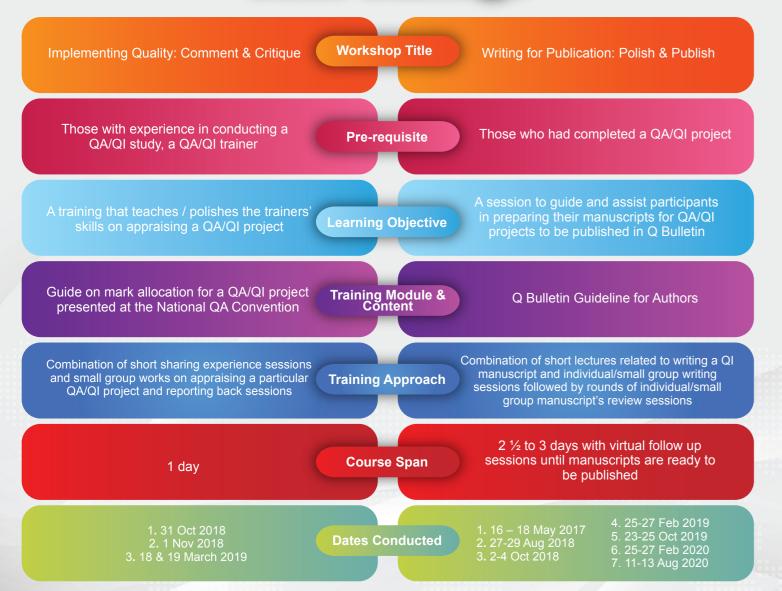
### **Other Trainings**





# What the QI Learning has taught us?



important to find new champions to

compensate for retired, resigned or

inactive trainers.

Continuous update of the module content to be parallel with international standards

#### **Expansion of Training**



Promoting QI as a core competency that is essential for health professionals, through continuous training sessions with multiple target audiences within and beyond the MOH, including but not limited to:

- a) Focus on a more targeted group of audience, for example by professionals' categories such as clinicians and allied health practitioners
- b) Expanding training beyond MOH through smart partnerships to promote and encourage implementation of QA/QI beyond MOH facilities
- c) Organising regular short webinars on selected QI topics
- d) Providing short consultancies upon request; informal teaching sessions, one-to-one coaching

#### **Impact Evaluation**



Examining the impact of training in terms of the ability to develop trainers' competency.

#### References:

- 1. Batalden P, Davidoff F. Teaching Quality Improvement: The Devil Is in the Details. JAMA [Internet]. 2007 Sep 5;298(9):1059-61. Available from: https://doi.org/10.1001/jama.298.9.1059
- 2. Health Foundation. Evidence Scan: Quality improvement training for healthcare professionals [Internet]. 2012 [cited 2021 Apr 19]. Available from: https://www.health.org.uk/sites/default/files/QualityImprovementTrainingForHealthcareProfessionals.pdf
- 3. Goldstone J. The role of quality assurance versus continuous quality improvement. J Vasc Surg. 1998;28(2):378-80.

Acknowledgement: We wish to thank the Director-General of Health Malaysia for the permission to publish this QA/QI Highlight.

This QA/QI Highlight should be cited as: Samsiah A, Izzatur Rahmi MU, Divya Nair N, Nur Wahida Z, Normaizira H, Khalidah M, Siti Fazira Edzua J, Roslina S, QA/QI Highlight: Tale of A Journey: Healthcare Quality Improvement Training in Malaysia. Institute for Health Systems Research, 2021.

This document has been peer reviewed by: Nur Ezdiani Mohamed, Zalilah Abdullah, Tay Yea Lu, Kartiekasari Syahidda Mohammad

For further information or to provide feedback on this document, please contact: Dr. Samsiah Awang (samsiah.a@moh.gov.my)





Be innovative in designing the training to suit the current needs Challenge ourselves to experiment a new/different training approach and learn which approach is more effective, acceptable and successful

13

### MOVING FORUARD

#### **Up-to-date Content**

**Reward & Appreciation** 



a) Periodically review the existing training module(s)

- b) Continuous upgrading of online module to make it more comprehensive:
- i) inclusion of active/interactive learning components where participants put QI into practice in the form of assignments to work on as an individual or as a small group project and present in the following session
- ii) follow up sessions to ensure participants embark and complete a QA/QI project
- iii) Inclusion of exercises and activities to complete before, during and after the session



Strengthening the reward and appreciation

mechanism for active QI trainers and champions



#### NO. 2 | AUGUST 2021

( D

( ]

RETARIAT

SEC

OGRAMME

QI PR

4 Ô

HOM

The Institute for Health Systems Research provides scientific evidence to policy makers and health managers at every level to enable them to make vidence-based decision making on health matters.

