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KETUA PENGARAH KESIHATAN MALAYSIA
(DIRECTOR GENERAL OF HEALTH MALAYSIA)

(72) dlm KKM 87,
CP 12/300)
10 Jun 1999

Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)

Timbalan Ketua Pengarah (S & T)

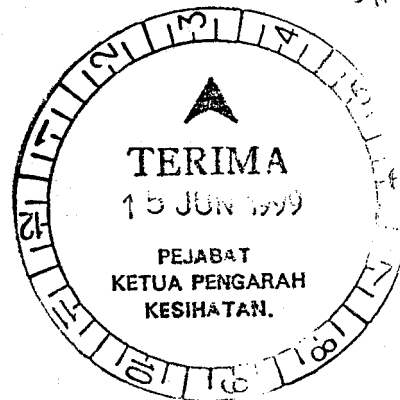
Pengarah Bahagian Perkhidmatan Pergigian

Pengarah Bahagian Perkhidmatan Farmasi

Pengarah Hospital Kuala Lumpur

Pengarah Kesihatan Negeri _____

Y. Bhg. Dato'/Tuan/Puan,



Surat Pekeliling Ketua Pengarah Kesihatan Bil. 2/1999

Perkara: 'Ministry of Health Policy on Accreditation
of Healthcare Facilities and Services'

1. Latarbelakang

Satu pendekatan yang menyeluruh dalam menjamin kualiti perkhidmatan perubatan di kalangan 'Healthcare Providers' sama ada di sektor awam maupun di sektor swasta adalah amat diperlukan.

Oleh itu, satu persetujuan telah dicapai di antara Kementerian Kesihatan Malaysia dan Badan-badan Profesional Perubatan untuk menubuhkan "Malaysian Society for Quality in Health (MSQH). Pertubuhan ini akan melaksanakan 'Malaysia Healthcare Accreditation Programme'.

2. Tujuan

Surat pekeliling ini bertujuan untuk membentangkan garis panduan Kementerian Kesihatan Malaysia berhubung dengan Pelaksanaan 'Accreditation of Healthcare Facilities and Services' di kalangan 'Healthcare providers'.



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KETUA PENGARAH KESIHATAN MALAYSIA
(DIRECTOR GENERAL OF HEALTH MALAYSIA)

Bil (47) dtm. KKM-87 (P20/313) Bil. 2
7. 4. 1999

Pengarah Kesihatan Negeri

Pengarah Hospital Kuala Lumpur.

YBhg. Dato'/Tuan/Puan,

SURAT PEKELILING KETUA PENGARAH KESIHATAN MALAYSIA BIL.1 /1999
PENUBUHAN PASUKAN PENGAMBILAN ORGAN
(TISSUE ORGAN PROCUREMENT TEAM-TOP)

Tujuan

Tujuan pekeling ini ialah untuk mengarah dan memberi garis panduan mengenai penubuhan Pasukan Pengambilan Organ di enam belas buah hospital (sila lihat Lampiran A) di Kementerian Kesihatan.

Latarbelakang

Rawatan bagi pesakit –pesakit kegagalan buah pinggang (End Stage Renal Failure-ESRF) terdiri dari rawatan dialisis atau pemindahan buah pinggang. Rawatan pemindahan buah pinggang adalah rawatan terpilih oleh kerana ia memberi tahap kualiti hidup yang baik serta juga lebih kos efektif berbanding dengan rawatan dialisis. Rawatan pemindahan buah pinggang dijalankan di negara ini semenjak tahun 1975 dan hingga sekarang ada 672 pemindahan dijalankan di Kementerian Kesihatan. Sumber buah pinggang untuk tujuan pemindahan boleh diperolehi dari penderma yang masih hidup yang ada talian saudara (live related kidney donor) atau dari penderma yang telah meninggal dunia (cadaveric donor).

