KEMENTERIAN KESIHATAN MALAYSIA

npqh

2022 - 2026

NATIONAL POLICY FOR QUALITY IN HEALTHCARE
Bridging Silos, Accelerating Improvements

Abridged Version

The National Policy for Quality in Healthcare **(NPQH)** is a country level document which will provide an official, explicit statement of the policies and strategies required to enhance the quality of Malaysia's health care system. This policy seeks to address and provide guidance on **7 Strategic Priorities (SP)** Areas derived from the situational analysis through adoption of a systematic and collective plan of actions.

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 engagement and communication with stakeholders 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 programmes or initiatives**

Why we need NPQH:

1   **To strengthen governance and structure:**
The structures for governance, accountability and monitoring & evaluation of national quality initiatives in healthcare will be strengthened and enhanced

2   **To align with national health priorities:**
The quality policy will reflect the current shift in disease burden

3   **To share a common goal:**
Act as a main guide and reference for all healthcare sectors by having a shared vision and mission for quality

4   **To move together in tandem:**
Multiple quality improvement initiatives will be brought under a systematic and organised effort to enhance the quality of care across the whole health system

5   **To conduct meaningful measurement:**
The current healthcare measurement system will be better aligned with global indicators in both public and private sectors

6   **To undertake smart partnerships:**
Collaboration and partnerships between multiple healthcare sectors and the community will be better facilitated and enhanced through stakeholder engagement and consensus-building

7   **To internalise a quality culture:**
A culture of quality will be nurtured and promoted as well as practised so that it is seen as a way of life across the whole health system

8   **To support the achievement of SDG 3.8:**
Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Quality definition in the Malaysian context

Providing **high quality** healthcare that is
SAFE, TIMELY, EFFECTIVE, EQUITABLE, EFFICIENT, PEOPLE-CENTRED, and ACCESSIBLE [STEEEPA] which is innovative and responsive to the needs of the people and is delivered as a **TEAM**, in a **CARING** and **PROFESSIONAL** manner in order to improve health outcomes and client experience.

Definition of Domains

	Safe	**Timely**	**Effective**
Quality Domain			
Definition	Avoiding or minimising risk and harm during the process/delivery of healthcare for both patients and providers.	Reducing delays in providing and receiving healthcare.	Providing the best healthcare services through competent healthcare personnel utilising the best available evidence

	Equitable	**Efficient**	**People-centred**
Quality Domain			
Definition	Delivering healthcare that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status.	Delivering healthcare in a manner that makes the best use of the resources while also avoiding waste (such as underuse or overuse).	Providing care that is respectful of and responsive to individual patient preferences, needs and values, in partnership with patients and ensuring that patient values guide all clinical decisions.

Quality Domain | **Accessible**

Definition |

Physical accessibility
Availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organisation and delivery that allow people to obtain the services when they need them.

Economic accessibility or affordability
Ability to pay for services without financial hardship. It takes into account not only the price of the health services but also the indirect and opportunity costs (e.g. the costs of transportation to and from facilities and of taking time away from work).

Information accessibility
The right to seek, receive and impart information and ideas concerning health issues.

Caring

Courtesy	Considerate
Ready to serve	Proactive
Responsiveness	Punctuality
Tolerance	Emotional Control
Exemplary character	

Professionalism

Commitment	Discipline
Best way	Work ethic
Standard of work	

Team Work

United towards a common goal	The spirit of togetherness
Leadership	Mutual trust and respect
Accountability	Knowledge and skill
Creativity and innovation	Unity and cooperation within the team/ unanimity
Exemplary character	

NPQH Policies and Strategies

7 Strategic Priority (SP)	**22** Objective	**43** Action	**47** Indicator

SP 1: Improving integrated people-centred services

Objective	Action	Indicator
1. Strengthening commitment to improve people-centred care (PCC)	Support and facilitate researches, innovations and other quality projects on PCC	Number of researches/innovations/ quality projects/ other activities implemented related to PCC
		PCC policy or guidelines developed
		Number of CPG developed with element of PCC incorporated
2. Empowering and engaging people	Ensure patient experience surveys are conducted on a regular basis	% of MOH hospital which conduct Annual Patient Experience Survey
		% of MOH health clinic which conduct Annual Patient Experience Survey
	Create an enabling environment	% of client feedback delivered within the stipulated time