#### www.ihsr.moh.gov.my

Copyright © 2021. Selangor, Malaysia

## Tale of A Journey:Healthcare Quality ImprovementTraining in Malaysia

'Not all changes are improvements but all improvements involve change. Changing the systems that deliver care has thus become the cornerstone of the movement that is now referred to as medical quality improvement' (1).

#### Introduction

Current healthcare faces significant challenges with rising population size, aging issues, lifestyle-related emerging diseases, high demand for health care exceeding staffing and scarcity of financial resources which may impact the quality of care to the patient (2). These require more systematic, organised and sustainable strategies to continuously improve healthcare systems in order to ensure higher quality, easier access and better value for money, for the people.

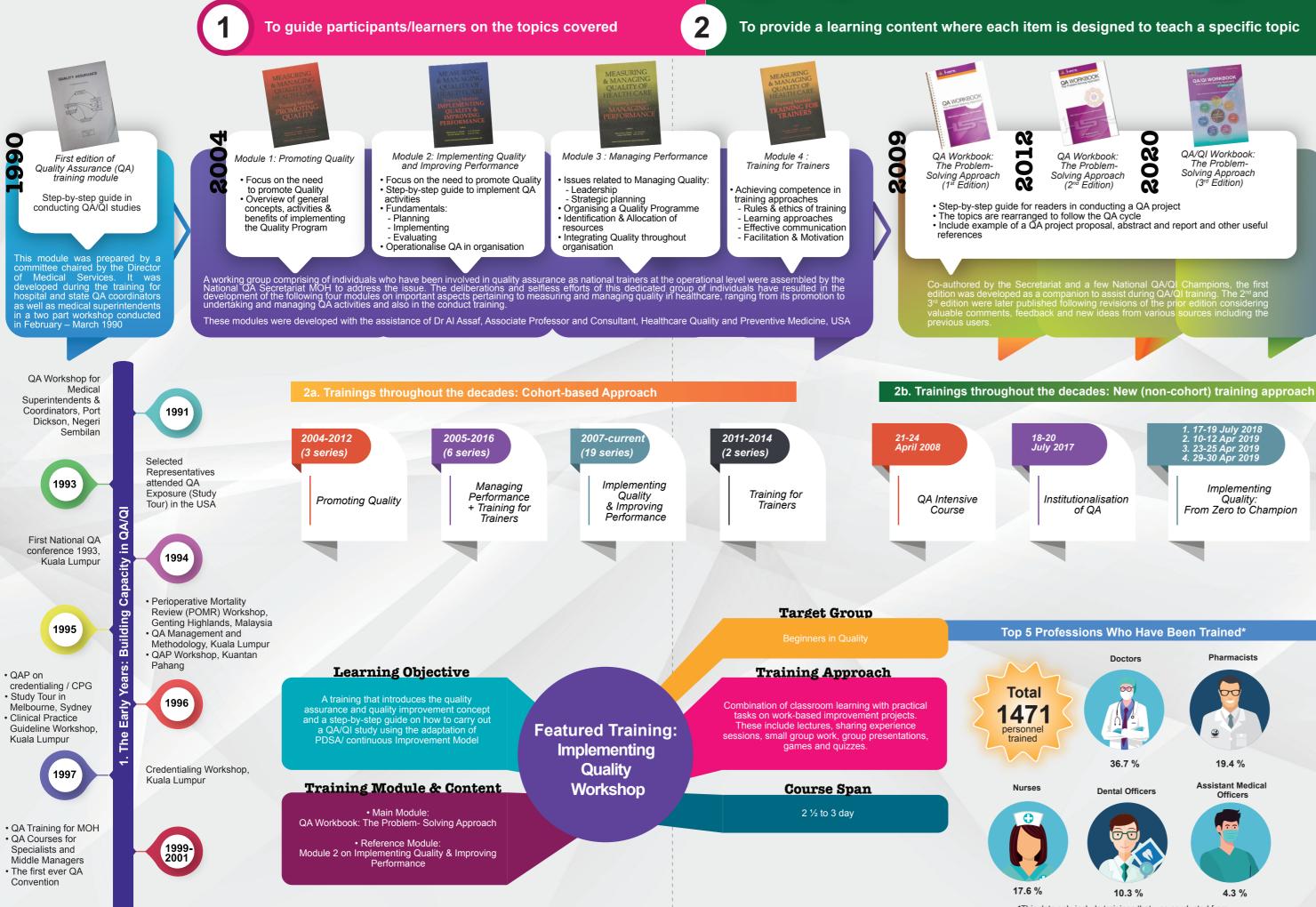
Building capacity and capability in quality improvement of health care workers, among others, play a role in facilitating changes in training sessions have been refined.

