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“Rejuvenating Quality: Balancing Aspiration and Reality”
FOR THE 5TH NATIONAL QA CONVENTION

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Introduction

Today's healthcare context is highly complex. Care is often delivered in a pressurised and fast moving environment, involving a fast array of technology. Thus it is not surprising to note that the processes of care itself have undergone transformation and the following three general trends have been noted:

- i) First, processes have become more *intensive*;
- ii) Secondly, the *diversity* of treatment has increased due to the proliferation of medical sub-specialities, the growing awareness of the social perspective of each patient, and the development of new technologies. Together these create further complexity in the care process, and;
- iii) Thirdly, the combination of a variety of treatments and more intensive care has generated increased *uncertainty*.

The current concerns on health everywhere are related to issues of disparity or inequality in health care, escalation in

health care costs, and issue of rights to quality care for all. The complexity of care process as characterised by the 3 elements of *intensity, diversity, and uncertainty* warrants a greater scrutiny into the quality delivery of care.

The discussion on quality of care has come a long way: from efforts and research of visionaries such as Ernest Codman and Avedis Donabedian in the 1970s to the introduction of quality management and continuous quality improvement; from assessing quality from the perspective of a single profession to a more integrated and process oriented view; and from control to improvement. Most of this development has been driven by pioneers with an outstanding vision, such as Don Berwick, who felt that we must improve and can do better for our patients.

Ladies and Gentlemen,

The Ministry of Health addresses issues pertaining to the provision of quality care with the formal introduction of the National Quality Assurance Programme (QAP) in 1985. Seen as a positive move towards institutionalising a culture of quality amongst its staff, the QAP gave emphasis to the systems approach as well as individual excellence and professionalism. To date, more than 20 quality initiatives covering public health services, clinical and dental services, as well as laboratory, diagnostic imaging, engineering and pharmaceutical services have been implemented within the public sector. To meet the ever increasing expectation of customers for safe and quality services, especially in hospital care, the Hospital Accreditation Programme was also initiated. The latter is aimed at ensuring that service quality is continuously being assessed against professionally-determined standards of care. To date, 58 public

and 18 private hospitals have achieved accreditation certification.

Through the above initiatives, quality issues such as case cancellations in operating rooms, delays, overuse of treatment, and poorly defined channels of communication have been identified, investigated, and addressed. In all these studies, good results were obtained, and efforts to develop improvements have reduced delays and increased productivity. Yet, despite such commendable achievements, we are still haunted by the “poor” quality of our services as reported through the numerous public complaints highlighted in the media and other means. All these provide yet another tell tale sign that what has been achieved is not enough to satisfy those who matter most – *our patients*. Such a scenario is not only peculiar to us. As noted by Don Berwick, numerous publications, countless conferences, and broad discussions have not been able to produce sufficient improvements of actual quality. So, why is it so hard to get real improvements and change?

Aspirations in the Provision of Quality Health Care

The Institute of Medicine’s Roundtable on Health Care Quality has classified pervasive quality problems into 3 types:

- i) *Overuse* of procedures and interventions that cannot, on scientific grounds, help the patients who get them – such as 20% to 50% unnecessary surgery rates for specific procedures, and 30% or more overuse of powerful antibiotics.

- ii) *Underuse* of treatments and interventions that are known to scientifically to be helpful to patients – such as failing to use life-extending treatment in heart attack victims
- iii) *Misuse*, which refers to errors in execution of care - mistakes and slip-ups that don't quite fit into the overuse and underuse categories, such as serious medication errors in 7 out of every 100 hospital patients.

The same committee has recommended that all health care organisations worldwide must aspire to achieve the following:

- i) *Safety*: Patients should not suffer from the care that is intended to help them. Today thousands are harmed by the care they receive;
- ii) *Effectiveness*: Healthcare should reliably deliver to patients the care that can, on scientific grounds, help them, and should reliably avoid delivering care that cannot, scientifically, help them;
- iii) *Patient-centredness*: Health care should respect the needs of every patient and his/her family, and the individual's values should guide every decision;
- iv) *Timeliness*: Health care should respect and not waste the time of either patients or those who provide health care. Care should be responsive. Unfortunately today it isn't; waiting is everywhere;
- v) *Efficiency*: Health care should avoid waste, including waste of equipment, supplies, capital, ideas, energy and other

resources that it consumes at the expense of other potential uses; and

vi) *Equity*: Health care should reach everyone, regardless of race, ethnicity, wealth, gender, and geographical location.

