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Asian Hospital Federation

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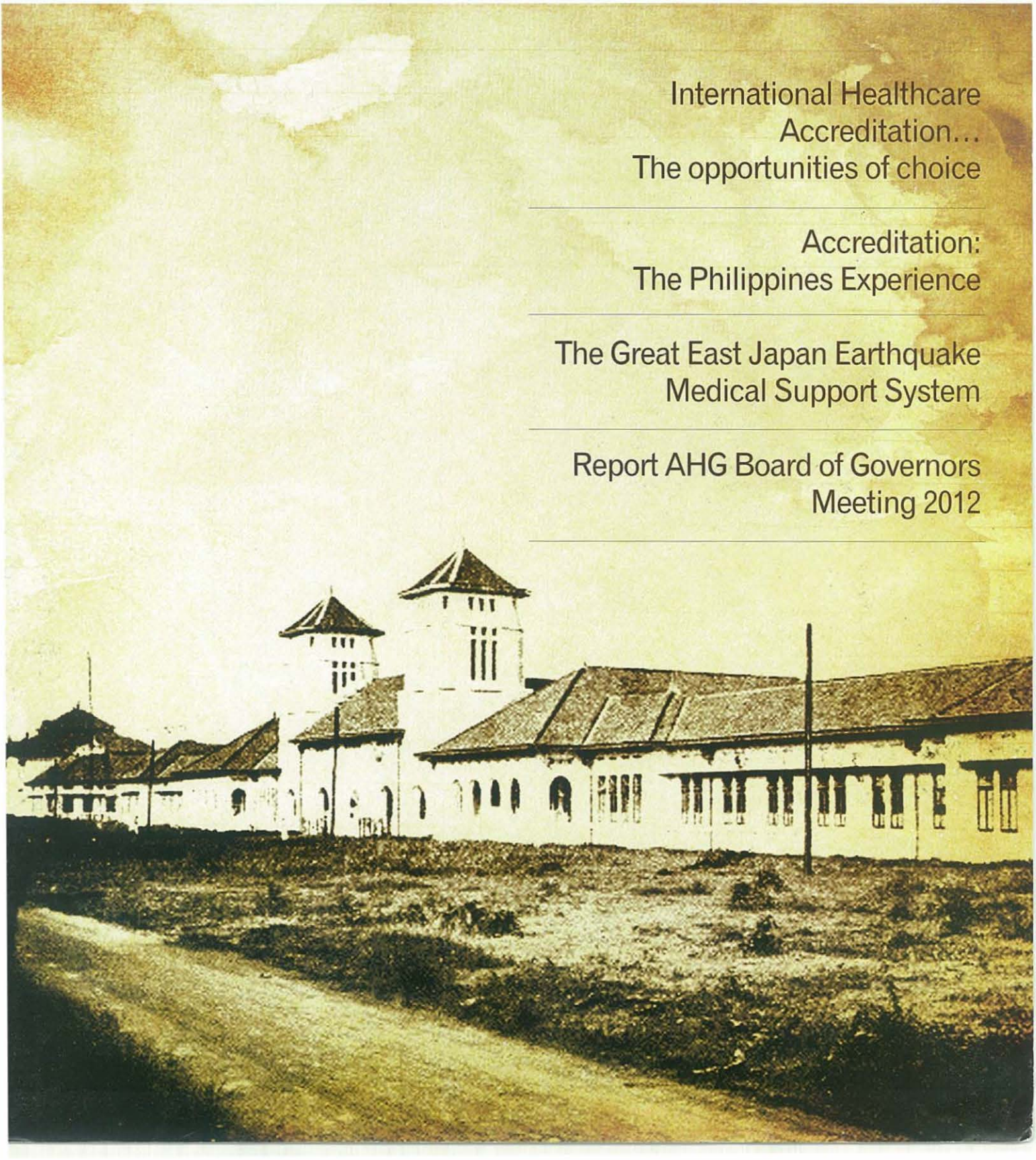

International Healthcare Accreditation… The opportunities of choice

Accreditation: The Philippines Experience

The Great East Japan Earthquake Medical Support System

Report AHG Board of Governors Meeting 2012

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MESSAGE FROM PRESIDENT

Dear Members,

I deem it a real honour that you have placed your confidence in me by electing me as the AHF President for 2012/2013. I hope that I will be able to continue some of the excellent work done by Dr. Adib Yahya during his 2 year tenure in office. I will strive hard to ensure the role of AHF in advancing the status of the healthcare industry in the Asia Pacific region. I am sure that I cannot do this without the full support and cooperation of all the AHF member countries. The open sharing of experiences and benchmarking best practices will enable us all in this region to learn from each other and to become significant providers of Quality Healthcare in our respective countries.

In this 4th Edition of the AHF Journal, we focus on Disaster Management, Accreditation and Advances in Cardiology in the region. This sharing will enhance our preparedness for any eventuality and enable us to be relevant and useful as providers of worldclass healthcare.

I look forward to your continued support and commitment for all AHF initiatives and activities.

Thank You.

Dato' Dr. Jacob Thomas
AHF President 2012-2013

MESSAGE FROM THE PAST IMMEDIATE PRESIDENT

Dear Members

First of all, I would like to congratulate to Dr. Jacob Thomas as AHF President, period 2012-2013 and I am very confident with his networking and capabilities he could carry AHF as a place for aspirations and inspirations of hospitals in the Asia Pacific region.