the processes and systems which can contribute to improvement. In response to this need, Quality Improvement (QI) training programmes have been designed to teach quality improvement methods to healthcare workers, which can serve as an important lever in improving the quality of healthcare.

The QI training programme is not new in Malaysia. The first training module was developed in 1990 as a training package aimed at enhancing participants' skills in conducting QI studies. Over the years, the training modules have been revised and



## **Quality Improvement Learning Module(s)**



O

62

0

62

QA Workbook:

The Problem-

Solving Approach

(2<sup>nd</sup> Edition)

Institutionalisation

of QA

00

QA/QI Workbook:

The Problem-

Solving Approach

(3<sup>rd</sup> Edition)

ampions, the first ining. The 2<sup>nd</sup> and lition considerio

3. 23-25 Apr 2019 4. 29-30 Apr 2019

Implementing

Quality:

Pharmacists

19.4 %

Assistant Medical

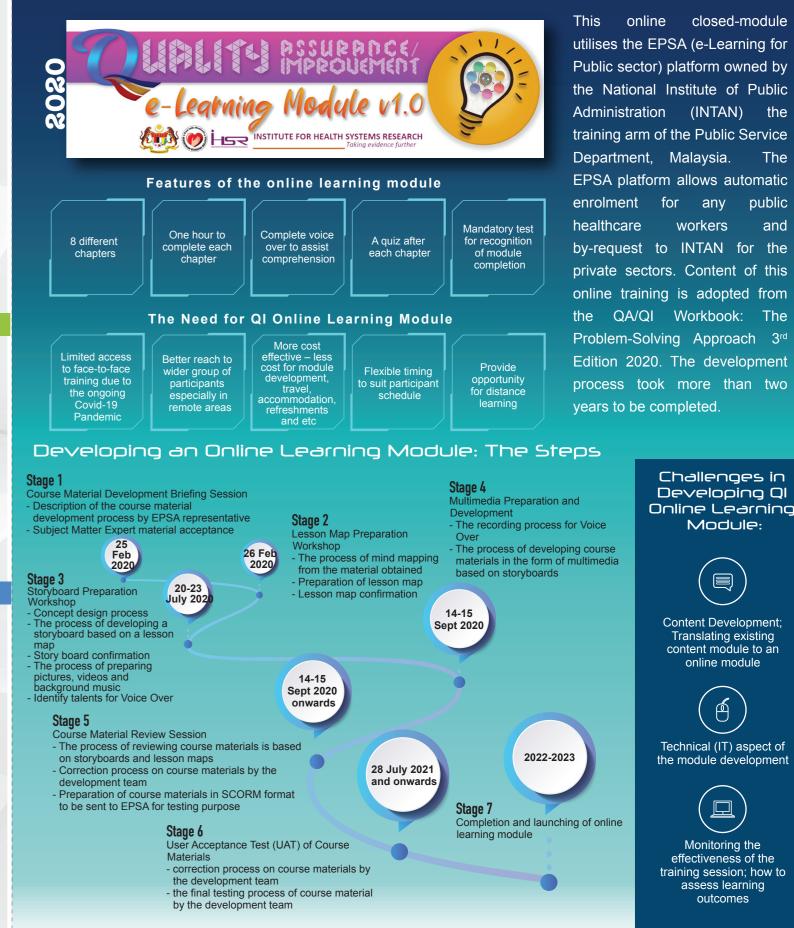
Officers

From Zero to Champion



#### To provide a step-by-step learning of the QA/QI





The

and

any public

Þ

36.7 %

**Dental Officers** 

Doctors

10.3 % 4.3 % \*This data only include trainings that was conducted from 2004 - 2019 where the Secretariat was involved.