Quality is a global issue. Quality in health care and services are no longer being judged solely at the country level. International comparisons are now being made. We too must aspire to achieve what has been recommended. Ensuring the provision of quality care is everybody's business and displaying a great sense of professionalism in our work will go a long way towards achieving this.

The Current Reality

Ladies and Gentlemen,

Reflecting on our services as currently designed, it is not impossible to provide substantially better quality care. However, we cannot get *there* from *here* - *from where we are now*. Because we lack three basic ingredients that are pre-conditions to effective, continual improvements - care that is *knowledge based, fully centred* on patients, and care that is seamless.

First, much of today's care is unfortunately still not ***knowledge-based*** despite the introduction and availability of clinical practice guidelines (CPGs) and other evidence-based information. The gap between scientific knowledge and actual practice is wide. There is variation and inconsistency. The work of Jack Wennberg and others, published in the *International Journal for Quality in Health Care*, reported large variations in medical practice in all health care systems worldwide. The inference from this work was that

practitioners were unlikely to be producing quality health care if their practices were so variable.

Second, putting patients at the centre of our services means giving importance to patients' perceptions, more than ours. **Patient-centredness** is nothing new as seen from the recommendations of the report into the performance failures as a result of the 1996 Bristol debacle. Amongst the recommendations then was the call by the UK authorities to put greater emphasis on the slogan "*put patients at the centre*".

Third, efforts to improve quality health care will be wasted unless they reflect what patients want from the service. The Health Ministry acknowledges the importance of users' views in developing services. Placing patients at the centre of our services is being stated clearly in our *Vision for Health* and further translated in our mission statement and services goals. This message is strongly embedded in our *Corporate Culture, Client Charter, the Telehealth Blueprint*, and recently in our slogan "*Saya Sedia Membantu*". Improving the responsiveness towards clients has been an important agenda and schema in developing the *future health care system* in Malaysia – which emphasizes on responding quickly and effectively to patients' needs, ensuring they are treated in a dignified and supportive manner, and, informing and involving patients in their own management plans. Towards this, much is to be said about our current implementation, if measured against the complaints that we receive in the media. We still have a long way to go.

The dynamics in the provision of seamless patient care requires crucial and effective interfacing. The provision of quality care does not stop when an individual leaves the hospital grounds. Support in the form of rehabilitative, preventive and promotive care must be

given to ensure the individual attains a quality of life that meets to his or her expectations. In the actual delivery of our services, we will find that many of our processes are still compartmentalised. Instead of flow, we have waits and delays everywhere. Patients are shuttled from one clinic to another without being told the reasons or given adequate information. Much of today's care is also designed for acute illness, not for chronic diseases that are now our mainstream morbidities. It places patients in a helpless, dependent posture instead of encouraging self-efficacy and assertiveness. We will find that caregivers are more interested in explaining how a particular procedure must be done, instead of asking patients how they need it to be done.

What we need is to provide care which is ***system-minded*** that is, always connected, flowing seamlessly without delays, without obstructions or failures of coordination.

The Need to Rejuvenate Quality in the Delivery of Care

Ladies and Gentlemen,

I challenge you to view health care delivery from a new perspective. I ask you to take off the glasses that restrict your view. Open your minds and to take a fresh look at healthcare delivery from multiple dimensions. We need to truly understand the consumers of our services. We need to examine how to leverage all the resources and muster our experiences we already have, and begin to utilise their full potential.

Towards this I put the following to you:

i) Winning the Hearts and Minds of our Customers

There is increasing acceptance that the views of customers provide useful information about key aspects of health service

delivery. Winning the customers' *hearts and minds* is the foundation and the most critical factor for building and sustaining successful health services delivery programmes. Customer satisfaction has been recognized as a factor that contributes to quality of care. A customer survey on hospital stay in 5 countries published in the *International Journal for Quality in Health Care* found substantial public dissatisfaction with health care. Noticeably, 18% of US and UK customers and 27% of Canadian customers rated their last hospital stay as fair or poor. In our Health Ministry, our service quality surveys (SERVQual) results on "caring" are far from satisfactory, both in the in-patients and out-patients settings.

