CQE,CAHO

Credentialing and Privileging of MSQH Surveyors

Dr.Kadar Marikar
Technical Advisor MSQH

24 April 2021

Presentation outline

1. Introduction to Malaysia and the Healthcare system

2.Development of An Accreditation Program in Malaysia

3.Introduction to MSQH

4.MSQH Surveyors (slide 19 onwards)

5.Credentialing and Privileging of MSQH Surveyors

6.Challenges

Introduction to Malaysia

Statistics	
POPULATION (2019)	32 million
Life expectancy male (2017)	73.3 years
Life expectancy female (2017)	78.3 years
Annual population growth rate (2017)	1.4%
Total expenditure on health per GDP (2017)	4.24%
MOH Hospitals & Institutions (2019)	144
Private hospital s (2017)	220

Malaysian Health Sector

Public Sector

Ministry of Health

- Inpatient care services
  - 144 hospitals (range 40 - 1.5k beds)
  - Specialized services :Secondary and Tertiary
- Out-patient services
  - Health Centres (1,085 centres)
  - Community Clinics (2,000 Clinics)
  - In remote areas: Flying Doctors Services.
- Preventive and Health Promotion services
- Institutions ;Long term care (Psychiatric care); 4

Medical Training Institutions-University Hospitals: 6

Ministry Of Defense: 4 Hospitals.

Private Sectors

- Private Hospitals: 200 (Range of beds 2-350 beds)
- Private Medical clinics: 7,571
- Maternity Centres: 16
- Hemodialysis centers: 450
- Nursing Homes: 22

Corporatised Hospital:
- National Heart Institute (IJN) 323 beds.

Acts, Regulation and Enforcement

- Private Hospitals Act 1971 (amended 2016)
- Private Healthcare Facilities and Services Act 1998
- Regulations 2006
- Others related to healthcare services (30)

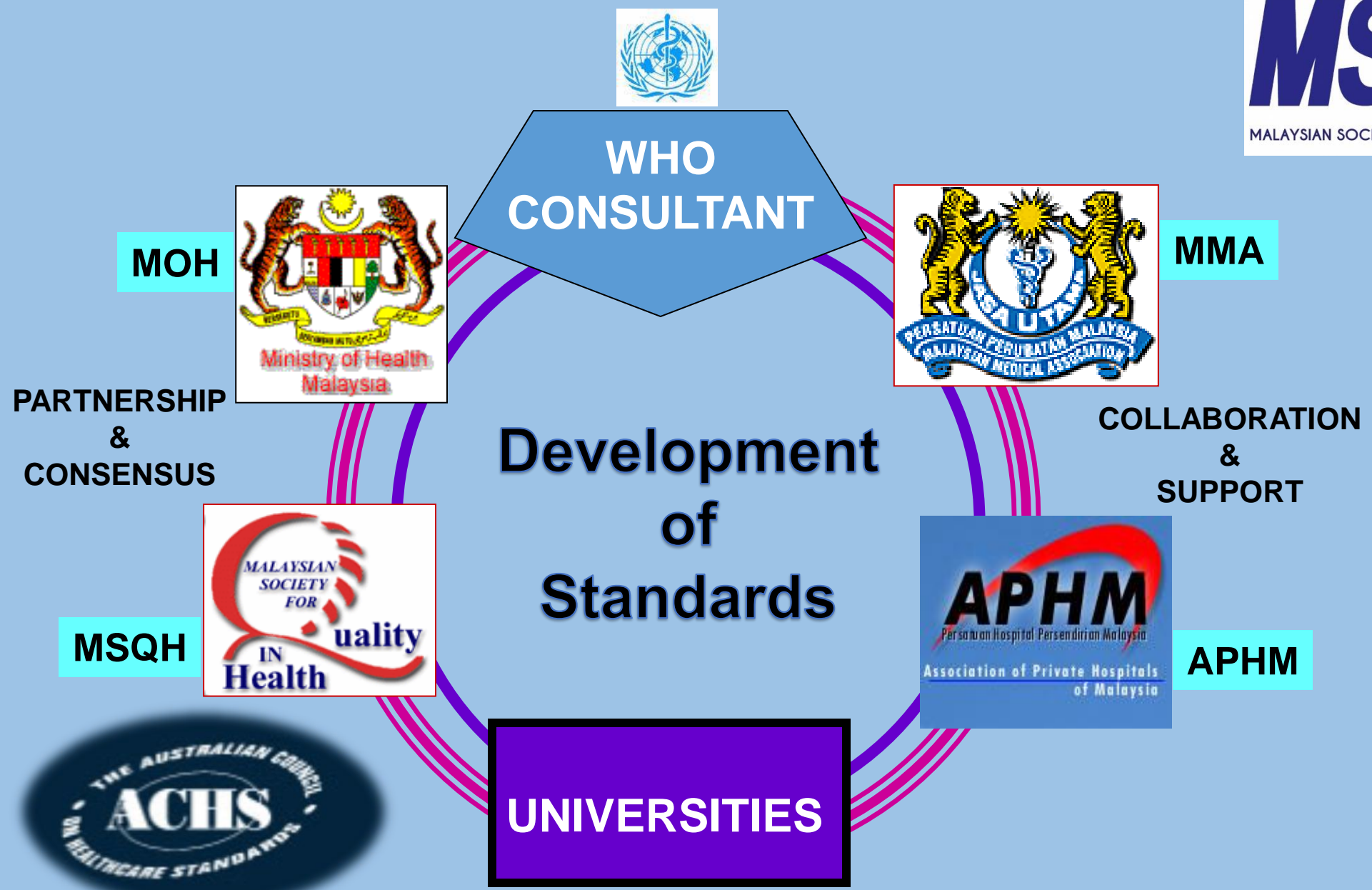# Establishment: National Accreditation Program