SP 2: Strengthening governance for quality

Objective	Action	Indicator
1. Strengthening leadership commitment in quality through the monitoring of current organisations' performances	Support and commitment towards quality initiatives' implementation through planned Quality Committee meetings to discuss on the organisations' performances and providing feedback to facilities on their performances	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
2. Underline the importance of quality in the MOH at top level management	Present quality-related initiative papers during the *KPK Khas Meeting*	Number of quality-related initiative papers presented during the *KPK Khas Meeting*
3. Strengthening governance of the Quality Committee/ Department/Section	Establishment of a National Quality Directorate/Council directly under the purview of the DG (Inclusive of non-MOH and private)	Establishment of a National Quality Directorate / Council
	Integration of all existing quality committees under the QI umbrella	
	Periodic reviews of the TOR of existing Quality Committees at various levels within 3-5 years	% of the TORs of Quality Committees being reviewed
	Establish a Quality Department/unit or committee at district level	% of District Health Offices with a quality unit
4. Improving resources for Quality	Propose dedicated posts/ human resources for the quality directorate in MOH/ programme/state level	Number of posts proposed for quality directorate in MOH/ programme/ state level.
	Top management to designate high priority towards the specific allocation of financial resources towards quality trainings	% of allocation for Quality related trainings

SP 3: Strengthening internalisation of quality culture among all healthcare staff

Objective	Action	Indicator
1. Understanding current level of the organisation's quality culture, readiness for change and performances	Conduct periodical assessment of the organisation's quality culture	Number of organisations which have conducted assessment on quality culture
2. Emphasis on employee wellness and welfare	Provide resources, tools and on-site healthcare opportunities/ services the staff requires to live their lives to the healthiest, through health and wellness promotion, including nutrition	% of workers screened for risk factors of NCD in Ministry of Health settings that implemented the KOSPEN Plus programme in the current year
3. Develop, implement and strengthen an engagement plan between top management and healthcare providers	Provide appropriate and up-to-date mechanism for staff to provide continuous feedback to the leaders	Number of programmes/ institutions that conducted Internal Client Satisfaction Survey
4. Strengthen the reward, incentive and recognition system and mechanism	Award regular recognition for active quality involvement	Number of programmes/ organisations having an incentive and recognition system
		Number of quality trainers or officers given acknowledgement
		Number of institutions given acknowledgement
	Establish a mechanism of transparency through the ranking of like facilities and agencies in league tables, with awards at annual quality conferences.	Mechanism for healthcare facility ranking
5. Review and optimise the system for healthcare facility accreditation to meet quality of care objectives	Identify potential healthcare facilities suitable to be accredited (subject to financial allocation and COVID-19 pandemic)	% of MOH lead hospitals accredited

SP 4: Enhancing communication and engagement with Stakeholders for Quality

Objective	Action	Indicator
1. Strengthen the interaction among programmes within the MOH	Organise periodic high-level town hall sessions or dialogues within MOH	Number of dialogue sessions conducted
2. Strengthen the interaction among MOH programmes with other ministries, private sectors and the community	Establish a formal interaction platform between MOH and other ministries/ private sectors/ the community	Number of dialogue sessions conducted

(cont.)
SP 4: Enhancing communication and engagement with Stakeholders for Quality

Objective	Action	Indicator
3. Foster knowledge sharing and knowledge translation platforms on quality improvement activities	Sharing best practices of quality through relevant platforms within and among organisations	Number of quality seminars/ conferences/ conventions conducted within MOH
		Number of quality collaborative seminars/ conferences/ conventions between MOH and other agencies
		Total number of quality projects presented at conventions/ conferences
	Publishing best practices	Number of QA/QI projects manuscripts published
	Utilisation of online quality hub that fosters sharing of best practices/ quality projects, expertise and centre of excellence	Number of hits received for online quality page/hub