Di negara ini pemindahan buah pinggang dijalankan dengan kebanyakan sumber buah pinggang datang dari sumber yang masih hidup. Hanya 37 pemindahan buah pinggang dijalankan dari penderma kadaverik setakat ini. Selain dari buah pinggang, organ-organ lain yang biasa dipindahkan adalah jantung dan hati. Kedua-dua organ ini pada amnya memerlukan penderma kadaverik walaupun bagi pendermaan hati/hepar, terdapat perkembangan baru di mana sebahagian dari hati penderma yang masih hidup boleh diperolehi. Bagi pemindahan buah pinggang, penderma kadaverik adalah digalakkan. Ciri utama program-program pemindahan organ yang berjaya di negara-negara yang maju ialah ia dapat membangunkan pendermaan secara kadaverik dengan baik.

Kementerian Kesihatan telah mengambil beberapa langkah untuk membangun pemindahan organ dengan lebih pesat dan tumpuan utama dalam langkah-langkah ini ialah membangun aktiviti pendermaan organ secara kadaverik. Antara langkah-langkah yang telah diambil termasuk menjelaskan pandangan-pandangan agama terhadap pendermaan organ melalui seminar-seminar dengan ahli-ahli agama. Selain dari itu Kementerian telah menjalankan bengkel GRODA (Grief reaction and organ donation awareness) bagi melatih pegawai tertentu di beberapa hospital semenjak lima tahun kebelakangan ini.

Baru-baru ini Kementerian telah menubuh beberapa jawatan kuasa bagi melicinkan lagi pembangunan program pemindahan organ. Jawatankuasa utama ialah Jawatankuasa Penyelarasan Pemindahan Organ Kebangsaan (National Transplantation Coordinating Committee – NTCC) yang ditugaskan untuk mengujud polisi serta mengawasi pelaksanaan program transplantasi di seluruh negara. Selain dari itu satu Jawatankuasa pelaksanaan di bawah Persatuan Transplantasi Malaysia telah juga ditubuhkan. Jawatankuasa ini dinamakan Transplant Programme Committee dan dipertanggungjawab untuk melaksana keputusan NTCC. Adalah dicadangkan bahawa satu pasukan *Tissue and Organ Procurement Team* (pasukan TOP) ditubuhkan di semua hospital utama negeri bagi membantu Jawatankuasa Transplant Program Committee melaksanakan pembangunan rawatan pemindahan organ.

Tindakan Dan Tanggungjawab

Pengarah-pengarah Hospital seperti di Lampiran A dikehendaki menubuh pasukan TOP di hospital masing-masing.

a) Saiz/Komposisi pasukan TOP

Anggota pasukan TOP ialah 4 orang terdiri dari dua pakar dan dua paramedik. Antara kakitangan yang boleh ditimbang untuk menganggotai pasukan TOP ialah pakar-pakar bius, pakar perubatan, pakar pembedahan, pakar kajisaraf, pakar neurosurgeri, ketua jururawat/jururawat unit rawatan giat atau kecemasan.

b) Tugas pasukan TOP

Antara tugas-tugas pasukan TOP ialah mengenalpasti bakal penderma dan berkerjasama dengan doktor yang merawat bakal penderma untuk melicinkan proses pendermaan organ. Selain dari itu pasukan ini juga ditugaskan menjalankan aktiviti kesedaran dan pendidikan mengenai pendermaan organ bagi kakitangan dan juga orang awam.

c) Pengurusan

Pasukan TOP bertanggungjawab kepada Pengarah hospital. Bagi urusan professional pasukan TOP akan berhubung dengan Jabatan-Jabatan berkenaan di HKL dan Hospital Selayang. Selain dari itu pasukan TOP hendak juga berkerjasama dengan Jawatankuasa Transplantation Program dalam pelaksanaan aktiviti-aktiviti berkaitan dengan transplantation.

d) Latihan

Latihan asas bagi semua ahli TOP akan diberi oleh Jabatan Nefrologi/Jabatan Urologi Hospital Kuala Lumpur dan juga pakar-pakar lain dari Jabatan Bius, Hospital Kuala Lumpur dan Institut Jantung Negara. Latihan dan seminar-seminar lanjutan akan disediakan pada masa hadapan.

e) Laporan tahunan

Semua pasukan TOP dikehendaki menyediakan laporan tahunan mengguna format yang disediakan. Laporan ini merangkumi aktiviti-aktiviti pasukan, bilangan bakal penderma (pesakit "brain dead" yang layak menjadi penderma, bilangan penderma dan jenis tisu dan organ yang di derma dan bilangan transplantasi yang dijalankan.