- **1995:**

  MOH initiated a national meeting with the – APHM, Medical Universities, Medical Associations and Professional Bodies to discuss on the development of National standards for healthcare services.

  Consensus:

  - To develop national standards
  - To establish a voluntary national accreditation program managed by a healthcare professionals through a not for profit organisation.
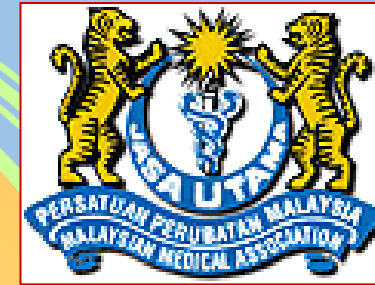
Overview of MSQH

- **Non-profit**
- **Non governmental**
- **Formed 1997 (ROS)**
- **Conducted over 580 Surveys**

Enhancing Patient Safety and Quality of Care Nationally

- **Formed through smart partnership between public, private and professional bodies**
- **Initiated by MoH**

- **National Accreditation Body for healthcare facilities and services**
- **Recognised by Standards Malaysia**
- **Internationally certified by ISQua**

Building, Sustaining and Uplifting Organizational Quality and Accountability

Accreditation Of Healthcare Facilities and Services = **Tool to Demonstrate Accountability**

Vision

The internationally recognised accreditation organisation for the promotion and improvement of quality and safety in healthcare.

Mission

Advocating, education and monitoring continuous quality improvement and patient safety in healthcare

Values of MSQH

- Safety culture
- Integrity
- Professionalism
- Patient and people centred
- Teamwork

National Recognition

1. Ministry of Health 2006
2. Standards Malaysia 2009
3. Partner with MHTC (Malaysian Healthcare Travel Council)

International Recognition
4th cycle in September 2020
Ist ISQua virtual survey

ISQua Certification:

- **Organisation till Dec.2024**
- **Surveyor Training Programme till Dec.2024**
- **Standards**

