

## TECHNICAL REPORT

### MEETING ON STRENGTHENING THE QUALITY ASSURANCE / IMPROVEMENT PROGRAMME FOR SELECTED COUNTRIES IN THE WESTERN PACIFIC REGION

Convened by:  
Institute for Health Systems Research, Ministry of Health, Malaysia  
WHO Collaborating Centre for Health Systems Research & Quality Improvement  
Through the WHO Agreement of Performance of Work  
(APW: WP/2006/ICP/HSP/3.1/001)

Crown Princess Hotel,  
Kuala Lumpur, Malaysia  
6-9 August 2007

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#### 1. INTRODUCTION

The Institute for Health Systems Research (IHSR), a World Health Organization (WHO) Collaborating Centre for Health Systems Research and Quality Improvement, is the Secretariat to the Ministry of Health (MOH) Malaysia's Quality Assurance Programme (QAP). IHSR has been supporting the development of QAP for the MOH since 1985. Presently, the QAP has been formalised for patient care, public health, oral health, laboratory, engineering, pharmaceutical and training programmes within the Health Ministry. Regular QA training programme has been established, including the development of four training modules in Measuring and Managing Quality in Healthcare. Malaysia has a wealth of experiences in quality improvement activities which can be shared with other countries within the Region.

Recognizing the need to improve the quality of care, the WHO Western Pacific Region Office (WPRO) has requested IHSR to facilitate the review of the training materials to support Quality Assurance/Improvement initiatives in selected countries within the region. A meeting on the Strengthening of Quality Assurance/Improvement in selected countries in WPRO took place on 6-9 August 2007 at the Crown Princess Hotel, Kuala Lumpur.

#### 2. OBJECTIVES OF THE MEETING

The objectives of the meeting were:

- (1) to introduce the principles of QA/I and its benefits to health care;
- (2) to discuss the feasibility of introducing and strengthening QA/I at country level;
- (3) to assess the usefulness and gaps of the Malaysian training modules to meet the countries' needs; and
- (4) to develop a broad action plan for introducing and strengthening QA/I at country level.

At the end of the meeting the participants were expected to provide;

- (1) a feedback on the usefulness of and gaps in the Malaysian training modules for use at country level; and
- (2) country teams' action plans on the strengthening QA/I at country level.

### 3. PARTICIPANTS AND RESOURCE PERSONS

Twenty-eight (28) participants from four countries within the WPRO namely China, Mongolia, Lao PDR and Vietnam participated in the meeting. They were identified by the WPRO country offices and selection preference was given to participants who have the interest and potential to support the development of QA/I at country level. The participants would act as focal points to carry through the initiatives at their country level. The list of participants is in [Annex1](#).

To strengthen the country support, the WHO country office staff from China, Mongolia, Lao PDR and Vietnam as well as the Regional Advisor Nursing, Miss Kathleen Fritsch from WHO Regional Office were also present and contributed to the meeting. The resource persons were senior officers from the Ministry of Health, Malaysia including the Director of the Institute for Health Systems Research. The staff from IHSR provided the technical and logistic support in conducting the meeting.

### 4. ORGANIZATION OF THE MEETING

Prior to the meeting, each participant was requested to complete a format on Quality Assurance/Improvement strategies and activities in their respective organizations or countries. The reporting framework is in [Annex 2](#).

Participants used the information in the format to report their countries' activities and strategies on QA/I. A summary of each country report is provided in [Annex 3](#).

During the meeting, each participant was provided with the four training modules on Measuring and Managing Quality to enable them to assess the modules during the meeting. The four modules were:

- (1) Measuring and Managing Quality: Promoting Quality
- (2) Measuring and Managing Quality: Implementing Quality and Improving Performance
- (3) Measuring and Managing Quality: Managing Performance
- (4) Measuring and Managing Quality: Training for Trainers

The meeting started with an icebreaking exercise followed by an update on QA/I initiatives from each country. The agenda for the meeting is in [Annex 4](#). Presentation on the introduction of QA/I concepts and methods was given by Dr Maimunah. The host country then shared its Malaysian experiences in QA/I programmes. The Malaysian Strategic Plan for Quality in Health Care and examples of indicators currently used in the country were also distributed to each country. The other presentations comprised of highlights of relevant chapters in the training modules according to quality structure, leadership, measuring and monitoring, and the training of trainers.

Interactive discussions took place throughout the sessions and participants were also exposed to a session on promoting quality using a case study.

Each participant was provided with a coloured format to assess each chapter of the four training modules ([Annex 5](#)). The participants were given the flexibility to either provide the feedback on an individual or country group basis. The assessment was addressing on the usefulness of the chapter to be used at their country level, and reasons were asked for those chapters being assessed as "somewhat useful" or "not useful at all". The results of written

feedback were shared and further discussed on the final day. In addition, other verbal feedback about the training modules was also obtained during this discussion.

Almost all of the participants from the four countries stated that the modules are useful. They claimed that the language used was simple, easy to read, short and they are able to understand the concept easily. They suggested the inclusion of a glossary for the definition of terms used and development of a workbook with more exercises and case studies for future workshops. The detail of the feedback is in [Annex 6](#).

Draft action plans were presented and discussed by the representatives from each country. The draft action plans for each country are in [Annex 7](#). The participants agreed to review their draft action plan upon return to their countries and subsequently share their revised version with IHSR and other participants.

Evaluation forms were distributed to all participants. More than 90% of the respondents noted that the objectives of the meeting had been successfully met and the information provided was clear, concise and related to their work. Many participants suggested that a site visit to demonstrate the activities of QI effort in Malaysia would be useful. The summary of the evaluation feedback is provided in [Annex 8](#).

## **5. CONCLUSION**

The meeting was well received and participants appreciated the systematic way of introducing QA/I and the experiences shared from Malaysia. All of the four training modules on Measuring and Managing Quality were assessed useful by almost all of the participants to be used at their country level. The participants agreed that the training modules can be adapted with local examples and translated into their local languages. It was agreed that proper acknowledgement should be given to the original authors when these modules are being translated to local languages and a copy is extended to IHSR and WPRO.

## **6. ACKNOWLEDGEMENT**

The Institute is grateful for the support and guidance from the Director General of Health Malaysia and the WHO Regional Office of Western Pacific Region for entrusting IHSR to convene this meeting. We are very grateful to all participants who had provided invaluable feedback to the training modules and conduct of the meeting. The Institute looks forward to the implementation and continuity of effort to improve quality of care for all participating countries.

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## REPORTING FRAMEWORK QUALITY ASSURANCE/ IMPROVEMENT INITIATIVES

The Western Pacific Regional Office (WPRO) of the World Health Organization has requested the Institute for Health Systems Research (IHSR) Malaysia to facilitate the review of training materials to support initiatives to improve quality of care in developing countries in the region. A workshop will be held in Kuala Lumpur 6-9 August 2007 specifically targeted at all health professionals who are directly involved in implementing Quality Assurance/Improvement initiatives in selected countries.