I also hope that hospital industry in this region will continue to grow into a world class healthcare to provide an excellent services not only for local patients but also from all over the world.

Once again, congratulations to Dr. Jacob Thomas and success for all of us.

Dr. Adib A. Yahya
AHF President 2011-2012

COVER STORY

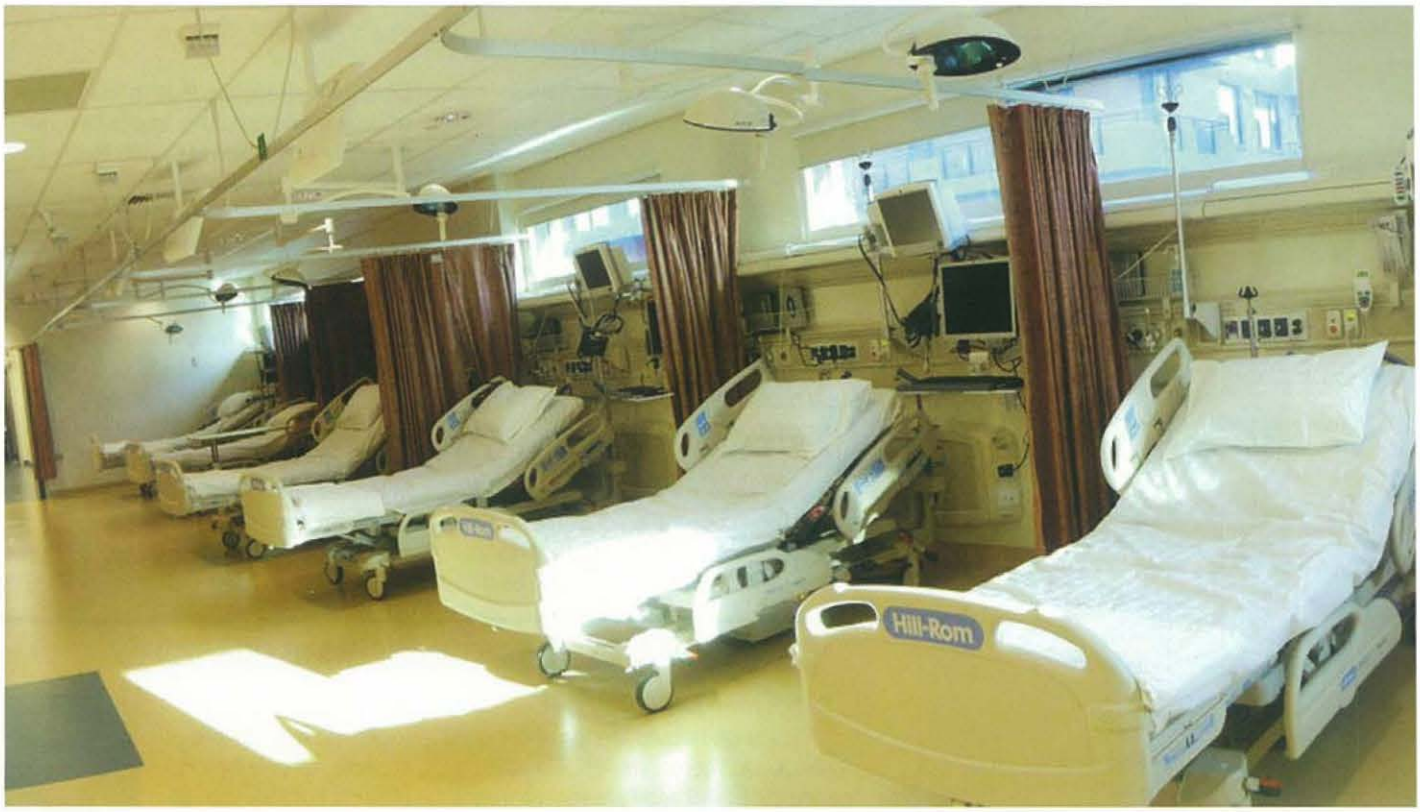
HISTORY OF DR. CIPTOMANGUNKUSUMO HOSPITAL
(RSCM/Rumah Sakit CiptoMangunkusumo)

The history of the Hospital Dr Ciptomangunkusumo, is inseparable from the history of the Faculty of Medicine, University of Indonesia, because the development of both these institutions are interdependent and complement each other.

In 1896 Dr. H. Roll was pointed as medical education leader in Batavia (Jakarta). At that time, the laboratory and java medical school were still under this same leader. Then, in 1910 java medical school changed its name to become name in full (STOVIA), the beginning of the medical faculty of University of Indonesia.

On November 19, 1919 the CBZ (Centrale Burgulijke ziekenhuis) was built. It was affiliated with STOVIA since that moment of carrying out medical education and this service grew rapidly and developed medical facilities service specialists for all the Indonesian society. In March 1942 when Indonesia was occupied and ruled by Japan, CBZ became a university hospital (ika daigaku byongin). In the 1945, CBZ changed its name again becoming Rumah Sakit Oemoem Negeri (RSON), which was then led by Prof Dr Asikin Widjayakoesoema and subsequently led by Prof Tamija.

In December 12 1950 RSON changed its name yet again and became Rumah Sakit Umum Pusat (RSUP). On August 17, 1964 the Minister of Health Prof. Dr. Satrio, officially recognized RSUP and it became Rumah Sakit Tjipto Mangunkusumo (RSTM) and with the development of Ejaan Baru Bahasa Indonesia, it once again changed its name to become Rumah Sakit Cipto Mangunkusumo (RSCM.)