Traditionally, doctors have been viewed as a repository of scientific health knowledge that is dispensed to the patient when needed. Today, this view has been replaced – a move from ***prescriptive medicine to collaborative medicine***. Ideas that health is something which health professionals and customers create together are gaining currency. A new language is being sought to replace a relationship of patient compliance with that of patient collaboration and to describe patients as co-producers of health.

Today's patients are more likely to be perceived as active decision-makers, rather than passive recipients of decisions made by others. Patients could help us improve processes of care, assist us in defining their specific needs, monitor their own care, and even provide some of their own care. We should follow other industries that have changed their processes to involve customers as key partners in processing work, such as the airlines.

Ladies & gentlemen,

The bottom line is that we need to *talk less and listen more*. And when we do talk, individual patients and the public in general are likely to be more interested in hearing about the quality of services that we promise to provide, and whether these services actually meet their needs.

ii) Re-designing work process

There is no single proclamation that can fix the ills or grow a mature effective provider of care. The health industry has taken a century to learn how badly we need to standardise care. If we can't standardise appropriate parts of our processes to absolute reliability, we cannot approach perfection. There are clues as to the direction to in which we should start – by looking into work processes and procedures. Improving quality is an issue of “*how to design work*”. George Box has said, “Every process produces information on the basis of which it can be improved”.

When re-designing work processes we will need to look at new paradigms. We need to reposition ourselves as part of a team; and to do so in a way that makes our skills and leadership capabilities most useful and relevant. Today's era is that of teamwork. From an organisational perspective, health care providers must take the lead as they are the designers of the process. For every process, the providers plan a strategy, actualize this plan, and then modify the plans as they go.

In general, healthcare providers alike will need to:

- a) Look at the whole episode of care, not just the technical event;
- b) Look at whole systems' performance, not just their own; and over time must
- c) Develop better ways of planning to achieve desired outcomes.

iii) **Developing Knowledge-Based Care**

Health work teaches us that action without knowledge is a wasted effort, just as knowledge without action is a wasted resource. Time and again, it had been proven that the use of evidence-based approach has and will continue to ensure the provision of quality of care and achieving better clinical outcomes. Thus, it is vital that at all times our actions be well-informed and our knowledge is well-used.

Opening our minds to knowledge allows us to learn from others and improve care. We need to look outside our organisations for ideas, not only within the country but globally. We should actively look for good ideas, and if we find one, be the first to steal it and implement it. Indeed, this is THE purpose of organizing this Convention. No single organisation has all the good ideas. Learning from others helps us to leverage the improvement process within our organisations.

Unfortunately, the gap between knowing and doing can never be reduced if there is a lack of organisational leadership. Organisations which embrace a caring culture – one that breeds

empathy, trust and mutually affirming relationships – are more successful in unlocking human potential and performance. There is no doubt that quality organisations will need quality leaders, and that quality care needs to be delivered by quality organisations.

Conclusion

Ladies and Gentlemen,

Today, the challenges of change are tectonic in magnitude, electronic in speed, and arriving on several fronts simultaneously. Clinicians and others involved with health care will need to respond to change; and being in the forefront of change is much better than fighting from behind.

To rejuvenate the quality of care, we need to re-look at ourselves. Realistically it is to confront the problems patients bring to us, and the ones we bring to them. We need to strive for perfection and in its deepest core; the pursuit of perfection is to forget no one.

The will to excel is present in every one of you. It does not come from professional training alone, or from professional ethics. It comes from your inner self - the will to do well, the quest for pride, the joy of achievement, and the warmth of serving. These are the natural capital, the human traits that are pronounced amongst our health care providers.

Our failure to make greater strides in quality improvements happens for many reasons, but the biggest one is fear. We need the courage to accept mistakes before we can improve. But if

courage is in short supply, so will be the knowledge to seek for improvements.

Asking who does what better than we do, opens a wide front door to learning. But we will never ask if we do not believe in the abundance of knowledge around us. The world is our teacher, but only if we put aside our fears and examine the reality of our performance – openly, with full transparency. Ignoring this is perhaps unethical and even immoral. We need to commit ourselves to change, to finding ways to quell our fears and to achieve our aspirations. It will take some time, but we can do it.

Dengan lafaz Bismillahirrahmanirrahim, I declare the 5th National Quality Assurance Convention open.

Thank You.