The main objectives of the workshop are to:

- Share country initiatives for quality improvement \*\*
- Review the contents and applicability of training modules developed by the Malaysian teams to suit local needs
- Strengthen quality improvement programme/initiative at local level and promote the development of a network of quality assurance professionals in developing countries

To simplify the reporting procedure for each country and to ensure that a common reporting framework is used, each participant is requested to complete the attached questionnaire. The results from these questionnaires will be used to provide a synthesis report in further understanding the needs of the participating countries.

It is requested that all participants can kindly complete and bring the completed questionnaire to the workshop in Kuala Lumpur. The questionnaire is also to be used as a guide for each country to present quality improvement initiatives at the workshop.

**\*\*Quality Improvement Initiatives** are defined as any systematic effort/initiative made in order to improve health care quality. Examples may include: quality assurance programme, hospital accreditation, audits, ISO, incident reporting, infection controls, practice guidelines or protocols etc.

### Personal/Country Characteristics

Name: \_\_\_\_\_  
(First Name) (Family Name/Surname)

Representing which country: \_\_\_\_\_

Representing which organisation: \_\_\_\_\_

Type of organisation: \_\_\_\_\_  
Government / NGO / Private for profit / Research / Other: (please specify)

### National/Local Level issues

1. What are the main issues/priorities around quality of health care in your country?

- (i) \_\_\_\_\_  
(ii) \_\_\_\_\_

Can you provide us with a statement of the national or organizational policy on quality improvement in your health service?

National or organizational policy statement on quality of health services:

2. Is there a formal Quality Improvement / Quality Assurance programme in your country/province/organization?

Yes  No

If yes, what are the main features?

- (i) \_\_\_\_\_  
(ii) \_\_\_\_\_

3. Is there a formal Quality Improvement training programme available in country?

Yes  No

If yes, **who** provides the training and **how** is it conducted?

### 4. Quality Monitoring Systems

Give 4 examples of quality indicators or standards used for measuring performance against standards in your country.

- (i) \_\_\_\_\_  
(ii) \_\_\_\_\_

5. Do you know if there are incentives/sanctions in place for improving performance in your country?

Yes  No

If yes, please list examples of the incentives/sanctions?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

6. Pilot QA Projects

(i). Are there any pilot QA projects in your country?

Yes  No

(ii) If yes, what are the main features?

(iii) What significant quality improvements have been achieved in this/these initiative/s?

(iv) How was quality measured in this/these QA initiative/s?

(v) What do you think are the main factors that contributed to these improvements?

7. Are there other quality initiatives, such as listed below?

8.1 Licensing of health personnel?

*(A compulsory procedure to ensure only health personnel for a specified level of education background or educational standard is allowed to provide care in your country)*

Yes  No

If yes, what categories of health personnel are being licensed in your countries?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8.2 Peer Review?

*(An internal or external review of quality of a provider's professional behaviour, educational background & experiences as a provider, whereby the assessors & assesses belong to the same profession, using criteria accepted by that profession)*

Yes  No

If yes, who and what areas are being peer reviewed?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8.3 Accreditation?

*(A process of standard setting & measurement of compliance between standards & actual performance to evaluate the quality of a health care facility. Usually it is done on a voluntary basis, carried out at a periodic interval by an autonomous accreditation team working outside the government system)*

Yes  No

If yes, what are the characteristics of the accreditation programme?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8.4 Clinical Practice Guidelines?

*(Systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances)*

*(Usually it is a worker participation programme, giving opportunity to employees to be involved in the process of identifying work-related problems, proposing & implementing solutions)*

Yes  No

If yes, please give examples of the work carried out?

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8.5 Are there other quality improvement initiatives?

Yes  No

If yes, please list and provide a short description?

(i) \_\_\_\_\_

Description:

Thank you.

## SUMMARY OF REPORTING FRAMEWORK QUALITY ASSURANCE/ IMPROVEMENT STRATEGIES

### CHINA

The participants from China provided a local level perspective that is at hospital level. The main issues surrounding quality of health care involves mainly patient safety which include drug safety and blood transfusion safety.

The organizational policy statement on quality of health services is to provide patient-centred, effective, safe, convenient and efficient medical service to patients.

There are formal QA/QI programme at hospital levels and the main features is hospital quality management committee. There is a formal QA/QI training at the hospital level whereby the training is conducted by external experts from universities or associations. There is also Quality Monitoring System in place and the indicators available are as follow:

- Inpatient death rates
- Nasocomial infection in ICU
- post operative infection rate
- Average price of prescription
- Hospital beds utilization
- Operation waiting days in the hospital

Incentives for QA/QI effort vary between hospitals. One hospital stated that they received incentives from Health Bureau for Accreditation of hospitals whereby the others do not receive any incentives. Pilot QA projects also depend on the hospitals. The hospital with QA projects stated projects such as the Hospital Grading and Accreditation in 1987, nationwide action in Hospital Management in 2005 and Patient Safety Aim in 2007. The quality improvement efforts provide a more convenient, effective and safer medical services for the patients and they were measured by using the Hospital Management and Assessment Guideline in 2005. The main factor that contributed to the improvement is the leadership in the MOH, China.

Hospitals in China require licensing of health personnel who include doctors, nurses, technicians and baby birth assistants. Other quality initiatives such as peer review, clinical and medical audit, accreditation, clinical practice guideline and quality control are also available.

Areas that are peer reviewed include nasocomial infection, blood transfusion, dialysis and surgery. Areas that are clinically audited include maternal and child death and several diseases under the Chinese Health Association (CHA) or Beijing Health Bureau. CPG's include Chinese Clinical Guideline for Prevention and Treatment of Hypertension, SARS, Diabetes and AIDS. Areas involving quality control work involves laboratory and radiological department.

### LAO PDR

At the National level, the main issues around quality of health care are:

- Maternal and Child Health because of the high maternal and infant mortality rate.
- Human Resource is also a problem
- It was also noted there is low investment in health
- Health management is also an issue in which not many are trained in health management

The country's vision on health is:

The overall health status of Lao PDR is continually improving with a strengthened health care system and empowered people taking responsibility for their own health, thereby contributing to poverty alleviation.

The goal is to strengthen the ability of the health care system to provide access to regularly available, appropriate, affordable and good quality health services that are responsive to people's needs and expectations, especially for those who are currently underserved.

The objectives are to enhance the quality of basic facility-based and community based health services while striving for more efficiency in the management of resources and to protect people from financial burden of ill-health and other health events.

