1. I am pleased to be with you here on this historic day to affirm Malaysia’s support for the World Alliance for Patient Safety. Today, by signing the Country Pledge to support the Global Patient Safety Challenge of 2005 to 2006, Malaysia joins the ranks of the WHO member states that have affirmed their commitment to the global patient safety movement.

2. I understand that the Global Patient Safety Challenge is one of several key action areas of the World Alliance for Patient Safety. A major patient safety issue is targeted for action every 2 years. For the period 2005 to 2006, the patient safety target is healthcare-associated infections, and the theme of the Challenge is “Clean Care Is Safer Care”. The aim, I understand, is to reduce healthcare-associated infections that pose an important patient safety threat throughout the world.

3. Among the countries that have made the pledge are Bahrain, England, Hong Kong, Ireland, the Netherlands, Northern Ireland, the Philippines, Saudi Arabia, Scotland and Switzerland. Today, Malaysia is proud to join this league of nations
committed to patient safety. We are also privileged to have in our midst today, experts who have worked tirelessly to promote and enhance patient safety throughout the world, namely Prof. Didier Pittet, Prof. Seto Wing Hong and Dr. Agnes Leotsakos. We bid them “Selamat Datang” to Malaysia.

Ladies and Gentlemen

4. The Ministry of Health Malaysia is on a continual quest to institutionalize a culture of quality and safety within our health care system. This will have materialized when our healthcare providers naturally regard the quality and safety of their services as a source of personal and organizational pride, and constantly measure, monitor and improve on their standards of care.

5. Patients and their families are now acutely aware of their right to “safety” when they seek health care. They come to us to get well, and rightly expect us not to harm them by our treatment. Hence, it is highly apt that the Malaysian Cabinet and the Ministry of Health have made patient safety a national agenda. The formation of the Patient Safety Council in January 2003 to lead national efforts in developing a safer Malaysian healthcare system, underlines our commitment to this worthwhile endeavour. Three Technical Advisory Committees have been formed and are currently working on strategies and action plans to promote patient safety in their respective areas, namely, clinical governance and risk management, blood transfusion safety, and medication safety.

6. A number of studies conducted in developed as well as developing countries have demonstrated that a large proportion of adverse events suffered by hospitalized patients are due to failures in the systems of care and are preventable. We realize that baseline data on such adverse events are important, and have thus conducted a pilot study on such events in a local Government hospital recently. Preliminary results of this retrospective study on more than 800 medical records indicated that approximately 3.4% of patients had probably experienced adverse events. As a follow-up to this pilot study, we hope to conduct a national study in the near future, with the backing of the World Health Organization.
Ladies and gentlemen,

7. To enhance patient safety, we need to adopt a “systems” approach to thinking and doing things. We need to build a “culture of safe practice” to reduce the incidence of preventable adverse events as well as improve the quality of services. This requires that leaders at all levels of the health care system discard the traditional blaming culture and replace it with a “just culture”. This “just culture” is the ability of leaders to distinguish between “blameless” and “blameworthy” actions. Only then can we develop and nurture a “reporting culture” where incidents are reported without fear and are not swept under the carpet. When people are not afraid to report adverse incidents, when people sit down together to learn from them and improve systems and processes, only then will a learning culture and a safe culture be engineered into our healthcare system.

8. Allied to this “problem solving” approach is the “culture of prevention” where known adverse events are actively being prevented in our systems of care through “quality by design”. This approach was promoted by Donald Berwick in his “central law of improvement”, which states that “every system is perfectly designed to achieve the results that it achieves”. Performance is thus a design matter. To get improved performance, the system will need to be appropriately designed or redesigned and changed. Thus, in aiming to improve our infection prevention and control system, system redesign must figure prominently. This redesign must be based on evidence of what constitutes best practice for a healthcare infection control and prevention system.

9. According to Berwick, to create a safer healthcare system, we must set aims and objectives, define measurements, find promising ideas for change, and test those ideas in real work settings. We will need to apply these principles to our Hospital and Healthcare Infection Surveillance and Prevention Programme to obtain the desired improvements. In this respect, I hope that the WHO can assist nations to develop a “model” Infection Prevention and Control Programme that will help them tackle this critical safety challenge.

Ladies and Gentlemen,
10. As has been mentioned previously, the Ministry of Health has an active infection surveillance and prevention programme. Presently, we are monitoring the rates of “Methicillin Resistant Staphylococcus Aureus” (MRSA) infections in 17 major hospitals i.e. 14 state hospitals and 3 university hospitals. For 2005, out of 958,718 admissions, there were 2,184 cases of MRSA, giving an average MRSA rate of 0.23% which is within the national standard set at not more than 0.5%. For “Extended Spectrum Beta-Lactamase” (ESBL) Klebsiella, there were 1,367 cases, giving a national average of 0.14%. Over time, we hope to develop a national standard for ESBL Klebsiella. The Ministry also conducts a biannual point prevalence survey of nosocomial infections in March and September each year.

11. We are all well aware of the importance of hand hygiene in the prevention and control of nosocomial or healthcare-associated infections. We will, therefore, be intensifying our Hand Hygiene Campaign in the Ministry of Health following this epoch-making launch and partnership with the WHO. Through this effort, we hope to further reduce the rates of nosocomial infections in our hospitals and clinics.

12. In closing, I would like to once again reiterate our support for the WHO Global Patient Safety Challenge. Let us work together, hand in hand, to reduce, if not eliminate, healthcare-acquired infections in our institutions. Thank you.