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Terlebih dahulu ingin saya mengucapkan ribuan terima kasih kepada Ketua Pengarah Kesihatan yang telah menjemput saya ke majlis ini dan memberi penghormatan untuk saya berucap dan seterusnya melancarkan Malaysian Society for Quality in Health. Majlis ini telah memberi peluang kepada saya untuk bertemu muka dengan para doktor dan tuan-tuan dan puan-puan yang terlibat dengan perkhidmatan perubatan dan kesihatan di negara ini.

Peranan tuan-tuan dan puan-puan bagi menentukan rakyat sentiasa mendapat rawatan serta perkhidmatan kesihatan yang baik sentiasa disanjung tinggi oleh Kerajaan.

2. Sesungguhnya saya berasa amat bangga atas daya usaha dan inisiatif yang telah diambil oleh Kementerian Kesihatan untuk menganjurkan persidangan ini. Saya berharap persidangan ini akan membuah syor-syor yang bernas yang dapat membantu negara dalam usaha untuk mempertingkatkan lagi perkhidmatan kesihatan di negara ini.

3. I would like to begin this speech by reminding us of two very important concepts, namely QUALITY and EVALUATION. Quality seems to be the household word in every department and organisation in the 90s. Everybody is interested in quality more so now when resources are limited due to the financial constraints. Quality has been the called the savior which could help an organisation realise its full potential in terms of maximising the contribution of its manpower and other resources and the ability to satisfy customer needs while at the same time reaping financial gains.

4. Medicine, like other human endeavors must reflect the human concern for Quality. This concern is even more important because medicine involves human physical well being for which the physician is accountable. Quality is a culture and a philosophy of life and not merely about fixed procedures. Drawing from Islamic doctrines and historical experience, Muslim physicians are provided with clear guidelines in the dispensation of quality medical care. They are: ihsaan (excellence), itqaan (quality performance), muhasabat (evaluation), and muraqabat (control).

5. Evaluation is derived from the broad concept of MUHASABAT and forms the very basis of Quality improvement. By continuous self criticism and self evaluation, the caregiver can identify what is done well and continue to improve and identify what is not done well so that corrective steps can be taken.

Sometimes MUHASABAT comes too late, after the damage had been done. MURAQABAT (Control) system is therefore the better approach. Practicing physician must be aware that they are personally responsible and accountable for all what they do either big or small. This sense of personal responsibility and accountability produces quality work.

6. Theories on quality management are abound today but invariably in each one of them, evaluation and control always figure prominently. I would like to congratulate the Ministry of Health for being the first among the Ministries to implement both the above concepts. The Ministry of Health is the first ministry to initiate the Quality Assurance (QA) activities and implemented it in its programme since 1985. The success of the programme in the Ministry is evident by the large number of the QA studies produced and currently on display as part of the conference programme. I am also equally impressed by the number of organisations under the Ministry participating and winning the Malaysian Public Services Award yearly. Last year, Hospital Tengku Ampuan Afzan Kuantan won the prestigious Prime Minister's Award. This is the most prestigious award for an organisation that practices Quality.

7. One of the agendas for this conference is Evaluation study of the quality initiatives that have been done by the Ministry of Health. 17 Quality improvement activities in the Ministry of Health have been evaluated and by now you would have heard the results of the evaluation, which was presented in the morning session. This forum provides the ground for sharing of experiences which is an important part of the

learning process for healthcare organisations in the country to ensure that the care given is of good quality. In the absence of learning, organisations and individuals simply repeat old practices. From this point of view, the Ministry of Health has played a leadership role in developing a learning organisation and has laid the foundation for a quality healthcare environment. This is the basis of a good culture and hopefully this can be promoted among the private healthcare providers. As quoted by Donald M. Berwick, an expert on Quality Assurance; "Properly nurtured knowledge and action live together in the world of improvements - they dance with each other."

Knowledge shapes action and action yields knowledge."

8. Currently the Ministry Of Health is already receiving request from private health care providers for training in Quality Assurance activities. This is a welcome development and I hope more Health care professionals in the private sector can be trained so that Quality can be institutionalised and internalised, as is seen in the Ministry Of Health.

9. In the effort to improve quality, I would like to suggest that appropriate attention be given to Benchmarking as a tool to discover "best practices".

Benchmarking is aimed at allowing an organisation to measure, analyse and compare its internal practices, processes, methods and the resulting outcomes with those of other organisations to identify practices that may be adapted for dramatic performance improvement.

Through this approach, the individual organisation gets the benefit of group understanding of a process.

This adds to each organisation's knowledge base. One should not look back in anger or forward in fear, but around with awareness.

10. The revelry ushering in the New Year was rather subdued in the face of the problems we are facing on the financial front. But this is not the time to be faint at heart. Our collective efforts are needed now more than ever to face what is likely to be a very challenging 1998. Every Malaysian must face this challenge stoically and continue to support the government in every way possible. We must be willing to make sacrifices to help steer the country out of this difficult period.

11. Everyone would now have to adjust his spending pattern. Sugar, much of which is imported is now more expensive. Make do with less, make 'kurang manis' fashionable. Imported vegetables alone cost us nearly RM300 million last year, which brings forth the question, why buy exotic sounding air flown greens when our humble kangkung can be equally nutritious.

12. In an age when the world is becoming borderless and open competition the order of the day, productivity becomes a critical element in ensuring that we remain competitive and keep the economy growing. Four factors effect productivity. They are: (a) Human resource which encompasses training and skills; (b) Management system which cover factors like working conditions; (c) Technology such as IT; and (d) Capital such as machinery and equipment.

13. I would to urge the Ministry of Health and all other government agencies to give due attention to all this factors in their planning to ensure that they are able to meet their duties and responsibilities in a very demanding domestic and global environment.

Ladies and Gentlemen,

14. I would like to congratulate the Ministry of Health and the other relevant agencies especially the Association of Private Hospitals Malaysia for having worked together in forming the Malaysian Society For Quality In Health (MSQH) which will undertake the Accreditation of Hospitals and healthcare facilities in the country. Participation and commitment from all healthcare providers and consumers are essential for the success of this programme which will go a long way towards ensuring accountability and continuous improvement in healthcare services in Malaysia.

15. I have been made to understand that The Malaysian Society For Quality in Health (MSQH) is in many ways similar to the United States Joint Commission on Accreditation of Healthcare founded in 1951, the Canadian Council of Healthcare Standards founded in 1960's and the Australian Council of Healthcare Standards launched in 1970's. Several other countries are also adopting the same principles. Countries like Italy, Spain, South American Countries, Hong Kong, Taiwan and Indonesia are also working toward Accreditation of Healthcare organisations.

16. I do hope that Malaysian Society establish links with their foreign counterparts and other relevant international and regional organisations concerned with ensuring quality improvement and the maintenance of optimal standards in healthcare. With a view to learning and benefitting from their experience, I also hope that the introduction of this accreditation process will also lead to reduction in duplication and redundancy, promote integration and coordination of care and performance-based standards. On behalf of the government, I wish MSQH every success in its endeavour in promoting quality improvement on a continuous basis in healthcare in both the public and private sectors in this country.

Tuan-Tuan dan Puan-Puan yang dihormati sekalian,

17. Dengan lafaz Bismillahirrahmanirrahim, saya dengan sukacitanya merasmikan '1998 National Conference On Quality in Health' dan dengan ini juga saya melancarkan the "Malaysian Society For Quality in Health".