There is no formal QA/QI programme in the country however there is a formal QI training programme available in the country in which the training is conducted by the National Institute of Public Health for the Directors and Deputy Directors at the macro level both at the provincial and district level.

There is no formal Quality Monitoring System. It depends on the requirement of each project. However, there are incentives/sanctions in place for improving performance in Lao PDR. It is a trial phase and the national guideline is being prepared and this will be applied in 2008.

No pilot QA projects available in the country but quality initiative, such as licensing of health personnel for medical doctors, nurses, pharmacists, dentists and physiotherapist is necessary

Initiatives such as peer review, clinical or medical audit, accreditation, quality control, incident reporting and risks management are not available. However, Clinical Practice Guideline is available in which the use of standard treatment (STG) is used for prescription

Other quality improvement initiatives are:

- (i) Drug Therapeutic Committee (DTC) in the hospital which consist of physician, nurses, pharmacists and paramedical staff who provide evidence to the hospital managers on the quality of the treatment and prescriptions of the medical staff.
- (ii) Committee for Nosocomial Infection Control in the hospital which is consisted of doctors (surgeons & infectious diseases doctors), nurses, laboratory, pharmacist and administrators of the hospital. The role of this committee is to assess the infection occurred in the hospital. For instance, the infection post surgery: Why? OR the high utilization of antibiotic etc. The result found by this committee will be submitted to the Director of the hospital for finding the solution.
- (iii) Council of Medical Board for Social security organization which is attached in the Ministry of Labour and Social Welfare, but majority of the committee are from the MOH. The role of this council is to assess the health problems of Social security organization members and negotiate the conflict between providers and insurers of Social security organization.

## **MONGOLIA**

At the National level, the main issue around quality of health care is actually there is no national programme for quality improvement. The current quality management system is not well developed and need to be carefully reviewed and improved. Quality improvement activities are episodic and on ad hoc basis and there is lack of activity for continuous quality improvement.

The Mongolia's country vision on health is to continually improve the quality of care sector-wide and to further develop standards, guidelines and indicators for health care services.

There is a formal QA/QI programme in the country for example National QA Committee but the national quality improvement plan has not been well developed yet. However, hospitals that have been accredited have their own quality improvement plan. The hospitals have quality managers who are the secretary of his/her hospital Quality Committee and they are responsible for the implementation of the quality plan.

There is no formal QI training programme available in Mongolia.

There is a Quality Monitoring System, and it involves measuring performance on health facility standards for primary, secondary and tertiary level hospitals. Clinical and treatment standards and guidelines are also available.

There are incentives for improving performance in Mongolia in which recently under the Citizen's Health Insurance Law ( article 12.4) has stated that funding will be provided from the Health Insurance Fund to any hospitals that make significant improvement in the accreditation of the hospital services.

There are pilot QA projects available in the country in cooperation with the WHO which includes safe injections, hospital preparedness and emergency surgical care and hand hygiene following the WHO guideline on using alcohol based hand rub. For safe injection, indicators were developed on the number of injections to the practice of injections as well as the provision of injection devices. The improvement of HCW behaviour and the supply of disposable syringes have improved the quality of safe injections procedure.

Initiatives such as peer review, quality control, Clinical Practice Guidelines, incident reporting and risks management are not available.

However, licensing of health personnel for all high and middle level health care workers such as medical doctors, pharmacist, nurse, and technician is available. Clinical or medical audit evolves around maternal mortality review at national level; surgical deaths at hospitals for 2006 and every hospital conduct their clinical and pathological conference for each death in the respective hospitals.

Accreditation is also available in which there is an accreditation Unit working at the National Centre for Health Development, Ministry of Health Mongolia This unit is responsible for organizing and coordination hospital accreditation programme and they will hire independent assessors and accreditation experts. The accreditation protocol and checklist are very much based on the healthcare standards including the health care facility standards and the common medical procedures standards.

Other quality improvement initiatives include healthcare worker quality ticket in which some hospital quality managers used this ticket in their hospitals. They designed a ticket in which one side of the ticket has names of all the procedures that need to be performed by HCW and on the other side has particulars of the HCW. If the HCW are not able to perform the procedure completely or make mistakes during the service provision, the portion or part of the ticket is cut off. The idea of the ticket is similar to a driving license.

Another quality initiative is the client oriented provider efficiency in which the tool was supported from UNFPA in 2000. In this tool, stated 7 rights of the provider and 3 rights of the patients and the tool consists of the following elements:

- i) the team meets and discuss what could be done to improve quality of care
- ii) develop work plan
- iii) implement and monitor the work plan
- iv) the cycle continues

## **VIETNAM**

Nine out of the 10 participants from Vietnam provide their country framework at different level because four participants are from the hospitals, two from district and three participants are from the ministry level. These can be summarised as follows:

The main issues/priorities around quality of health care in Vietnam according to:

### **District Health centre**

- (i) Outcome of treatment
- (ii) Satisfaction of customers
- (iii) Treatment cost ( relevant or not)
- (iv) Establishing the quality assurance settings and hospital accreditation
- (v) Patient safety

### **Hospital**

- (vi) Health care facilities and equipments
- (vii) Improve the Quality of health services
- (viii) Qualified health personnel (because there is a shortage)
- (ix) Needing a better medical management system
- (x) Slow at updating new medical technology

### **MOH**

- (xi) Determining the appropriate system on quality of health care
- (xii) Establishing the quality assurance settings and hospital accreditation
- (xiii) Patient safety
- (xiv) Equity
- (xv) Cost effectiveness , evidence based practice
- (xvi) Developing National QA committee and developing basic sets of indicators for national QA

- (xvii) Quality guidelines for hospitals are not yet established
- (xviii) Lack of reporting system about patient safety
- (xix) Quality concepts, approaches have not yet been introduced to most of hospital managers.

The organizational policy statement on quality of health services:

**Hospital**

- (i) The development of our hospital absolutely depends on our service to patients.
- (ii) Safety, efficiency accuracy
- (iii) Cost – effectiveness, evidence based practice.
- (iv) Equity
- (v) Continuous quality improvement to ensure satisfaction and safety

**District**

- (i) Capacity building (professional and management)
- (ii) Providing health equipments
- (iii) Upgrading hospital facilities

All the four hospitals has formal Quality Improvement / Quality Assurance program. One out of the two districts has formal QA/QI Program but there is no formal QA/QI Program at the ministerial level. The main features of the program include:

**MOH**

- (i) there is no program called 'QA' but many projects, policies, regulations implemented based on principles of QA such as :
  - a) Hospital regulations,
  - b) clinical guidelines,
  - c) medical technical classification system based on level of hospitals,
  - d) approving hospitals to grant permission for implementing high- tech medical procedures

**Hospital**

- (ii) ISO in the hospital
- (iii) Quality improvement committee
- (iv) Upgrading of infrastructure and training of medical personnel for central hospitals
- (v) Set up a network of QA department around the country

**District**

- (vi) Professional committee
- (vii) Drug and treatment committee
- (viii) Anti- infection preventive committee
- (ix) Technical and science committee

A formal Quality Improvement training programme is available in one of the 4 hospitals and in one of the two districts also at the ministerial level. The training was conducted according to the levels:

**Hospital**

- (i) The Ministry of Health periodically provides training programme of health care managers and clinical practice.

