SPEECH BY

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ON THE OCCASION OF

THE AFFIRMATION OF MALAYSIA’S COMMITMENT TO THE WHO
GLOBAL PATIENT SAFETY CHALLENGE 2005-2006

AT

AUDITORIUM E, BLOCK E, PRECINT 1

PUTRAJAYA

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Bismillahir Rahmanir Rahim

Thank you Mr Chairman

The Hon. Dato’ Dr. Chua Soi Lek, the Minister of Health of Malaysia

Dr. Han Tieru, the WHO Representative for Brunei Darussalam, Singapore and Malaysia

Prof. Dr. Didier Pittet, Leader of the Global Patient Safety Challenge, Geneva

Prof. Seto Wing Hong, Chairman, Asia Pacific Infection Control Society

Dr. Agnes Leotsakos, World Alliance for Patient Safety, WHO Geneva

Senior MOH officials

Dato’-Dato’ & Datin-Datin
Invited Guests, Ladies and Gentlemen,

A very good morning to all of you and welcome to this important gathering, to affirm Malaysia’s commitment to the WHO’s Global Patient Safety Challenge for 2005-2006.

It gives me great pleasure to address all of you to on the occasion of the I the signing of Malaysia’s country pledge to support the WHO’s Global Patient Safety Challenge by the Honourable Minister of Health of Malaysia.

**Ladies and Gentlemen,**

In a popular theory of motivation expounded by the famous psychologist, Abraham Maslow in the mid 20\textsuperscript{th} century, safety is one of the key elements in the “hierarchy of needs”, which was thought to influence human behaviour. Safety is also an integral dimension of quality and one that is greatly valued by patients, their families as well as health care professionals. Before any human endeavour can occur, safety considerations are a prime variable in the balance between risks and benefits. Thus, it is indeed apt that the safety of our healthcare system be given paramount importance, in line with the first principle of medicine, “primum non nocere” or, “above all, do no harm”. Patients and their families expect to receive healthcare that is safe and effective. However, the medical literature as well as specially commissioned studies on iatrogenic
harm to patients in the USA, Australia and elsewhere have demonstrated that as we go about caring for our patients, we inadvertently do harm to some of them. Patient safety is therefore a major policy as well as a public health issue in many countries throughout the globe. To its credit, the World Health Organisation has successfully made patient safety a global issue by mobilising the World Alliance for Patient Safety, which was launched in October 2004, in Washington D.C. In this way, the WHO has galvanised world-wide action for the attainment and enhancement of patient safety. Today, Malaysia is very proud and privileged to be one of the members of this global effort to enhance patient safety.

**Ladies and Gentlemen,**

A journey of a thousand miles begins with the first step. The MOH in fact has taken many steps on the road to safety and quality improvement with our clinical governance programme, also called the QAP or Quality Assurance Programme in Malaysia. The aim of this Quality Assurance Programme is to institutionalize a culture of quality and safety within the Ministry of Health. It has been in existence since 1985 and has succeeded in making the issue of quality and safety a national concern. Currently, there are more than seventeen quality improvement activities that target the improvement of patient safety within the MOH hospitals. These activities constitute 6 main approaches namely, the “**indicator approach**”
utilized in the National Indicator Approach or NIA and Hospital Specific Approach or the H.S.A. The **internal peer review or audit approach** is employed in the Peri-operative Mortality Review, Adult Intensive Care Unit Audit, Nursing Audit and the Maternal Mortality Review. The **external audit approach** is demonstrated through the Hospital Accreditation Programme. The **Clinical Risk Management approach** is employed in Patient Safety and Preventable Adverse Events, Hospital Infection Control, Occupational Safety and Incident Reporting while the Clinical Care Pathways for Myocardial Infarction management uses the **explicit process approach**. In addition to these approaches, the **“soft skills” approach** which emphasizes the caring aspect is gaining added prominence and include the “Patient-centred Services”, Patient Satisfaction Surveys and Complaints Management.

**Ladies and Gentlemen,**

As you are well aware, there are six major action areas in the World Alliance for Patient Safety. These include the Global Patient Safety Challenge, a core programme of this World Alliance, which was launched on 13 October 2005 in Geneva. The Global Patient Safety Challenge for 2005 and 2006 targets healthcare-associated infections. Healthcare-
associated infections present a major safety issue and it is indeed an apt choice to be addressed globally by the Global Challenge.

The Ministry of Health has initiated a hospital-based infection control programme since the 1970s in all major hospitals, with the implementation of a training programme for infection control nurses as well as a surveillance programme for nosocomial infections. In 1985, a national indicator, which acted as a proxy for the Hospital Acquired Infection or HAI programme, “Clean Wound Infection Rate” was monitored nationally. In the early 1990s, a major research project on the control of HAI was conducted in local hospitals. The results of this national study provided the evidence and recommendations for the improvement of the NIC programme in the MOH. Since then, I am pleased to state that the prevention and control of nosocomial infections has now become a culture within the MOH. The formation of the National Steering Committee on Infection and Antibiotic Control further underlines the commitment of the MOH in combating this very important patient safety problem. We have succeeded in establishing, within the MOH, a system to prevent and control hospital-acquired infections, which are in accordance with the recommendations derived from the SENIC project in the United States. This Study on the Efficacy of Nosocomial Infection Control project, which is a cumulative incidence
study, is one of the most comprehensive study of nosocomial infections undertaken.

**Ladies and Gentlemen,**

Our Hospital Infection Control Committees have been active and are staffed by an adequate number of Infection Control Nurses (1 nurse for 250 occupied beds) and Link Nurses. We have an active training and education programme on infection control for our staff. This includes the APSIC (Asia Pacific Society for Infection Control) course.

The MOH also has an intense surveillance programme that monitors MRSA and ESBL Klebsiella rates monthly in 17 major hospitals, of which 14 are from the MOH & the remainder from the Universities. Our control programme is also progressing well with clearly defined policies and procedures on disinfection and sterilization. We are also on a national campaign to promote hand hygiene in our hospitals.

The MOH will continue to build capability and capacity in the other identified areas such as injection and immunization safety, blood transfusion safety, safety of clinical procedures at primary care level as well as safe water and sanitation. All Divisions of the MOH will be involved including our Public Health and Dental Divisions. With this commitment to
the WHO Global Patient safety Challenge, we hope to achieve the target of a safer Malaysian healthcare system in the near future.

In conclusion, I would like to thank the Hon. Minister of Health for his gracious presence, Dr Hans Tieru, from the WHO, Prof. Didier Pittet, Prof. Seto Wing Hong from Hong Kong, members of the Organising Committee for making this event possible. It is my sincere hope that from today, everyone in the Malaysian healthcare system will do their part to make our healthcare system a safer one, especially with regard to the issue of healthcare acquired infections. Thank you.