Pelaksanaan

Pasukan TOP perlu ditubuh sebelum akhir bulan April 1999 dan latihan di beri pada bulan Mei 1999. Pasukan ini dijangka mula bertugas pada 1hb Julai 1999.

Pertanyaan

Segala pertanyaan mengenai pasukan TOP hendaklah dikemukakan kepada :

Ketua Jabatan Nefrologi
Hospital Kuala Lumpur
Jalan Pahang
50586 Kuala Lumpur
(u.p. Dato' Dr. Zaki Morad bin Mohd Zaher)

Sekian, terima kasih.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menurut perintah,



(TAN SRI DATO' DR. ABU BAKAR BIN SULEIMAN)
Ketua Pengarah Kesihatan Malaysia
Kementerian Kesihatan Malaysia.

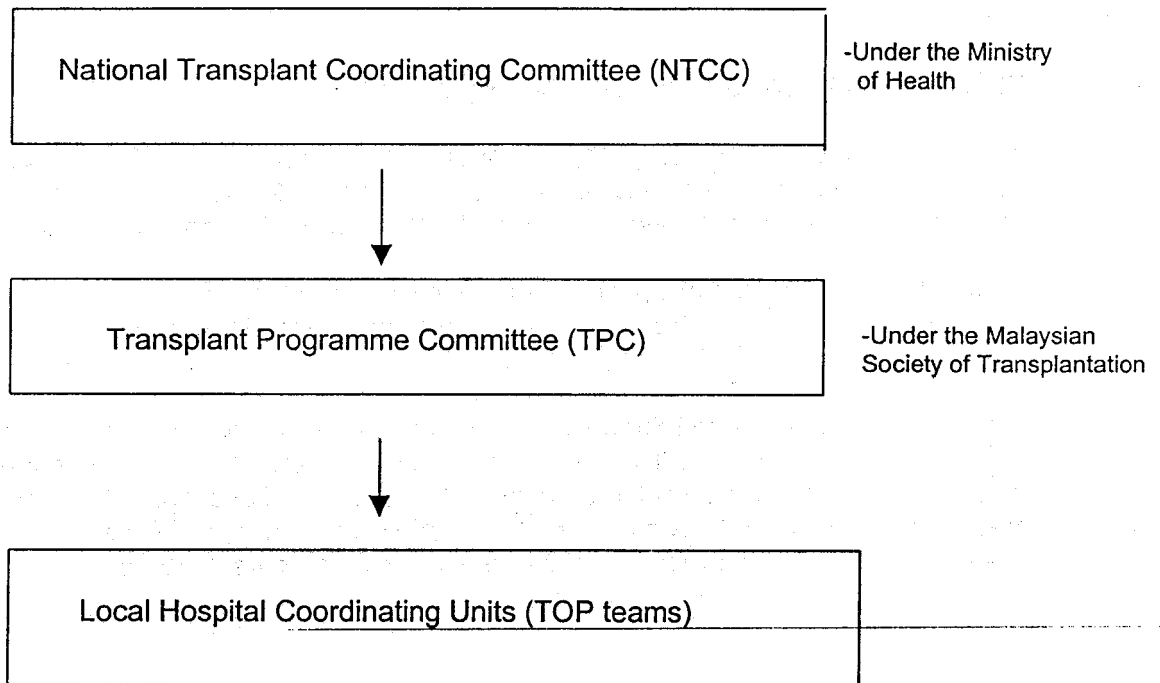
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- Timbalan Ketua Pengarah Kesihatan(P)
 - Timbalan Ketua Pengarah Kesihatan(KA)
 - Timbalan Ketua Pengarah Kesihatan(P&ST)
 - Pengarah Perkembangan Perubatan
 - Pengarah Amalan Perubatan
 - Ketua Jabatan Nefrologi, Hospital Kuala Lumpur