**District**

- (ii) Training of health staffs and focuses on professionals and managers at MOH, provincial and district health centres

**MOH**

- (iii) Some initial training provided by WHO Consultants
- (iv) Some training materials have been translated from English to Vietnamese

Quality Monitoring Systems is in place and examples of quality indicators or standards used for measuring performance against standards in Vietnam include:

**MOH**

- (i) Appropriate drug prescription rate
- (ii) Patient satisfaction rate
- (iii) Nasocomial rate
- (iv) Medical errors
- (v) Waiting time of patient at the outpatient area
- (vi) Hand washing compliance rate
- (vii) Percentage of hospitalized patients get hospital diet food
- (viii) Inpatient satisfaction in the hospital rate

- (ix) Infection control

**District**

- (x) Facilities , equipment
- (xi) Human resources
- (xii) Performance tasks
- (xiii) Patient satisfaction rate
- (xiv) Nasocomial rate
- (xv) Appropriate drug prescriptions rate
- (xvi) Medical errors

**Hospital**

- (xvii) Setting up QA department
- (xviii) Protocol of QA for individual hospital level
- (xix) Annual clinical / medical practice contest of all level
- (xx) monthly and yearly targets
- (xxi) Annual audit
- (xxii) Full fill questionnaire from patient
- (xxiii) Mortality rate
- (xxiv) Nasocomial infection rate
- (xxv) Adverse event
- (xxvi) Patient satisfaction

There are incentives in place for improving performance in Vietnam at the ministry and at the district level, however two out of four hospitals stated that there is no incentives in the organization.

The incentives include:

**Hospital**

- (i) Bonus policy
- (ii) Promotion
- (iii) Annual accreditation of hospitals by Ministry Of Health

**MOH**

- (iv) The system of inspection in the hospital and reward for the best hospital
- (v) Hospital regulation
- (vi) Annual hospital inspection and check
- (vii) Quality award applied in industrial area but not in health

**District**

- (viii) Upgrading facility for the DHC to 2008 project
- (ix) Capacity building for the DHC

At the ministry, one out of three hospitals and one out the two district stated that pilot QA projects are available in Vietnam. The features of the QA projects involved:

**District**

- (i) ISO standard applied in some hospital
- (ii) Total quality management in some hospitals

**Hospital**

- (iii) Privatizing hospitals

**MOH**

- (iv) Unify of medical and nursing procedures
- (v) ISO application in some hospitals
- (vi) Total quality management in some hospital

Other quality initiatives, such as licensing of health personnel, Peer Review, Clinical or Medical Audit, Accreditation, Clinical Practice Guidelines and Quality Control are available at different levels in Vietnam.

Categories of health personnel that are being licensed in Vietnam:

**MOH**

- (i) Private professional and directors ( hospital , clinics)

**District**

- (ii) Diploma certification ( bachelor degree)
- (iii) Diploma certification ( specialist at the first or second degree)
- (iv) Master degree certification / PhD degree certification
- (v) Diploma certification at college level

**Hospital**

- (vi) Certificate of Doctors and nurses
- (vii) Pharmacist
- (viii) Hospital technicians

Areas are being peer reviewed include:

**Hospital**

- (i) No claim from patients
- (ii) Recovery cases
- (iii) Professional skills / quality
- (iv) Antibiotic use of doctors
- (v) Prescription of doctors

**MOH**

- (vi) Self assessment of each individual hospital based on More's Inspection Guidelines
- (vii) Annual peer- review ( hospital reviewers assigned by authority)

**District**

- (viii) Performance of hospitals regulations
- (ix) Facilities and equipment
- (x) Human structure

Areas that are being audited:

**MOH**

- (i) Reviewing of medical records on monthly basis

**District**

- (ii) Number of patients admitted to District Health Centre(DHC)
- (iii) Number of patients undergoing treatment
- (iv) Number of fatality patients
- (v) Output capacity of using patients bed

**Hospital**

- (vi) Death rate, recovery rate, patient entry rate
- (vii) Nursing care
- (viii) Chronic diseases
- (ix) Children under the age of 5 years.

Characteristics of the accreditation programme

**MOH**

- (i) Some private hospitals received ISO certificate provided by French's system

**Hospital**

- (ii) No claim from patient
- (iii) Free treatment for the poor
- (iv) ISO 9001:2009
- (v) Annual accreditation of hospitals by ministry of health based on national hospital standards

**District**

- (vi) Internal checking
- (vii) Mutually checking among hospital in the district

Examples of the Clinical Practice Guidelines work carried out are as follows:

**MOH**

- (i) Surgery protocol/ guidelines
- (ii) Clinical practice guidelines ( diagnosis and treatment)
- (iii) Procedure of patient care
- (iv) Nursing procedure guidelines
- (v) Infection control guidelines
- (vi) SARS/H5N1 guidelines
- (vii) High tech medical procedures( kidney, liver transplantation)

**Hospital**

- (viii) Each department writes the guidelines based on their experience and Evidenced Based Medicine
- (ix) Determine the need of guidelines based on the frequency and importance

- (x) Guidelines is written down and reviewed by ward staff, presented to science committee of the hospital and reviewed than approved by the hospital director to be used in the hospital.

**District**

- (xi) Health care process
- (xii) Guideline for hospital's technical process
- (xiii) Treatment therapies
- (xiv) Clinical practice guidelines
- (xv) Surgery protocol
- (xvi) Procedure of patient care

Examples of the Quality Control work being carried out:

**MOH**

- (i) Monthly checking provided by different levels of administrations
- (ii) Annual inspection by most provincial hospital staff
- (iii) Certain hospital and health services are involved in laboratory test quality control and regular treatment of quality control

**Hospital**

- (iv) Planning department check the quality of treatment of other department and the performance monitored weekly , monthly , yearly target
- (v) A delegation from the Ministry of Health will annually check based on their own standards
- (vi) Infection control
- (vii) External laboratory test quality control

**District**

- (viii) Only some hospitals involved in laboratory test

Other quality improvement initiatives

- (i) Licensing private hospitals
  - MOH gives license for private hospitals at the beginning of running and re-evaluating after five years
  - Some individual hospitals are applying for ISO approach as well as QI
  - Adverse event reporting
  - Analysing problems, based analysing system , process
  - Improve gaps
- (ii) Establishment of quality unit in some hospitals as pilot project
  - The infection control committee set up at national level and in most hospitals have both the infection control committee and department of Infection Controls.
  - Activities like surveillance , training, standardised procedures are being implemented
- (iii) Patient safety program
  - Establishment of a Holistic Nursing Model for hospitals
  - MOH's directors to ask all hospitals to set up a Holistic Nursing Committee to provide more psychological, social and educational needs to patients
  - Supporting units provide their services based on the principle that patients are controlled for all units.