Framework of MSQH Standards - Operational Model

| STRUCTURE | → | PROCESS | → | OUTCOME |

| **Facilities and systems** | **Healthcare activities** | **Outcomes of care** |
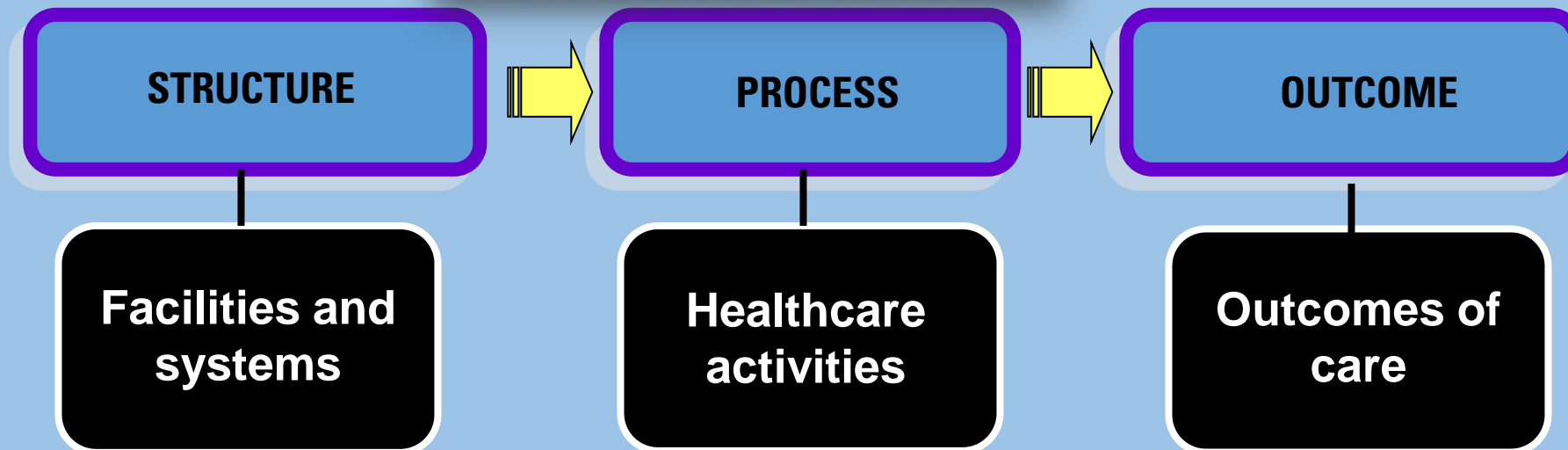
MSQH Hospital Accreditation Standards

- The MSQH Hospital Accreditation Standards have evolved from 1st Edition to 5th Edition Standards.

- 3 year cycle:
  - 1st Edition Standards – 1999 -2003
  - 2nd Edition Standards – 2004-2008
  - 3rd Edition Standards – 2009 -2012

- 4 year cycle:
  - 4th Edition Standards – 2013 – June 2017
  - 5th Edition Standards – July 2017 – 2021
  - 6th Edition Standards – Development phase

Focus of Standards

- Organisation & Management
- Human Resource Development and Management
- Policies & Procedures
- Facilities & Equipment
- Safety and Performance Improvement Activities
- Specific Requirements

MSQH SURVEYORS

- **Selection**
- **Training**
- **Credentialing and Privileging**
- **Assignment to surveys**
- **Surveyors update and Development plan**
- **Performance review/Appraisal**
- **Re-privileging process**
- **Surveyors appreciation**
- **Termination**
- **Challenges**

Surveyors selection

- Training of new surveyors will be based on Needs assessment (2 yearly)
- Criteria to become a surveyor is in MSQH 's website
- Dates for surveyors training is announced in MSQH web site
- Application form for MSQH training in MSQH website
- Letters are also being sent to stakeholders (Public and Private) and also the University hospitals.
- Selection process done by selection committee; matching of credentials and criteria and recommends from existing surveyors or peers.
- Potential surveyors to submit an Application for MSQH surveyor training form to MSQH secretariat.
- Hospital Accreditation Survey Handbook 2019