International Healthcare Accreditation... The opportunities of choice

The movement of people to and from other countries in search of high quality and affordable health services is not new, but has been the subject of a more public interest and scrutiny particularly over the last decade.

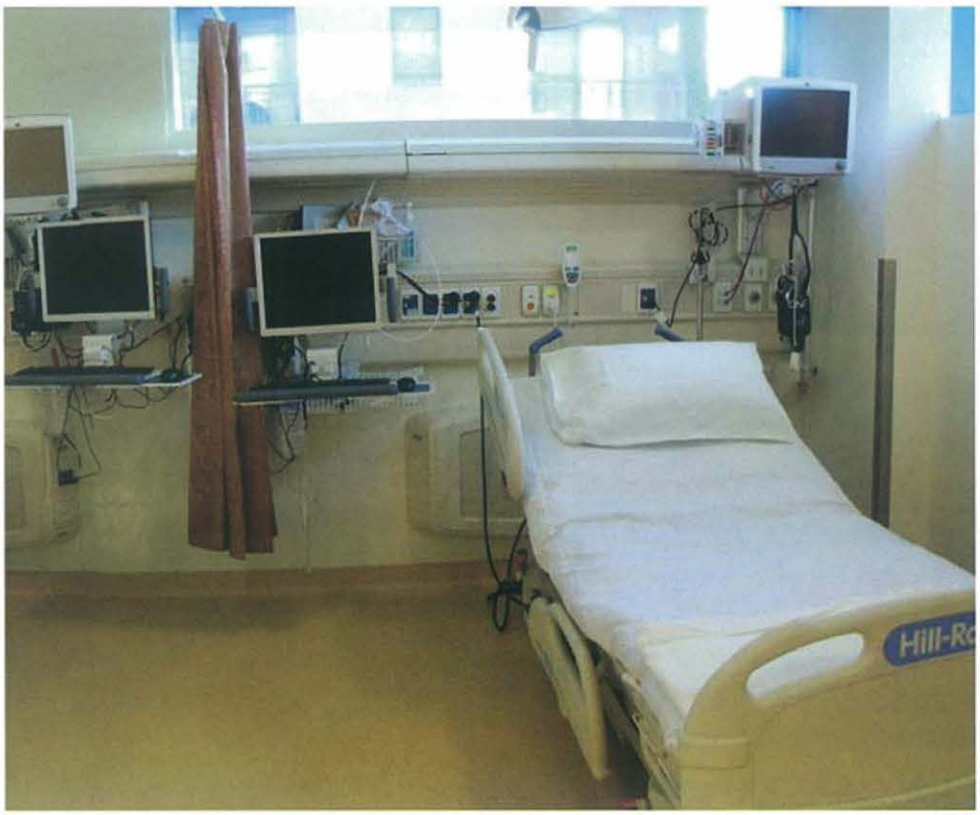
Patients obviously are seeking to receive optimal care, in an environment that is responsive to their requirements and at an affordable price . However, the third party in this search are often those responsible for paying for care. This group can include insurance companies, health funds and sometimes governments. They have similar objectives as the patient themselves, but look to receiving 'value for money' in stronger commercial terms. If a health care organisation has been accredited through an internationally respected provider of such services, then the logic that follows is that risks of unintended adverse outcomes from the care process is either reduced or removed. This in itself is often the key motivation for a hospital or similar service to participate in an accreditation program. It is in this environment that interest in internationally respected accreditation programs have grown.

The International Society for Quality in Health Care defines accreditation as

...."A public recognition by a healthcare accreditation body of the achievement of accreditation standards by a healthcare organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards."

There are a number of definitions of accreditation in use, but the essential elements of standards based, independent peer assessment are consistently applied.

So which are those organisations that provide internationally recognised accreditation services? The better recognised are the Australian Council on Healthcare Standards, Joint Commission International, Accreditation Canada and the United Kingdom based CHKS. The Council for Health Service Accreditation of Southern Africa of course has had a multinational focus since its inception. However, there are several newer entrants into this market place including accrediting organisations in France, The Netherlands and possibly Scotland. In addition to these nominations there are an increasing number of nationally focused accreditation organisations in a rapidly growing number of countries. There is recognised international growth in using standards based accreditation programs. The results of a recent survey conducted to more accurately assess the scale and nature of



this growth will be published in the near future.

From a strategic position, standards provide a framework for action. They can:

- Guide behaviour
- Build team work
- Support policy implementation
- Facilitate the collection of consistent data
- Support the monitoring of performance, including
  - Policy effectiveness
  - Skill levels
- Play a valuable role in informing resource allocation decision making.

There are options in seeking to establish an internationally recognised accreditation program for health services. In broad terms they are:

- Import the services of an existing provider;
- Develop a local program; or
- Partner with an established accreditation organisation to fast track the development of a local program.

ACHS is actively engaged in each of these options. The choice is very much one to be based on local circumstances and would involve consideration of issues, such as what the objectives are for such a program, cost and benefits, cultural alignment, nature of the local health system (size, complexity, activity levels etc.).

Internationally ACHS is working primarily in our region of the world including, Hong Kong, Macau, South Korea, the Middle East, India and Sri Lanka. Our standards are also used under a license arrangement in New Zealand.