## AGENDA FOR THE MEETING

6 July 2007 (Monday)		
08:00 – 09:00	Registration	
09:00 – 09:30	Introduction of the Participants and Facilitators	Ice-breaking exercise
09:30 – 10:00	Introduction to QA/QI -Concept & Methods (Dr. Maimunah A.Hamid)	Lecture, exercise and Q&A sessions
10:00 – 10:30	<i>Coffee break</i>	
10:30 – 12:30	Sharing of QA/QI Initiatives at country level	Presentation by each participating country team
12:30 – 14:00	<i>Lunch break</i>	
14:00 – 16:30	Continue Sharing of QA/QI Initiatives at country level	Presentation by each participating country team
16.30 – 17.00	Synthesis of experiences in all countries	Presentation and discussion by Facilitator
17:00 - 17:30	<i>Tea Break</i>	
	Discussion	Facilitators only
7 July 2007 (Tuesday)		
08:30 – 08:45	Review of previous day's work	A brief report by the Facilitator
08:45 – 09:15	Sharing of Malaysian Experiences in Quality Assurance Programme (Dr. Siti Haniza Mahmud)	Presentation of QA Programme
09:15-10:30	Introduction to the 4 Training Modules on Measuring & Managing Quality of Health Care (Dr. Maimunah A.Hamid)	A brief introduction to the concept and use of each module followed by Q&A
10:00 – 10:30	<i>Coffee Break</i>	
10:30 – 12:30	Structure for Quality Programme (Dr. Kalsom Maskon)	Presentation on highlights of relevant chapters in the modules
12:30 – 14:00	<i>Lunch break</i>	
14:00 – 15:30	Promoting Quality	Group work using a case study
15.30 – 17:00	Training of Trainers (Dr. Azman Abu Bakar)	Presentation on highlights of relevant chapters in the modules
17:00 - 17:30	<i>Tea Break</i>	
8 July 2007 (Wednesday)		
08:30 – 08:45	Review of previous day's work	A brief report by the Facilitator
8:45 – 10:00	Managing Change (To' Puan Dr. Hj Rahmah Elias)	Presentation on highlights of relevant chapters in the modules
10:00 – 10:30	<i>Coffee Break</i>	
10:30 – 12:30	Measurement & Monitoring Quality ( Dato' Dr. Abd Jamil )	Presentation on highlights of relevant chapters in the modules
12:30 – 14:00	<i>Lunch Break</i>	
14:00 – 17:00	<i>Review of chapters in the Training Modules</i>	Group work Review relevance of each chapter in Modules to country's context (contents, approach , language , simplicity etc )
17:00 – 17:30	<i>Tea Break</i>	
9 July 2007 (Thursday)		
08:30 – 08:45	Review of previous day's work	A brief report by the Facilitator
8:45 – 10:00	Feedback on Reviews of Training Modules	Panel Discussion Lecturer and Facilitator
10:00 – 10:30	<i>Coffee Break</i>	
10:30 – 12:30	Drafting Action Plan	Group work for each country team to prepare an Action Plan
12:30 – 14:00	<i>Lunch Break</i>	
14:00 – 16:30	Presentation of Action Plans	Panel Discussion
16.30 – 16:45	<i>Closure</i>	
16:45 – 17:00	<i>Tea break</i>	

### FEEDBACK ON THE CHAPTERS FOR EACH MODULE

Name of reviewer					Module	Promoting Quality	Implementing Quality	Managing Performance	Training for Trainers
Country	China	Mongolia	Lao PDR	Vietnam					

1. If you were to use this Module for Training quality improvement in your own country, how useful is **EACH** of the chapter in the Module? Please tick the appropriate box

Chapter No	Useful	Somewhat Useful	Not Useful at all	<i>Please describe WHY if "somewhat" or "not useful at all". Please use additional sheet if the space provided is not sufficient.</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

2. Is there any specific topic or content you think **extremely useful** for your country but is **NOT** included in the Module?

Yes	
No	

If yes, please list the topics and briefly describe why they are extremely useful

No.	Missing topics/Contents	<i>Why is it extremely useful</i>

***Thank you for your contribution. We greatly appreciate it!***

## SUMMARY OF FEEDBACK ON THE CHAPTERS FOR EACH MODULE

## PROMOTING QUALITY

Chapter	% Response (n = 25) <sup>‡</sup>			<i>Please describe WHY if "somewhat" or "not useful at all". Please use additional sheet if the space provided is not sufficient.</i>
	Useful	Somewhat Useful	Not Useful at all	
1	96%	4%	-	Somewhat useful - No reason specified
2	88%	12%	-	Somewhat useful - If possible should show some example for each step for more understanding
3	92%	8%	-	Somewhat useful - No reason specified
4	92%	8%	-	Somewhat useful - No reason specified
5	92%	8%	-	Somewhat useful - No reason specified
6	96%	4%	-	Somewhat useful - No reason specified
7	96%	4%	-	Somewhat useful - No reason specified
8	96%	4%	-	Somewhat useful - No reason specified
9	96%	4%	-	Somewhat useful - No reason specified
10	84%	12%	4%*	Somewhat useful - No reason specified Not useful - No reason specified
11	92%	8%	-	Somewhat useful - No reason specified
12	96%	4%	-	Somewhat useful - No reason specified
13	84%	12%	4%*	Somewhat useful - No reason specified Not useful - No reason specified
14	96%	4%	-	Somewhat useful - No reason specified
15	76%	20%	4%*	Somewhat useful - It should be included in chapter 3 Not useful - No reason specified

\*An interview was carried out with the participant/group who had evaluated the chapters as "somewhat useful" and "not useful" – it was understood that the participant meant that the chapters were good but need to be adapted to the local setting. During the discussion participants also explained that "somewhat useful" was due to lack of local examples.

‡Total number of responses was 25 of which 1 response came from Lao PDR (as a country), 9 from China, 10 from Vietnam and 5 from Mongolia.