**Hospital-hospital Yang Terlibat Dengan Penubuhan Pasukan Pengambilan Organ
(Tissue Organ Procurement Team – TOP)**

1. Hospital Kuala Lumpur
2. Hospital Kangar
3. Hospital Alor Star
4. Hospital Pulau Pinang
5. Hospital Ipoh
6. Hospital Tengku Ampuan Rahimah, Klang
7. Hospital Seremban
8. Hospital Melaka
9. Hospital Sultanah Aminah, Johor Baru
10. Hospital Tengku Ampuan Afzan, Kuantan
11. Hospital Kuala Trengganu
12. Hospital Kota Baru
13. Hospital Umum Sarawak, Kuching
14. Hospital Queen Elizabeth, Kota Kinabalu
15. Hospital Taiping
16. Hospital Muar

NATIONAL TRANSPLANT ORGANISATIONAL FRAMEWORK

The National Organ Donation and Transplantation Network is proposed to be a three tier structure consisting of the following :



NATIONAL TRANSPLANT COORDINATING COMMITTEE (NTCC)

The National Transplant Coordinating Committee (NTCC) was formed in March 1998 at the Forum on Organ Transplantation chaired by YB Menteri Kesihatan. At that meeting, the organisational framework for a national body to promote and coordinate all activities related to organ transplantation was proposed and accepted by the meeting.

The NTCC is chaired by the Deputy Director*General of Health (Medical) with members comprising of representatives from related professional bodies, the Universities, NGO Groups, Religious Bodies and individuals who were invited in their personal capacities.

To assist the NTCC with it's work, 5 subcommittees were formed namely :

- Professional Issues Subcommittee
- Registry Subcommittee
- Law and Ethics Subcommittee
- Public Education Subcommittee
- Planning and Development Subcommittee

Terms of reference

1. To recommend policies relating to the development and organisation of transplantation in the country.
2. To study and propose any changes to existing legislation pertaining to organ/tissue donation and transplantation.
3. To coordinate and liaise with the Transplant Programme Committee established under the Malaysian Society of Transplantation.

TRANSPLANT PROGRAMME COMMITTEE (TPC)

The second level of hierarchy after the NTCC. It will collaborate with the Malaysian Society of Transplantation and help oversee the Local Hospital Coordinating Units. It will also provide feedback and recommendations to the MOH National Transplant Coordinating Committee.

Its function is to implement policies and guidelines of all activities as stated by the NTCC. This will include registration of all potential donors and potential recipients, coordinate all activities pertaining to organ sharing and training.

The members of this committee will serve as resource persons and national coordinators for the local TOP Teams. They will also conduct training sessions for the TOP teams from time to time and ensure the effective implementation of the local hospital coordinating units. The members of this committee will be based at Hospital Kuala Lumpur, Hospital Selayang and Institute Jantung Negara. The contact numbers of the relevant TPC members will be provided.

LOCAL HOSPITAL COORDINATING COMMITTEE UNITS

The TOP Teams (Tissue Organ Procurement Teams)

Terms of reference

The TOP Team constitute the local coordinating units of the National Transplant Organizational Framework-to undertake potential donor detection and management.

Functions

The primary role is to increase the number of cadaveric organ donors in their respective hospitals. The specific functions are :

1. To identify potential donors.
2. To discuss with the primary care physician regarding organ donation of his patient.
3. To facilitate brain death certification.
4. To assist in obtaining consent.
5. To assist in donor maintenance.
6. To liaise with recipient units/hospitals.
7. To coordinate donor retrieval operations.

8. To facilitate clearance from the Magistrate /police in Medico-legal cases.
9. To undertake studies or surveys on local problems pertaining to organ donation and procurement.
10. To conduct education and awareness programme for the local hospital staff and community.