SP 5: Building effective capacity and capability for Quality

| Objective	Action	Indicator
1. Strengthen in-service quality improvement training encompassing technical and soft skills	Conducting regular/ continuous training on quality improvement among all levels of HCWs, across the health sectors (in-person/ online)	Number of quality training within MOH conducted per program as per POL *(Pelan Operasi Latihan)*
		Number of HCWs trained in quality at national level per program per year
	Collaborate with other agencies beyond MOH for the training in quality healthcare	Number of collaborative QA/QI trainings conducted between MOH and other agencies
	Develop the capacity of a pool of trainers/ internal experts/ mentors/ champions, to conduct trainings at national/ international levels	Number of core QA/QI trainers at the national/international levels
	Develop, review or upgrade the quality training modules (conventional/e-module)	Number of training modules developed/reviewed/updated
	Ensure staff working the quality department/initiative have competency and skill in quality	Quality competency framework for quality developed
	Increasing the competency and capability of staff coordinating the quality initiatives	% of competent staff working in quality department
2. Assessment of the training provided	Obtain regular feedback on the training provided	Number of training feedback obtained (national level, per program per year)

SP 6: Enhancing measurement and quality improvement initiatives

Objective	Action	Indicator
1. Reviewing and strengthening the measurement and indicator framework	Assessing existing measurement systems and identifying gaps through engagement of key stakeholders	Framework adopted/ adapted/ reviewed
	Identify measurement gaps and streamlining existing or future indicators through engagement of key stakeholders	A set of indicators finalised / adopted that measure technical and experiential component of quality and community engagement
	Measuring technical quality	
	Measuring experiential quality	
	Measuring community engagement	
2. Improving data quality	Establish regional or state data audits to review data quality • Data completeness • Frequency of data submission • Data verification to ensure data integrity and validity	Number of audits conducted on the quality of QA/QI data per program
3. Managing data and linking data sources – strengthening MyHDW	Integrating/ Linking data related to quality indicators in the existing data warehouse	Establishment of an integrated database
4. Using data for decision making	Big Data visualising analytics (Dashboard): a. National Level Performance	Number of new health sectors engaged/participated
	b. Hospital Level Performance • Readmission rate • Length of stay • Hospital mortality • Patient satisfaction (SERVQUAL)	Number of new health sectors engaged/participated

SP 7: Strengthening monitoring and evaluation of quality programmes or initiatives

Objective	Action	Indicator
1. Organising/ conducting QII evaluations	Provide training for relevant staff on programme evaluations	Number of quality evaluators trained
	Conduct in-house evaluations	Number of in-house evaluations conducted by trained quality evaluators
	Conduct external or joint evaluations for each QII	Number of external or joint evaluations conducted by trained quality evaluators
2. Dissemination and communication of evaluation results to close the loop	Strengthening the feedback loop of the analysis from the national level to the states and facilities to enable them to utilise the results for improvement	Number of evaluation summaries which include recommendations on possible remedial measures
	Ensure states/ facilities/ institutions/ agencies identify root causes and implement remedial measures	Number of summaries which include Root Cause Analyses and remedial actions