## SUMMARY OF FEEDBACK ON THE CHAPTERS FOR EACH MODULE

### IMPLEMENTING QUALITY

Chapter	% Response (n = 25) <sup>‡</sup>			<i>Please describe WHY if "somewhat" or "not useful at all". Please use additional sheet if the space provided is not sufficient.</i>
	Useful	Somewhat Useful	Not Useful at all	
1	96%	4%	-	Somewhat useful- No reason specified
2	96%	4%	-	Somewhat useful- No reason specified
3	96%	4%	-	Somewhat useful- No reason specified
4	84%	12%	4%*	Not useful- No reason specified
5	92%	4%	4%*	Somewhat useful - The structure of hospital management is a little different in China Not useful- no reason specified
6	76%	24%	-	Somewhat useful : <ul style="list-style-type: none"> <li>• My current job requires from me more managerial skill. However in some extend, there is a need to use leader skill.</li> <li>• Responsible for quality management, however needs to Improve/acquire leadership skill and introduce to our hospital (to other departments).</li> </ul>
7	100%	-	-	All chapters are useful
8	100%	-	-	All chapters are useful
9	88%	12%	-	Somewhat useful- No reason specified
10	100%	-	-	All chapters are useful
11	100%	-	-	All chapters are useful
12	88%	12%	-	Somewhat useful- No reason specified
13	100%	-	-	All chapters are useful
14	92%	4%	4%*	Not useful- No reason specified Somewhat useful- No reason specified
15	100%	-	-	All chapters are useful

\*An interview was carried out with the participant/group who had evaluated the chapters as "somewhat useful" and "not useful" – it was understood that the participant meant that the chapters were good but need to be adapted to the local setting. During the discussion participants also explained that "somewhat useful" was due to lack of local examples.

<sup>‡</sup>Total number of responses was 25 of which 1 response came from Lao PDR (as a country), 9 from China, 10 from Vietnam and 5 from Mongolia.

## SUMMARY OF FEEDBACK ON THE CHAPTERS FOR EACH MODULE

### MANAGING PERFORMANCE

Chapter	% Response (n = 25) <sup>‡</sup>			<i>Please describe WHY if “somewhat” or “not useful at all”. Please use additional sheet if the space provided is not sufficient.</i>
	Useful	Somewhat Useful	Not Useful at all	
1	96%	4%	-	Somewhat useful- No reason specified
2	96%	4%	-	Somewhat useful- No reason specified
3	96%	4%	-	Somewhat useful- No reason specified
4	84%	12%	4%*	Not useful- No reason specified Somewhat useful- No reason specified
5	96%	4%	-	Somewhat useful- No reason specified
6	96%	4%	-	Somewhat useful- No reason specified
7	92%	4%	4%*	Somewhat useful- No reason specified Not useful- no reason specified
8	96%	4%	-	Somewhat useful - Frequent turn over in the senior level of MOH staff causes barriers for the management of change
9	96%	4%	-	Somewhat useful- No reason specified
10	96%	4%	-	Somewhat useful- No reason specified
11	96%	4%	-	Somewhat useful- No reason specified
12	88%	12%	-	Somewhat useful : <ul style="list-style-type: none"> <li>• We have learned that verification of Quality is important but this issue is new for Lao PDR. For instance, Accreditation, Quality Audit, Licensure and certification. Therefore, we will introduce to them this topic for better understanding and in the future will use it</li> <li>• Current system in my country is a bit different, need system change</li> </ul>
13	100%	-	-	All chapters are useful
14	100%	-	-	All chapters are useful
15	100%	-	-	All chapters are useful

\*An interview was carried out with the participant/group who had evaluated the chapters as “somewhat useful” and “not useful” – it was understood that the participant meant that the chapters were good but need to be adapted to the local setting. During the discussion participants also explained that “somewhat useful” was due to lack of local examples.

<sup>‡</sup>Total number of responses was 25 of which 1 response came from Lao PDR (as a country), 9 from China, 10 from Vietnam and 5 from Mongolia.

**SUMMARY OF FEEDBACK ON THE CHAPTERS FOR EACH MODULE**

**TRAINING FOR TRAINERS**

Chapter	% Response (n = 25) <sup>‡</sup>			<i>Please describe WHY if "somewhat" or "not useful at all". Please use additional sheet if the space provided is not sufficient.</i>
	Useful	Somewhat Useful	Not Useful at all	
1	96%	4%	-	Somewhat useful- No reason specified
2	96%	4%	-	Somewhat useful- No reason specified
3	96%	4%	-	Somewhat useful- No reason specified
4	84%	16%	-	Somewhat useful- No reason specified
5	84%	16%	-	Somewhat useful- No reason specified
6	96%	4%	-	Somewhat useful- No reason specified
7	84%	12%	4%*	Somewhat useful- No reason specified Not useful- No reason specified
8	96%	4%	-	Somewhat useful- No reason specified
9	96%	4%	-	Somewhat useful- No reason specified
10	96%	4%	-	Somewhat useful- No reason specified
11	96%	4%	-	Somewhat useful- No reason specified
12	96%	4%	-	Somewhat useful- No reason specified
13	96%	4%	-	Somewhat useful- No reason specified
14	84%	12%	4%*	Not useful- No reason specified

\*An interview was carried out with the participant/group who had evaluated the chapters as "somewhat useful" and "not useful" – it was understood that the participant meant that the chapters were good but need to be adapted to the local setting. During the discussion participants also explained that "somewhat useful" was due to lack of local examples

<sup>‡</sup>Total number of responses was 25 of which 1 came from Lao PDR (as a country), 9 from China, 10 from Vietnam and 5 from Mongolia.

## DRAFT ACTION PLAN

## ACTION PLAN: CHINA

## The Action Plan of Patient Safety in China

### Specialist Team from China

Meeting on Strengthening QAI Programme  
for Selected Countries in the Western Pacific Region,  
Kuala Lumpur, Malaysia  
Aug 6th-9th, 2007

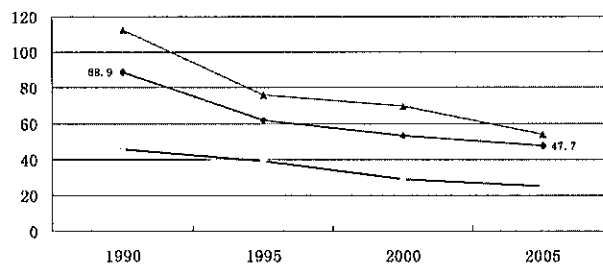
## Background

- ❖ China is a large country and the economy grows rapidly in nearly two decades, but we still have a limited health resources compared with 1.3 billion population.