Composition

1-2 Clinicians / Specialists
(Anaesthetist,Physician,Surgeon,Nephrologist,Urologist,Neurologist,Neurosurgeon)

1-2 Paramedics (ICU/CCU Nurse or Sister ,Renal Nurse, Transplant Coordinator)

Administration

1. The NTCC advises the formation of TOP Teams as the local hospital coordinating units.
2. The MOH/DG of Health issues a directive to all state and Hospital Directors.
3. The Hospital Director appoints the local TOP team.
4. The TOP team is answerable to the Hospital Director.
5. A secretariat for the TOP Team should be designated in all hospitals (space,staff and access to computer and e-mail facilities)
6. The TOP team is advised and serviced by the Transplant Programme Committee (TPC)
7. All possible brain deaths in the hospital must be reported to the TOP Team. The mechanism for this will be discussed at the TOP team workshop.

Important Issues and Guidelines for the Hospital Directors :

1. The Hospital Director will officially appoint TOP Team members and be responsible for their effectiveness.
2. The implementation of the TOP teams will be part of the Hospital Director's as well as TOP team members SKT.
3. The Hospital will provide a secretariat (clerical staff-part-time,space and access to computer and e-mail) for the TOP team.
4. The Hospital will work out a schedule to enable the TOP team to have protected time for their activities-half a day each week.
5. The Hospital will release the TOP team members to attend training and briefing programmes.
6. The Hospital will provide the necessary financial support-e.g. claims for overtime and mileage during a potential donor call. This is likely to be minimal in the initial year but should be budgeted for in the future.
7. The Hospital Director shall ensure that there is cooperation from all relevant departments especially the ICU to ensure that all possible brain deaths cases are reported to the TOP Team. However the Consultant in charge of the brain dead patient must give his approval before an organ donation request is initiated.
8. The head of the TOP Team should also be part of the Hospital, Administration/Specialist Committee.
9. In large hospitals a 'donor bed' be designated where possible.
10. The Hospital will submit an annual report on the progress of the TOP Team to the MOH (Director of the Medical Development Division). Activities of the TOP Team should also be incorporated in the Hospital's annual report.

The TOP Team Kit

1. Education/ Awareness modules and materials
 - ◆ For health professionals
 - ◆ For the public
2. Protocols and Guidelines
 - ◆ Cadaveric organ donation
 - ◆ Brain death certification
 - ◆ Medico-legal clearance
 - ◆ Human Tissues Act 1974
 - ◆ Literature on religious views on organ donation
 - ◆ Health Ministry directives
3. Flow Charts
 - ◆ How to deal with brain dead patients (transplant coordinator)
 - ◆ Donor Maintenance
4. Standard Forms
 - ◆ Donor information
 - ◆ Brain death certification
 - ◆ Medico-legal clearance
 - ◆ Consent from next of kin / relatives
 - ◆ Organ procurement / OT notes
5. Pamphlets for the public distribution.

Initial Activities of the TOP Teams

1. Conduct a review of hospital staff attitudes on organ donation and the potential for organ donation in the local hospital.
2. Conduct hospital organ donation awareness programmes.
3. Identify clinicians who can diagnose brain death.
4. Keep a registry of all brain dead cases.
5. Liaise with the TPC on ways of improving donation rates.
6. Write an annual report to the Hospital Director and the TPC.
7. Have a yearly input into Hospital Clinical Meetings. The TPC will provide the speakers and other resource persons.

Plan of Action for the Implementation of TOP Teams

1. April 1999- Issue of a directive from the Ministry of Health/DG of Health.
2. April 1999- Formation of TOP Teams.
3. May 1999- Briefing and Training for TOP Team members. (a 3 days workshop)
4. October 1999- Assesment of performance of TOP teams (a 1 day meeting)

Incentives for TOP Team Members

1. Appointment to the TOP teams is official and a part of their SKT.
2. Protected time be granted for their activities (half a day each week for a start)
3. Annual Meeting of TOP Teams for training and updates.
4. Attendance to training programmes at local or international levels whenever possible.
5. Annual MOH Award for the best TOP Team.
6. Should be allowed to claim call allowance, overtime and mileage.

Training Programme for TOP Team Members

A 3 days course will be arranged in May to brief and train all TOP Team members.