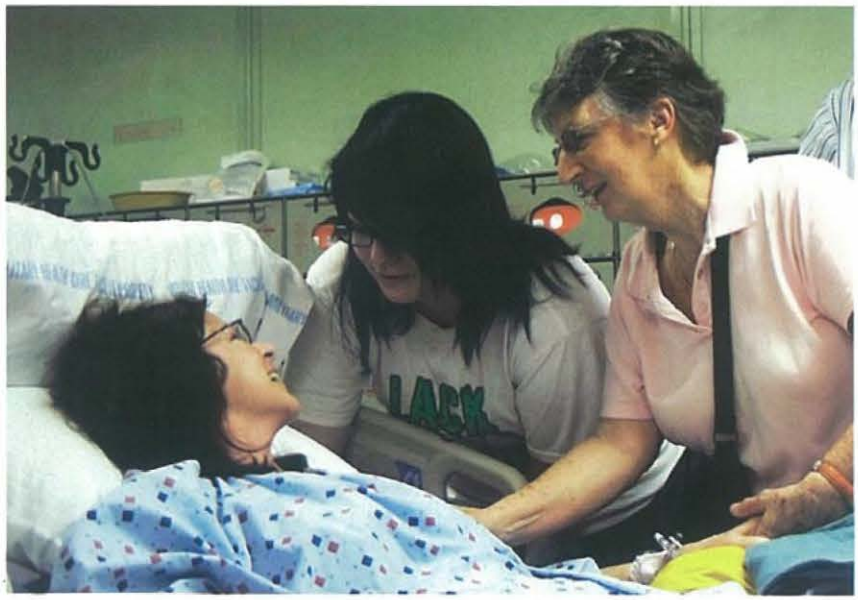
In collaboration with the Hong Kong Hospital Authority in May 2009 a pilot scheme for the establishment of a local program was begun. Initially, the tasks were to work with a small group of hospitals: in guiding and assisting them to undertake a self-assessment process and to ascertain their readiness for

accreditation assessment using ACHS standards (the standards used had to be accredited by the International Society for Quality in Health Care); to adapt ACHS standards for use in Hong Kong and to gain ISQua accreditation for those standards; to undertake accreditation surveys of three of the initial group of hospitals; to train surveyors from Hong Kong and to provide a model for future collaboration. Since the commencement of the contract the requirements have been substantially expanded to include more public hospitals, training of more surveyors, Hong Kong surveyors gaining experience by participating in surveys in Australia and the conduct of additional educational programs , including master classes on quality and accreditation for senior executives from both the public and private sectors. The enthusiasm of staff and the commitment of industry leaders have resulted in rapid progress that has exceeded the project plan. This rate of progress is directly attributable to the decision to build on an existing model rather than start afresh.

The Hong Kong project was also externally evaluated by a team commissioned from the Hong Kong Chinese University. The external evaluation has reported very positively on the outcomes achieved to date.

One of the most pleasing features to have emerged from this project was the decision by most of the private hospitals in Hong Kong to join the project and participate in the accreditation program. The Hong Kong Private Hospitals Association has been a key supporter of this development. Also, the Association now has representation on key committees established to oversight the project. The collaboration between the public and private sectors has broken new ground and is regarded as an important additional success factor.

ACHS has gained a further contract to extend the development of the local program. This next phase should see the emergence of an independent and robust Hong Kong health service accreditation program, with its own set of standards that reflect the policy and service priorities of the broader Hong Kong health industry.



In summary, you can see there are a variety of ways to progress an accreditation program focused on achieving high quality performance outcomes for a health system.....there are choices.

Brian Johnston
Chief Executive
The Australian Council on Healthcare Standards

1. Michael D. Horowitz, Jeffrey A. Rosensweig, and Christopher A. Jones. Medical Tourism: Globalization of the Healthcare Marketplace. MedGenMed. 2007; 9(4): 33. Published online 2007 November 13. PMCID: PMC2234298
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"HOSPITAL DISASTER MANAGEMENT" Korea Case in War Terrorism

By:
Dr. Kwang Tae Kim
Study Group Member, AHF

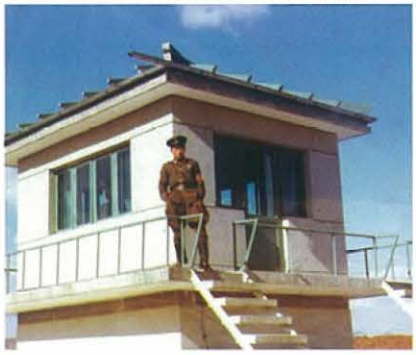
I. Background and Overview

Historically and practically, it has been known and under tense surveillance at home and abroad that Korean peninsula has been divided into South and North since 1945 immediately after World War II and through the Korean War in 1950-53 in precarious military confrontation over the armistice line along the Demilitarized Zone (DMZ) between the Republic of Korea (ROK-South) and the North Korean Regime (DPRK-North Korea).

There have been thousands of violations of Armistice Agreements that have taken the form of military terrors and attackes, labelled as local armed hostilities and terrorist actions over 60 years since the Korean war.

To name a few conspicuous incidents of military terror attacks, an ax-wielding killing of American soldiers was occurred by North Korean armed attacks, that brought about worldwide protests and shocks throughout the world in 1970's. And the downing of a commercial South Korean airliner by NK- planted bombing in flight, was executed, killing 113 south Korean civilians aboard the jetliner over the Bangkok air space in 1987.