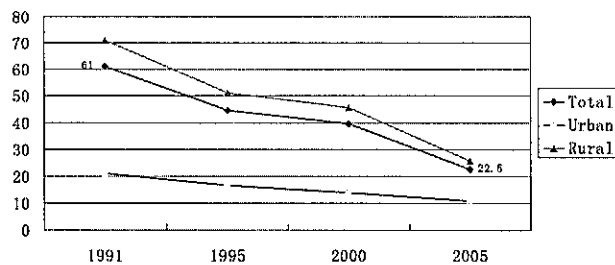
❖ Number of Patient Visits in 2006	2.446 Bln
❖ Number of Inpatients	79 Mln
❖ Number of Hospitals(>100 beds)	19,246
❖ Number of Health Personnel	5.6 Mln
↪ Doctor	2 Mln
↪ Nurse	1.4 Mln

❖ The MOH of China has already taken several actions and measures in Health Quality Assurance/Improvement since 1980s and there have been much progression in health care quality

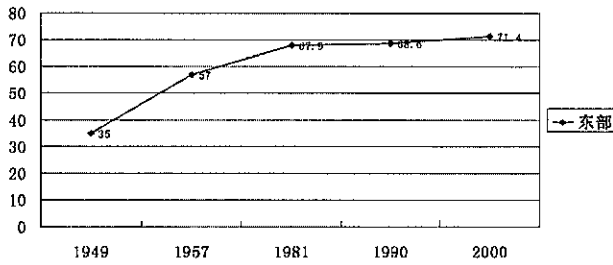
### Maternal Mortality Rate (per 100,000 Live Births)



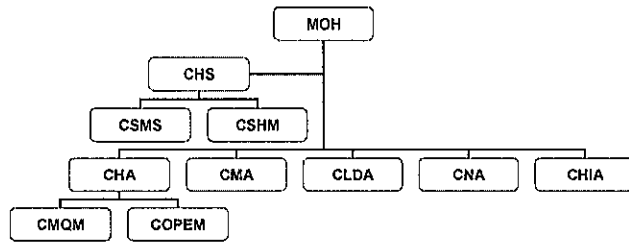
### Mortality Rate of Children Under 5-year (Per 1000 Live Births)



## Life Expectancy (Year)



## Organization of QA/I in China



## Hospital Grading and Accreditation

❖ Began in 1987 and Modified in 2004 in reference to JACOH

≈3rd Level	1045
❖ 1st Class	647
❖ 2nd Class	364
❖ 3rd Class	34
≈2nd level	5151
≈1st level	2738

## **“Year of Hospital Management”**

**—From 2005 to 2008**

- ❖ Nearly 20,000 hospital participated
- ❖ Under the leadship by MOH
- ❖ Focus on Patient Care and Service Quality

## **Six Key Points**

- ❖ Improve medical quality and patient safety
- ❖ Reengineer the service pathway and provide convenient medical services
- ❖ Enforce the physician-patient communication
- ❖ Enforce the financial management, and control the cost
- ❖ Enforce the payment system, and minimize the unreasonable fees.
- ❖ Enforce the construction of medical professionalism and medical ethics

## **Guideline of Hospital Management and Evaluation**

- ❖ To lead the hospital management to focus on quality and patient safety
- ❖ Evaluation and supervision basic criteria

## **Five Main Aspects**

- ❖ Hospital Management Organization Structure
- ❖ Medical quality management and continuous improvement
- ❖ Patient Safety
- ❖ Health Service and Patient consensus
- ❖ Effectiveness and efficiency

## **Patient Safety Aims**

—CHA,2007

- ❖ Prevent wrong-site or wrong-patient procedures
- ❖ Improve drug safety
- ❖ Amend doctor-patient relationship
- ❖ Establish crisis reporting system in lab
- ❖ Encourage actively report medical AE
- ❖ prevent pressure ulcers and patient falls
- ❖ Improve hand-hygiene

## **The Action Plan of Patient Safety in China**

### **Establishment of AE Reporting System**

- ❖ Safe and Voluntary
  - ↪ Medical
  - ↪ Drug
  - ↪ Medical devices and equipment
- ❖ Reporting Form
  - ↪ Electronic form
  - ↪ Paper form

### **Identify System Defects**

- ❖ Data analysis and system defects identification
  - ↪ National Level
  - ↪ Local level
  - ↪ Hospital level

### **Choose Defcets and Design Solutions**

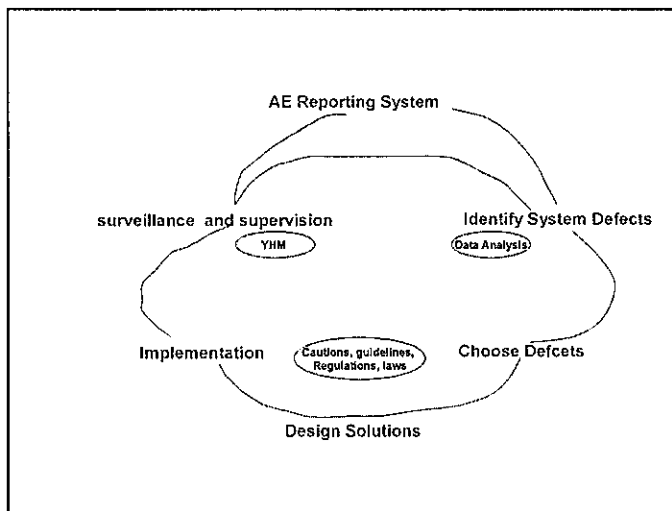
- ❖ Choose defects
  - ↪ Common and Nationwide
  - ↪ Severe
  - ↪ Easy correct
- ❖ Design Solution
  - ↪ Commission on Medical Quality Management
  - ↪ Commission on Out-patient and Enmergency Management

## Implementation

- ❖ Cautions and Advices
- ❖ Guidelines
- ❖ Standards
- ❖ Regulations
- ❖ Laws

## Continue Improvement

- ❖ Reporting and Analysis System
- ❖ surveillance and supervision
  - ↳ Year of Hospital Management



### **Main issues**

- Lack of quality management structure at all levels
- overuse of medicines and laboratory test;
- medical errors;
- nosocomial infection;
- low patient satisfaction

### **Objectives**

1. To establish a quality management structures and mechanism to implement and evaluate quality of health care
2. To introduce QA/QI in health system

### **Strategy**

- Setting up of quality structure
- Developing the standards on quality of healthcare focus on patient safety and patient satisfaction
- Establishing organization in charge of quality evaluation and recognition

## Activities

1. Development of guidelines on Quality management structure (end of 2007, by MOH, experts, In MOH)
2. Development of hospital quality standards focus on risk management, patient safety and patient satisfaction (in 2008-2009, MOH, WHO consultants, experts)
3. Promoting the application of QA/QI to hospital managers (11-12/2007, MOH, Peadiatric 1 hospital, WHO consultants, in Peadiatric 1 hospital)

## Activities (cont')

4. Training Quality Co-ordinators (11-12/2007; Facilitators to develop training program & materials; MOH + Children hospital No1 + WHO consultants)
5. Piloting hospitals (2007-2008, DOHs)
6. Development of National Strategic Plan for nation-wide application and evaluation of QA/QI (2008; MOH, experts, WHO consultants)