Criteria to become MSQH surveyors

- 10 -15 years of working experience in healthcare
- Knowledge on Healthcare systems including related Acts and regulations
- Clinical and management experience
- Good communication and Interpersonal skills
- Knowledge and proficiency in English language
- Knowledge and application in Quality Improvement Process
- Ability to work as a team
- Credibility and active involvement in MSQH accreditation /external evaluation
- Recommendation from peers

Surveyors Training

- **Two phase and face to face training**
- Phase 1: DAY ONE: Lectures and interactive sessions on the following topics;

    -**Pretest**

    -MSQH Accreditation Program

    -Standards interpretation

    -Rating system

    -Decision making process

    -Communication an soft skills in surveying

    -Report writing

- DAY TWO : Practical ;

    -Hands on mock survey,

    -Practice on report writing and summation conference,

    -discussions and feedback,

    -**Post test**

Surveyors Training

- **Phase 2:**
- **ONLY Candidates that have achieved 60% and above in the post test will proceed to Phase 2 training.**
- Tagging at an actual onsite survey as a **Surveyor observer/trainee for 3 full days.**
- Guided by the Chief surveyor and mentor surveyor for the full 3 days.

> -The trainee surveyor is allowed to survey one service and write a report guided by the mentor surveyor.
>
> -The trainee surveyor goes through the experience of the whole survey process including taking active part in the discussion with the whole team.
>
> -The assessment of the trainee surveyor on his/her performance by the team members and the CHIEF SURVEYOR (**Using the structured surveyor trainee Appraisal format MSQH –surv.- 10**)
>
> **-The above appraisal will be forwarded to the Chairman of the Accreditation committee for appointment as a surveyor.**

Credentialing and Privileging:

Based on the recommendation of the surveying team (surv.trainee appraisal format MSQH – Surv.10)
the Privileges will be awarded for a period of 2 years.

Assignment for surveys

- MSQH releases /request for surveyors 3 months ahead based on confirmed surveys for that period.
- Surveyors can request based on their availability and expertise that is need for each survey.
- However, the Chairman of the Accreditation committee/CEO MSQH have the final decision on the team and the team members need to be approved by the client organization before the actual survey date.
- All members have to sign a code of conduct(including no conflict of interest) before the actual survey.

Surveyors update and Development plan

- MSQH conducts yearly update, of late its conducted virtually and repeated twice to provide better access to all surveyors and they can download the presentation.
- From time to time MSQH also sponsors surveyors to attend conferences and workshops at nationally and international level.
- All surveyors are requested to also participate in CME
- A valid APC is a must for all surveyors especially now it is linked with CME points
- All consultants/specialists must be registered with the National specialist register.

Performance review /Appraisal

- Each surveyors is required to complete 3 full surveys or equivalent to 9 survey days per year, to maintain competency.
- Performance Appraisal done yearly for all surveyors to facilitate re privileging process
- Contents of the Performance review include;

    -Personal characteristics; such as attitude ,professionalism ,managerial skills

    -Communication skills; interview with hospital staff , patients , participation in team discussion…

    -Surveying ability : understanding of MSQH standards, providing constructive feedback….

    -Overall remarks; competency, dynamism , objectivity, proactive…

Surveyors appreciation

- All expanses and logistic arrangements for and during survey will be coordinated by MSQH secretariat
- As a voluntary contribution to the MSQH accreditation program the surveyors are also given a token of appreciation for their expert contribution and time spent during the survey.
- Attendances to national and International conferences based on contribution to Number of surveys done.
- When resources are available, MSQH organizes "Surveyors Night" and reward the best Surveyors in various categories.

Termination

- Full fill the Retention policy (Code No;CSO 10) 0 i.e based on number of surveys done, medical status, current APC etc.

- Disciplinary issues e.g. punctuality, team player, non antagonistic personality, ownership to MSQH (AMBASADORS of MSQH).

- Breach of the code of conduct.

Challenges

- Emphasis on Communication skills among surveyors
- Personality conflicts among surveyors and clients
- Interpretation of standards between surveyors and clients
- Expectation on evidence of compliance between surveyors and clients
- Intra survey variability
- Inter survey variability

Thank You!