Most recently, international expert investigation teams have concluded that there was a torpedo explosives attacking of a south Korean Navy Ship apparently engineered and sunk by the North Korean Naval terrorist infiltrators in May 2010. This was followed on 23 November 2010, by massive NK-artillery fires being unleashed against rural villages in Yeonpyeong-do Island, killing 2 soldiers and 2 civilians and many residents injured in the western seashore areas of Korean peninsula, bordering between South and North Korean naval military installations.



Besides, there have been many assassination terror schemes and attempts being exposed to be abortive against some North Korean defectors residing in South Korea.

It should be noted, on the other hand, that in Korea there have been no conflicts or incidents involving ethnic or religious unrest and hostility activities so far, with no symptoms or traits of relevant terror activities monitored in Korea.

II. Disaster and Emergency Management Precticed in Korean Hospitals

a) Government Disaster Preparedness System installs the "Central Disaster Committee, under which 5 divisions of mission are organized for operation, including Civic Defense, Disaster Relief, Disaster Preparedness, Agriculture and Fishery and Nuclear Radiation, with field-supports of expert group, related companies, NGO volunteers, fire department, Police and Army Units.

b) Resources for Emergency Management System include Prevention and Education, Emergency Medical Information Center, Emergency Patients, Emergency Medical Institution, Emergency Medical Technicians and Transport Corporation.

c) As to the characteristics of disaster in Korea, with no large terror event, continuous threat by North Korea is ever-present in all aspects of daily livings in Korea.

d) We can enumerate some problems in coping with emergency management in this country, namely, 1) how to control confusion and disarrangement at the scene for orderly disposition and solutions, 2) few actual triage available to be sorted out, 3) failure in medical support system, 4) victim identification system not working well and 5) lack of efficient disaster transport system.

Consequently, where hospital does fit, requirements for operating hospital incident command system and continuity of hospital operation are to be maintained effectively, with intervention of relevant Government Ministry and or National Hospital Association for a central control apparatus.

III. Government Supports and Donations

In order to cope with the situation where medical and related services to look after the needs of patients during the extreme conditions when infrastructure and resources are challenged in Korea, the Ministry of Health and Welfare has maintained effective sets of emergency measures to take care of any urgent contingencies. Ambulance, helicopter and other relevant mobility equipments for all hospitals and related healthcare institutions are to be requisitioned locally and nationally when needed.

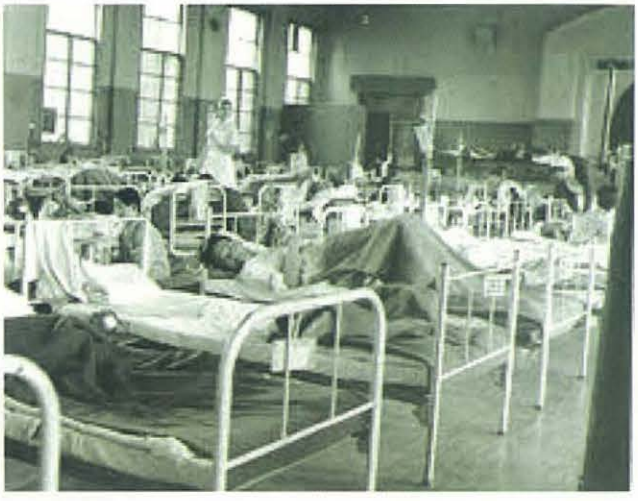
In principle, the cost and expenses being accrued are to be borne by the government emergency fund, volunteer services and civilian relief donations.

IV. Air Drill and Evacuation Program

It is rather unique in Korea that the monthly air drill and civilian evacuation trainings to cope with the imaginary and probable air, nuclear and other terror actions and hostile attacks have been conducted nationally in the last 60 years since the Korean War Armistice in 1953. General public as well as hospitals and other relevant institutions have been under close training programs against the armed provocations in and Korea. In brief, it can be safely assumed that the general publics together with healthcare populations are accustomed to emergency duty call against any attackes, under which all hospital and healthcare organizations are closely guided to provide rescue and relief services under contingency situations. This covers personnel mobility and as well as logistics and financial supports needed, aside from ardent volunteers being rushed to the troubled scenes.

V. Conclusion

It is emphasized that hospitals –public, private, university and military-level alike– are linked under official Government designation networks. This interlock obligates emergency institutions to be mobilized when national or local crisis of healthcare nature requires emergent services, in particular arising from military or likewise terrorists attacks being registered.



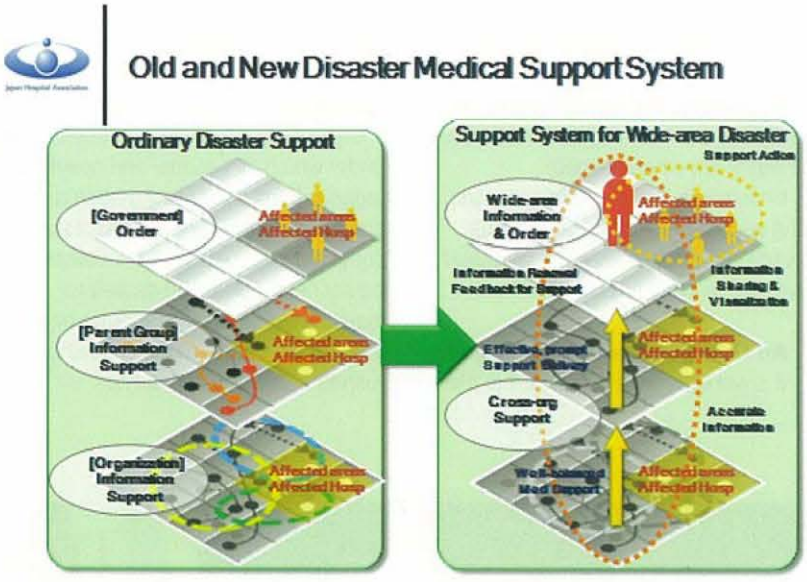
The Great East Japan Earthquake
Japan Hospital Association