**ACTION PLAN: MONGOLIA**

**PLAN OF ACTION ON QUALITY OF CARE 2007-2010**

ISSUES	STRATEGY	ACTIVITIES	WHEN	WHO	WHERE
<p>1. Quality management system needs elaboration</p> <p>2. Need to establish Quality Council at the Ministry of Health and Sub-councils at hospital level under the Quality Council of MOH</p> <p>3. Internal auditing (quality team in hospitals) is to be guided by MOH/City health department and district/aimag health departments</p>	<p>Upgrade the legal framework to provide the basis for continued improvement of quality of care</p>	<p>1. Establish operational sector wide quality management system</p> <p>2. Increase participation of professional associations and interested stakeholders in quality of care improvement</p>	2007-2008	<p>MOH</p> <p>AHDs</p> <p>CHD</p> <p>Professionals Association</p> <p>International partners</p>	<p>MOH, AHDs and CHD</p>
<p>4. No integrated plan of action (Hospitals have their own implementation plan)</p>	<p>Develop integrated sector- wide action plan</p>	<p>1. Develop and implement a sector-wide programme/plan for establishing integrated decentralized quality management and monitoring mechanisms at all levels for on-going quality improvement</p>	2007-2008	<p>MOH</p>	<p>MOH, AHD and CHD and national, city, district/aimag hospitals</p>
<p>5. Quality Management needs to be changed</p>	<p>Strengthen quality management and introduce code of ethics</p>	<p>1. Establish enabling mechanisms for involvement of medical professional associations and stakeholders in the improvement of quality of care through the application of an approved code of ethics for general and specialist clinical areas and in the administration and management areas</p>	2007-2008	<p>MOH</p> <p>AHDs</p> <p>CHD</p> <p>Professionals Association</p> <p>International partners</p>	<p>MOH, AHD and CHD and national, city, district/aimag hospitals</p>

6. Underreporting is common (Needs improvement in reporting system from doctors and health professionals)	Improve reporting system and integrate to information and monitoring system	1. To coordinate and evaluate self assessment of doctors and health professionals continuously 2. Establish an incentive scheme including using a mark of quality system for promoting development of quality of care	2008-2010	MOH AHDs CHD Professionals Association International partners	MOH, AHD and CHD and national, city, district/aimag hospitals
7. Need to further develop standards and guidelines on quality of care	1. Upgrade standards, clinical treatment protocols, and guidelines; and indicators and norms 2. Improve diagnostic and treatment capacity	1. Review current diagnostic, treatment and facility standards and indicators and modify to conform international standards 2. Develop and apply additional required standards and indicators for further improvement of quality assurance 3. Develop and endorse new guidelines, health facility standards, clinical and treatment protocols and guidelines and norms 4. Endorse and introduce standards and application guidelines	2008-2009	MOH and major partners	MOH, AHD and CHD and national, city, district/aimag hospitals
8. Need to improve training on quality of care	Modification and application of training modules	1. Revise, modify, upgrade and where required develop quality standards application guidelines and related training materials and programs 2. Increase awareness and training among major stakeholders and health professionals/health workers	2007-2008  2007-2010	MOH and major partners  MOH, HSUM and Regional Medical Colleges	National, city, district/aimag/soum hospitals

**ACTION PLAN: LAO PDR**

No	ISSUES	STRATEGY	ACTIVITIES	WHEN			WHO (Person Responsible)	WHERE	FUNDING
				Q3-2007	Q4-2007	Q1-2008			
1.	Strengthening QA/QI in Health Care		Report of QA/QI Workshop to MOH- Strengthening QA/QI Programme for Selected Countries in the WPRO 6-9 August 2007	1 week after this meeting			Phisith MD	MOH	
2.	Lack of QA/QI at central Hospital	Improving of QA/QI Program: -Quality of Health Services -Incentive system -Upgrade KAS for health personnel	Workshop on QA/QI for Policy Maker and Medical Personnel (Dissemination Workshop)	Oct 07 (2 days)			Assoc. Prof. Kongsap / NIOPB  Assoc. Prof Bounthaphany / MHS Hosp.	Mahosod Hospital  Other Central Hospital	WHO
3.	Lack of QA/QI Policy	QA/QI Policy on Health Care	Drafting QA/QI Policy on Health Care		Nov 07	Mar 08	Assoc Prof Kongsap / NIOPB Assoc Prof Bounthaphany/ MHS Hospital Phisith MD / DCM Souphaxay MD / WHO Aphone. Nurse / MHS Hospital		WHO
4.	Lack of Standard of Health Care Indicator	Standard of Health Care Indicator	Establishment of Central Hosp QA/QI team Set standard indicator	Nov 07			Assoc Prof Bounthaphany /MHS Hosp  Aphone / MHS Hosp	MHS  OPD ER SR OR	WHO

**A Meeting on Strengthening Quality Assurance/ Improvement Programme for Selected Countries in the WHO Western Pacific Region 6-9 August 2007  
OVERALL FEEDBACK FORM**

Please complete the following by offering your honest and constructive opinion that could help us to improve future courses. Your comments will be carefully considered.

**1. In your opinion did the course achieve the following stated objectives?**

- a. To introduce the principles of QA/I and its benefit to healthcare.  
28 Yes      0 No      0 Somewhat
- b. To discuss the feasibility of introducing and strengthening QA/ I at country level.  
26 Yes      0 No      2 Somewhat
- c. To assess the usefulness and gaps of the Malaysian training modules to meet the countries' needs.  
24 Yes      1 No      3 Somewhat
- d. To develop a broad action plan for introducing and strengthening QA/I at country level.  
28 Yes      0 No      0 Somewhat

**2. In your opinion what were the course's strength?**

- Principles of QA / QI
- Training for trainers
- Participatory active learning
- Lecturers have a lot of experience / Expertise in QI
- All the training modules
- Interest from WHO
- Simple presentation
- Systematic introduction on QA / QI

**3. The knowledge was presented in useful ways**

25 Yes      0 No      3 Somewhat

**4. The information provided was clear, concise, and related to your work**

25 Yes      1 No      2 Somewhat

**5. As a result of attending this course, will you be able to use or conduct QA/QI at your place of work?**

25 Yes      0 No      3 Somewhat

Require external lectures for ISO and accreditation  
We have QA/QI at our place of work

**6. What other changes would you make to the course? Please suggest possible areas of improvement (including timings, materials, venue, facilities etc)**

- to include site visits (IHSR / Hospital) with QI activities (10)
- more case studies / case discussions (7)
- to add more relevant content – design the text based on the country's assessment on quality
- to include Hospital Quality Plan & Hospital Standard
- need more time to review the modules
- time is too short
- well organized
- I would like to have the meeting again