Sponsors : Ministry of Health
Malaysian Society of Transplantation
Novartis

Core Modules :

1. Organ and Tissue Donation and Transplantation in Malaysia. History, Current Status, Ethics, Laws, Religious Views, Organizational Aspects, Challenges and Future Directions.
 2. Donor identification, selection and maintenance.
 3. Brain death certification, ethical and medico-legal aspects of organ donation.
 4. Donor referral, transplant coordination and organ retrieval.
 5. Family care and communication (including grief response workshop)
 6. Session with recipients and donor families.
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“ Organ Donation- the Gift of Life”

**POLICY ON ACCREDITATION
OF
HEALTHCARE FACILITIES AND SERVICES**

MINISTRY OF HEALTH MALAYSIA

JANUARY 1999

1. Objective

This paper lays down the policy of Ministry of Health Malaysia in the implementation of Accreditation of Healthcare facilities and Services in the country.

2. Introduction

Quality patient care must be the fundamental value of a nation's health system. As Malaysia is moving towards the attainment of the objective of **Vision 2020** i.e. to be a developed industrialised nation and as the thrust is towards privatisation, corporatisation and decentralisation, it becomes imperative that we develop a systematic approach to monitoring and evaluating the quality of healthcare provided.

The quality of healthcare is a major concern of the government, stakeholders, healthcare providers and consumers of health services. High quality care depends on the existence of trained motivated and competent staff who works under suitable conditions with adequate resources. Measurement of the quality of care therefore requires assessment of the performance of healthcare facilities and service providers. The interaction of factors that contribute to the final outcome of care for patients such as organisation and management, human resource development and management, policies and procedure, facilities and equipment and quality improvement activities of an organisation need to be evaluated continuously. This will then ensure continuous improvement in quality of patient care and in the efficiency of a facility's operation, thus maintaining high professional standards of care.

3. Purpose of Accreditation

Accreditation is a process of the assessment of the quality of a healthcare service against professionally accepted standards. The accreditation programme provides an effective means whereby healthcare organisations can assess their level of performance against nationally applied standards. The accreditation standards offer a means whereby organisations can monitor and improve their performance on an ongoing basis. The regular survey visits provide an opportunity for external review and validation. The use of peer review techniques to assure the quality of organisation of healthcare provision is the basis of various voluntary accreditation programmes that already exist in several countries such as United States of America, Canada and Australia. However, there are also countries where accreditation is mandatory for all healthcare facilities and services such as Taiwan.

4. The Accreditation Programme

4.1. The Standards

Measurement requires a reference standard. Therefore to measure quality of care, standards are required against which organizations and individuals can be compared. Such standards must be developed in consultation with relevant professional organizations, reflect currently accepted practices and be widely accepted by all the parties involved. These standards must also be frequently updated in the light of advances in health care. This will lead to gradual increase in the level of organisational quality of care provided. Measurement alone will not assure quality but will define the extent to which a healthcare facility and service provider provides quality care. There must be a mechanism by which any defects identified by the measurement are corrected.

4.2. The Surveyors

Expert professional surveyors, who understands the intent of the standards are needed to **verify whether** organisations comply to the standards set by the accrediting body. As such an appropriate mix of the surveyor's skill will be vital to the implementation of the Accreditation Program. **Criteria** need to be established for the selection of surveyors. The surveyors have multiple roles, they are **evaluators, educators** and enablers. These roles require diplomacy, objectivity, expertise, knowledge, tact and lack of personal bias. When surveying, surveyors are ambassadors for the accrediting body. The credibility of the accrediting body largely depends on the conduct and performance of the surveyors.

4.3. The Process

The accrediting body appoints a team of specially trained surveyors who visit and report on the healthcare facility which apply for accreditation. The surveyors examine the services, records documents and equipment. In depth interviews are conducted with the management, staff and patients. In this way, compliance with the established standards is assessed. The survey team most commonly comprises of Medical administrators, Nursing administrators and often clinicians. However, the number of surveyors involved varies according to the size of the facility and the availability and types of services provided. These representatives spend from one to five days on site and evaluate the facilities function in respect of the standards. At the conclusion of the survey the team conducts a summation conference. The surveyors then complete their report which contains a general assessment of each service, commendation on performance, and recommendations for further improvement in care provision and efficiency of operations. The surveyors do not determine the accreditation status.