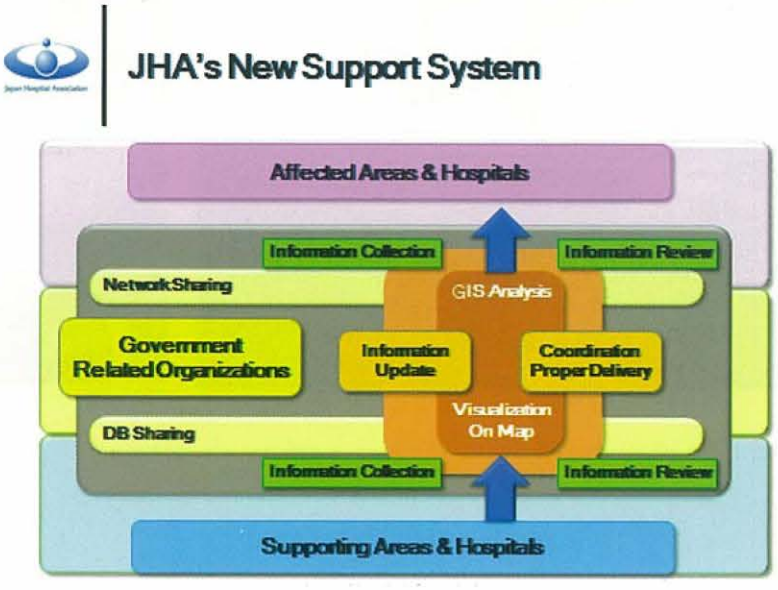
By:
Tsuneo Sakai, MD, MS

Fifteen months have passed since the Great East Japan Earthquake struck Japan on March 11. 2011. Although we have tried our best to support the affected areas people and hospitals in these areas are still suffering from various calamities and these include damage from the earthquake, tsunami, nuclear incident, harmful rumors, and manmade disaster.

Japan Hospital Association (JHA) has deployed a fair amount of manpower and materials into the affected areas in the acute stage with relatively good response. We also tried to establish support system using information technologies. However we also faced with certain difficulties in supporting sufficiently and efficiently. These include difficulty obtaining and sharing accurate and timely information, difficulty identifying who is in charge or to whom we should get contact with before making any decision. Many government and non-government organizations were involved and we found out that there were lack of sufficient communication and cooperation among them.

In the long-term support phase we have decided to establish a new medical support system based on our experience. We are trying to organize all-Japan support system asking many organizations to join us. The main aim of this system is to get all the necessary information, then renew and share the information efficiently. We divide Japan in 8 to 9 districts and have district centers which can function as the control tower whenever necessary. We would not know which part of Japan will face any kind of disaster. So we should prepare for any part of Japan could function as the control tower in case of disaster. By integrating information from the affected areas and from the non-affected areas, we can make efficient logistic plans. The key concept would be information loaded GIS (geographic information system). We can obtain virtual image of supporting schema.





Our **People** | Our **Care** | Our **Service** | Our **Technology**

Everything we do revolves around helping our patients live well

At **Sime Darby Medical Centre Ara Damansara,** we are committed to a philosophy that combines Compassion, Care, Comfort and Clinical Excellence to all our patients and their families.

CENTRES OF EXCELLENCE

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The Brain Centre is dedicated to the care of patients suffering with complex brain disorders.

Heart

The Heart Centre provides a full spectrum of services in the diagnosis and treatment of cardiovascular cases for adults and children.

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The Spine & Joint Centre focuses on total spine and joint care by providing a holistic approach to the diagnosis and treatment of spine and joint disorders.

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- CARDIOVASCULAR LABORATORIES
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- INTERNATIONAL PATIENTS CENTRE
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Sime Darby Healthcare

Advancements in Cardiac Technologies @ Sime Darby Medical Centre Ara Damansara

The heart is akin to the engine in the body of a car. No matter how sleek and shiny your Ferrari or Mercedes looks on the outside, it all goes to naught if the engine is not functioning at peak performance.

As the most hardworking organ in the body, the heart pumps blood at the rate of 60 to 100 times per minute, 24 hours a day. Medical conditions, lifestyle factors and infections may affect heart function, making the heart beat faster, slower or irregularly. This results in various forms of heart disease, which may or may not display symptoms.

In the past, patients often sought treatment only when their symptoms became distressing, such as when the heart muscle became too weak or damaged. With increasingly advanced modalities in cardiac treatment, patients can discover problems early and take the necessary interventional steps before severe damage occurs.

"What's more exciting is the availability of non-invasive cardiac technologies for diagnosis and treatment," says Dr. Annuar Rapaee, Consultant Cardiologist at SDMC Ara Damansara, a centre of excellence for brain, heart, spine and joint treatments.

