke 2023), 2025												
SOURCES OF DATA	HPU												
LIST OF REFERENCE	N/A												

OBJECTIVE 1	Organising / conducting QII evaluations
INDICATOR 44	Number of in-house evaluations conducted by trained quality evaluators
DEFINITION OF TERM	N/A
CRITERIA (PRN)	<p>Inclusion: Self or cross in-house evaluations conducted by trained quality evaluators in MOH</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of in-house evaluations conducted
DENOMINATOR	N/A
TARGET	1 per QAP
FREQUENCY OF REPORTING	2024, 2026
SOURCES OF DATA	HPU
LIST OF REFERENCE	N/A

OBJECTIVE 1	Organising / conducting QII evaluations
INDICATOR 45	Number of external or joint evaluations conducted by trained quality evaluators
DEFINITION OF TERM (PRN)	<p>External or joint evaluations is a comprehensive intersectoral evaluation beyond MOH.</p> <p>The evaluation aims to ensure that services meet established standards and contribute to positive patient experiences and outcomes.</p>
CRITERIA (PRN)	<p>Inclusion:</p> <ol style="list-style-type: none"> 1. External or 2. Joint evaluation conducted by trained quality evaluators from MOH and other agencies outside of MOH <p>Exclusion: N/A</p>
NUMERATOR	Number of external or joint evaluations conducted by trained quality evaluators
DENOMINATOR	N/A
TARGET	1 per QAP
FREQUENCY OF REPORTING	2025, 2027
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 2	Dissemination and communication of evaluation results to close the loop
INDICATOR 46	Number of evaluation summaries which include recommendations on possible remedial measures
DEFINITION OF TERM (PRN)	Evaluation summaries are feedback analysis from the evaluations done given to the relevant stakeholders being evaluated.
CRITERIA (PRN)	<p>Inclusion:</p> <ol style="list-style-type: none"> 1. Evaluation summary prepared by evaluating team 2. Evaluation summary must be prepared within one (1) month after evaluations was conducted <p>Exclusion: N/A</p>
NUMERATOR	Number of evaluation summaries which include recommendations on possible remedial measures
DENOMINATOR	N/A
TARGET	1 per QAP
FREQUENCY OF REPORTING	2024, 2025, 2026
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	N/A

OBJECTIVE 2	Dissemination and communication of evaluation results to close the loop
INDICATOR 47	Number of summaries which include Root Cause Analysis and remedial actions
DEFINITION OF TERM (PRN)	<p>Root Cause Analysis is a structured method used to analyse certain situation/incident that had occurred. This incident may have led to serious adverse events or near missed events that occurred at the ground level.^[1]</p> <p>Remedial actions is a change made to a nonconforming product or service to address the deficiency.^[2]</p>
CRITERIA (PRN)	<p>Inclusion: Summaries of the Root Cause Analysis and remedial actions prepared in within three (3) months from evaluation summaries received</p> <p>Exclusion: N/A</p>
NUMERATOR	Number of summaries which include Root Cause Analysis and remedial actions
DENOMINATOR	N/A
TARGET	1 per QAP
FREQUENCY OF REPORTING	2024, 2025, 2026
SOURCES OF DATA	Sub-programmes/Programmes
LIST OF REFERENCE	<p>[1] https://psnet.ahrq.gov/primer/root-cause-analysis</p> <p>[2] https://en.wikipedia.org/wiki/Remedial_action</p>

**Prepared by:
Centre for Healthcare Quality Research
Institute for Health Systems Research (IHSR).
2024.**

Any query, please contact ihsrqa@moh.gov.my