The survey report is then submitted to the Accrediting body .The Secretariat then distributes the report to the selected members of the Malaysian Council on Healthcare Standards who individually vote on the award for accreditation status.

4.4.The Accreditation Award

The following accreditation award may be granted:

- i) **Three year accreditation** award is awarded to those facilities or services which substantially comply with the standards published by the accrediting body.
- ii) **One year accreditation** is awarded to those facilities or services that meet most of the standards required for a three year award. Facilities under this category are required to undergo focus survey six months later. During the focus survey, surveyors only examines those areas of major deficiency in the facilities, which are the reasons for the one year award.
- iii) **Non Accreditation**
Accreditation cannot be awarded to the facilities whereby a significant number of standards have not been met. Facilities are encouraged to implement the recommendations made in the survey report and to re-apply for survey. It is usual for a minimum of twelve (12) months to elapse before the next survey is undertaken.

5 Accreditation in Malaysia

The Ministry of Health (MOH) has been working on the idea of hospital accreditation since May 1993. In November 1995,a workshop on accreditation was held with participants from, MOH and the Association of Private Hospitals Malaysia (APHM). The consensus agreement were as follows:

- **An independent and a non-profit making organisation to administer the accreditation programme in the country; and**
- **The accreditation programme shall be voluntary and independent of government agencies, organised and administered by healthcare professionals under the auspices of a society.**

This led to the formation of the **Malaysian Society for Quality in Health (MSQH)** which was registered with the Registrar of Societies on 17 October 1997.

A WHO Consultant from Australia (**Australian Council of Healthcare Standards**) has been providing the guidance in the development of the Malaysian Hospital Accreditation Programme. The Australian approach has been adopted in developing the processes and standards. However, it has been adapted to local needs and conditions.

6. Implementation Policies

- 6.1. MOH supports fully **MSQH** in achieving its objectives particularly in the implementation of the Accreditation Programme.
- 6.2. **Memorandum of Understanding between MOH, APHM and MSQH need to be undertaken.** This is to provide the impetus and support to ensure successful implementation of the Accreditation Programme in the country.
- 6.3. The original emphasis of accreditation programmes is **upon hospital environment.** However, in line with changing health service policy in which the emphasis of health services is moving from acute hospitals to home or community-based care, Accreditation programme shall have to widen its focus to include non-hospital services such as nursing homes, health centres and clinics.
- 6.4. *A paradigm shift in the perception of quality is needed, that is from the tangible aspect of quality such as smiling and caring staff, cosy environment to a more comprehensive and measurable aspect of quality example quality systems, processes and outcomes.*
- 6.5. The standards developed under the current accreditation programme focuses on the structure and processes of the healthcare provider. It is also hoped that the future improvements of the standards shall also place an emphasis on **health outcome measurement.**
- 6.6. The standards set in the Accreditation Programme **should ensure that the requirements and regulations set under the new Private Healthcare Facilities and Services Law are addressed.** This will facilitate the renewal of future licensing of healthcare facility if it is accredited.

6.7 *MOH fully supports this Healthcare Accreditation Programme. Accreditation can be the mechanism whereby all Healthcare facilities and services will be able to comply with Section 74 in the Private Healthcare and Facilities Act 1998.*

6.8 *It is suggested that in the event of a healthcare financing system be introduced in the country, accredited facilities will have the advantage of being appointed as the service providers.*

6.9 *MOH acknowledges/recognises the MSQH accreditation status, however any changes in Accreditation policies by MSQH need prior consultation, endorsement and approval by MOH.*

7. Conclusion

It is hoped that the Accreditation of Healthcare facilities and services in this country **will benefit not just consumers but also the medical profession and the nation.** The consumers will be able to know the standards and quality of services offered by an accredited facility and service provider, thereby **providing the consumers with greater confidence in Malaysian Healthcare Organisations.**

Prepared by:

Quality and Standards Unit
Ministry of Health Malaysia, January 1999