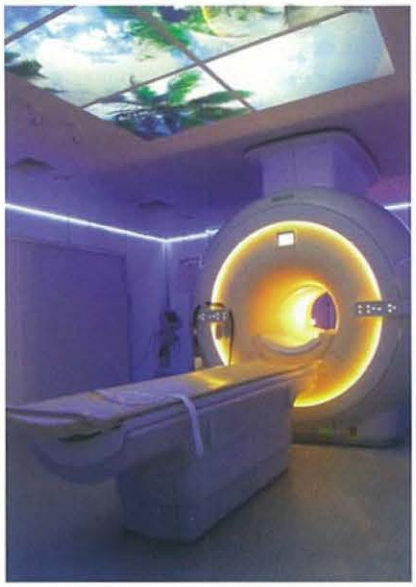
Clinical imaging, in particular, has come a long way since the invention of the X-ray. Today, cardiologists can employ a multitude of cardiac imaging techniques that are painless and produce results that are fast and accurate.

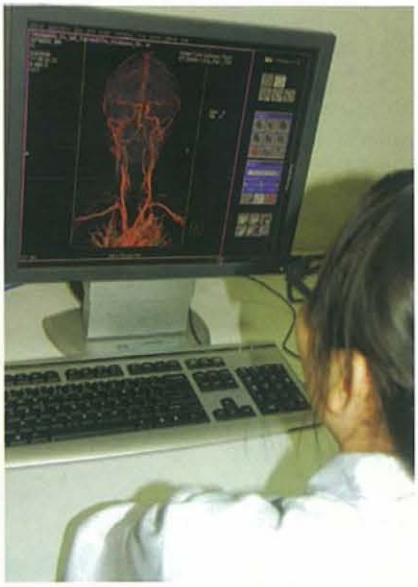
"The results provide us with accurate insights into a patient's heart, picking up even small, easily missed problems that were previously overlooked due to limitations in the technology. The comprehensive assessments help to reduce healthcare costs in the long-run, with more accurate results and targeted treatment," explains Dr. Annuar, who specializes in cardiac imaging.

Basically there are four main options for cardiac imaging, each with differing features:

1) ECHOCARDIOGRAPHY

PROS: It is an easily available and





affordable procedure that looks at the heart's valves and function. The device is relatively small and portable, which means that it can be brought to the patient's side if necessary.

CONS: The screening procedure is operator and patient-dependant; hence it will require well-trained radiologists such as those at SDMC Ara Damansara. Results may be compromised in patients with excessive body fat or who are obese. The procedure is unable to screen the anatomy of the coronary artery and is limited to heart and valve function.

TIME: 30 to 45 minutes (15 minutes for preparation; 20 to 30 minutes for the procedure).

PREPARATION: No preparation required.

2) COMPUTED TOMOGRAPHY (CT) CORONARY

PROS: This is a relatively new, fast and painless procedure that has seen increased usage in the last five years due to its highly accurate reading. It is up to 99 percent accurate. This significantly reduces the possibility of missing a blockage in the coronary arteries and also calcium deposits which precede artherosclerosis (plaque accumulation).

CONS: The patient is exposed to radiation when a dye is injected into the patient's blood stream to form a contrast for the readings. The dye can potentially cause severe kidney damage or failure if the patient has existing renal dysfunction. The procedure is also unable to pick up wall motion abnormalities, valve function, ventricular function and myocardial perfusion (blood supply to the heart).

TIME: 30 minutes (15 minutes for preparation, 15 minutes for the procedure).

PREPARATION: A renal function test is taken beforehand to assess the patient's suitability for this procedure. Fasting (no food and drink) is required four hours before. On the day of the procedure, medication to slow down the heart beat is taken.

3) NUCLEAR CARDIOLOGY

PROS: This procedure involves using radioactive isotopes to form contrast, followed by a scan, much like the CT.

CONS: The results are not as precise and clear compared to other cardiac imaging procedures. The radioactive elements put patients at risk of other conditions; hence the procedure is slowly being phased out with the advent of safer alternatives.

TIME: 45 minutes (15 minutes for preparation, 30 minutes for the procedure).

PREPARATION: Fasting (no food and drink) is required four hours before.

4) CARDIAC MRI

PROS: This is considered to be the gold standard in cardiac imaging for its comprehensive results. The doctor can assess a wide range of heart functions, ranging from the anatomy and function of the ventricular system and heart valves to myocardial perfusion, ischemia (lack of oxygen), periocardial disease (membranes surrounding the heart) and others. The safety profile of MRIs is better as it does not utilise any form of radiation, hence it is highly recommended for children suspected of having congenital heart disease.

CONS: Higher cost but the results are more comprehensive. The contrast used, although non-ionising, may cause generalised fibrosis if the patient has existing kidney dysfunction or chronic renal failure. The procedure is only offered by established medical centres such as SDMC Ara Damansara, as

practitioners need to undergo intensive training of up to six months in order to provide this service. Furthermore, patients on pacemakers or Automated Implanted Cardio Defribillators, or who have any implants in the brain or joints, are contraindicated for this procedure.

TIME: One hour (15 minutes for preparation and 45 minutes for the procedure).

PREPARATION: No preparation required.