NPQH Implementation Framework
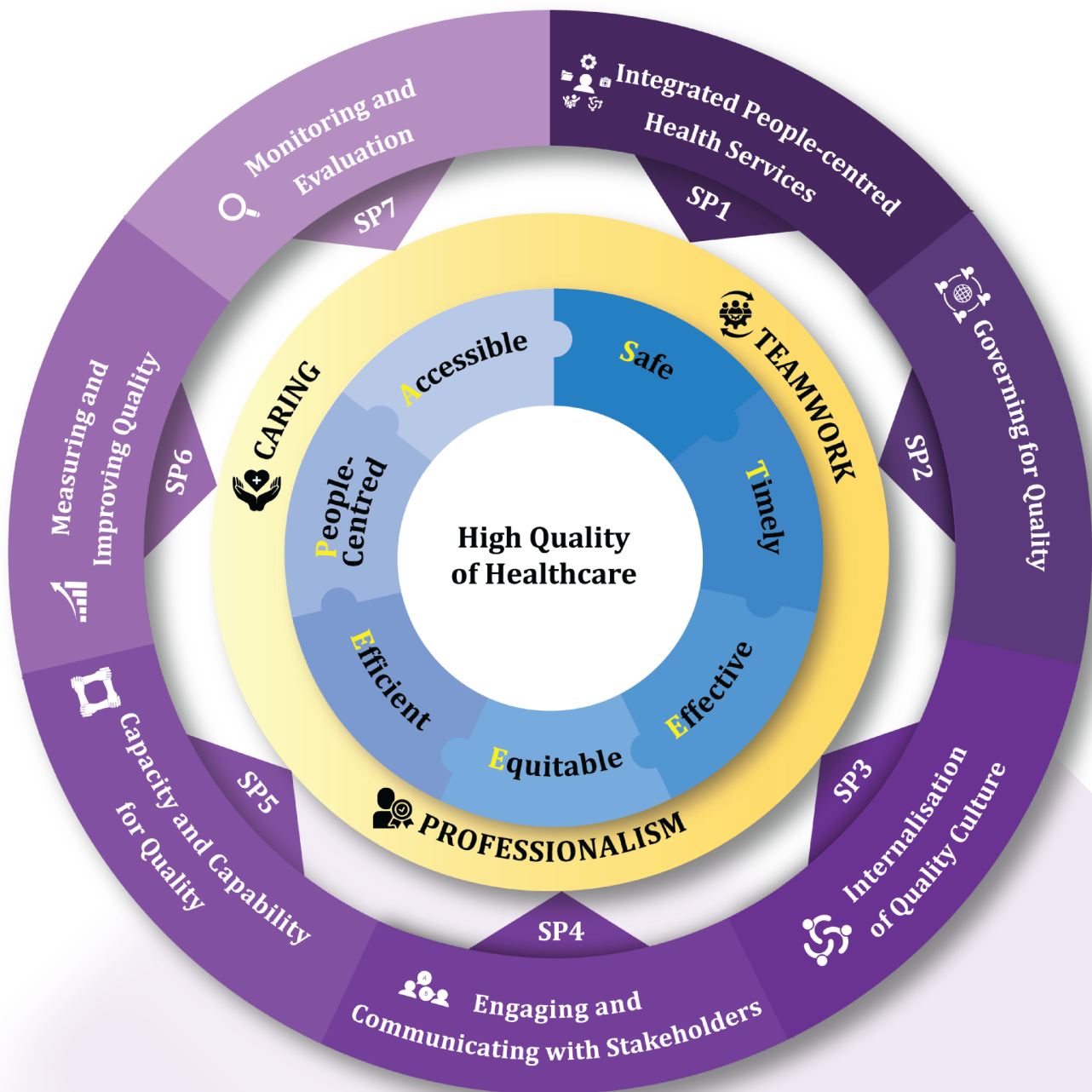
Central to the **NPQH** Implementation Framework is our aim to deliver high quality of care for the people that is **SAFE, TIMELY, EFFECTIVE, EQUITABLE, EFFICIENT, PEOPLE CENTRED** and **ACCESSIBLE (STEEEPA)**. These technical quality domains are strongly supported by the three core values as our culture of work; **CARING, TEAMWORK** and **PROFESIONALISM**. Seven priorities areas were the focus of **NPQH** that need to be strengthened and enhanced; **(i) Integrated people-centred health services (ii) Governing for quality (iii) Internalising quality culture (iv) Engaging and communicating with stakeholders (v) Capacity and capability for quality (vi) Measuring and improving quality (vii) Monitoring and evaluation.**

Mechanism of NPQH Implementation

1. Roles and Responsibilities

I. **Top management and leaders -** Accountability, provide direction, allocate resources, rewards and incentives, use data for decision making
II. **All leaders of QII -** Plan and implement quality activities, strengthen coordination and collaboration, facilitate sharing and learning from best practices
III. **All Managers / leaders and healthcare facilities -** Foster quality culture, establish and support quality activities, conduct continuous measurement for quality, engage stakeholders
IV. **All healthcare providers -** Embrace quality culture, participate in quality activities
V. **All citizens or clients -** Be empowered to actively engage in own care, be engaged in quality improvement initiatives, provide feedback

2. Dissemination of NPQH

I. Launching of NPQH to create awareness at national level
II. Ensuring access of NPQH documents (hard copy / soft copy)
III. Publicise NPQH through promotional material and various social media platform
IV. Sharing NPQH development process with other countries for country-to-country learning purposes

3. Monitoring and Evaluation of NPQH

I. Close monitoring of NPQH in the next 5 years
II. Strengthen existing QA Committees' TOR at various levels to include NPQH components
III. Expanding composition of the committees as necessary to ensure wide and adequate representation of the stakeholders
IV. Regular meetings (minimum annually) to monitor progress and achievement