HOPE FOR LITTLE HEARTS

With more babies being delivered every year, cases of congenital heart disease will rise in tandem, says Dr. Hamdan Leman, Consultant Cardiothoracic and Congenital Cardiac Surgeon at SDMC Subang Jaya and SDMC Ara Damansara. It's a numbers game: eight to 10 children in 1000 will get some form of congenital heart disease.

A seasoned surgeon, who trained for many years as one of the few congenital heart surgeons in the country, Dr. Hamdan understands well the extreme anxiety that parents of babies diagnosed with heart disease experience.

"Treating children with heart disease requires a different approach compared to adults," he explains. "There's the need to deal with parents' emotions, especially when we try to explain the limitations of certain treatments for their children."

The anxiety is not misplaced, as the options for survival can be quite limited in certain extreme cases. Unlike adults, children may need multiple surgeries to correct a heart condition. Out of the 150 to 200 types of congenital heart diseases in existence, there is a small number of complex congenital heart malformations that can end up in poor quality of life and a lifespan that lasts only until the teens or twenties despite treatment.

"It's a difficult choice for parents, hence we need to counsel them

extensively right at the beginning after diagnosis," Dr. Hamdan stresses. The only factor that has kept this surgeon passionately soldiering on in this highly charged field is the ability to turn a certain total loss or desperate situation into a total cure.

"I imagine a heart malformation like an engine that was built wrong. All it needs is the touch of a surgeon to correct it into a normal working engine again to sustain life," remarks the doctor who had his fair share of action with the National Heart Institute for more than 10 years. After that stint, Dr. Hamdan went abroad to share his expertise for five years before returning home to offer his services to the nation once again.

The idea of creating miracles is truly rewarding. "We are always discovering new things in cardiology. Being able to repair babies' hearts safely in this current era is truly a gift of life in the medical sense," he states humbly.

This has only been achieved recently, with tremendous advancements in cardiology and cardiac surgery that make it possible for children with congenital heart disease to have their ailments detected and treated early. The chances of survival and cure are much better now.

Backed by an experienced team comprising cardiac surgeons, cardiologists, radiologists, intensivists, paediatricians, paediatric cardiologists and many others, the staff at SDMC Ara Damansara's Heart Centre are ready to undertake all types of heart surgeries.

As children require more astute intensive care following heart surgery, the Heart Centre has made sure that all the necessary facilities are in place so that their little hearts continue to beat strong.

For more information on Sime Darby Medical Centre's, log on to **www.simedarbyhealthcare.com**

(Testimonial)

You helped my baby's heart, and mine, beat strong again

VIRYANTI and FELICE CHOLIN,
mother and daughter

My baby was born with a life threatening congenital problem, known as Tracheo-Esophageal Fistula (TEF). In Sumatra, Indonesia where we are from, it's not easy finding doctors who specialize in treating these types of complicated medical conditions so we decided to travel to Malaysia for treatment.

I decided to go to Sime Darby Medical Centre because the hospital is well known in my city and they have an excellent reputation for treating difficult cases, like ours.

I knew we made the right decision choosing Sime Darby Medical Centre, because instead of one doctor looking after Felice we had a team of specialists, who also found and treated a problem with her heart.

I can't say this was an easy time for either of us, but the care and the commitment of the doctors and nursing staff were beyond anything we could have expected. I am happy to report Felice is doing well and improving by the day... and so is her mother.

Accreditation for Quality Improvement in Health Care

By:
AR. Abdul Aziz, MB Nishazini
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INTRODUCTION:

KPJ Seremban Specialist Hospital is a private hospital in Malaysia.This hospital belong to KPJ Healthcare Berhad, the biggest private healthcare providers in Malaysia. KPJ Healthcare Berhad currently had 21 hospitals in Malaysia and 2 hospitals in Indonesia. KPJ Seremban Specialist Hospital was 134 bedded hospital excluding 3 bedded Cardiac Care Unit, 4 bedded Intensive Care Unit, 4 bedded High Dependent Care Unit and 7 bedded trauma and observation bay at the Emergency Services and it started business in January 2005. In year 2006, it has been certified with ISO 9001:2000 certification and recertified during the transition audit of ISO 9001:2008 in year 2009 by Moody International. To further enhance the quality and patient safety, in July 2009, it has been awarded with 3 years Hospital Accreditation by Malaysian Society For Quality in Health(MSQH), a certification body for hospital accreditation in Malaysia. MSQH is a member of International Society For Quality in Health (ISQUA)

Objectives of the study:

- To monitor how certification by external bodies will enable the organization to increase the quality of the services provided to our customers.
- This study will enable the management to monitor the quality or services provided
- Using indicators and benchmarking will facilitate the organization to measure level of compliance to the clinical standards to ensure the services provided are safe and following international standards.
- The monitor how the external certification enhance staff education.

LITERATURE REVIEW:

Robert M. Pirsig 1928-, American philosopher, defined 'Quality improvement' is a term that summarises a whole range of approaches used by industry and business to improve the quality of services and products. A number of quality improvement tools and techniques are used in Clinical Governance to influence changes in patient care. The operation of these systems and processes will be influenced by the organisational culture and quality improvement methods adopted in your workplace.

There is no straightforward definition of quality in healthcare. There are a variety of views on its meaning and some debate as to whether quality has to be measurable. The World Health Organisation (WHO) suggests: Quality is a process of meeting the needs and expectations of patients and health service staff (WHO 2000). Quality is the degree to which care services influence the probability of optimal patient outcome. (American Medical Association, 1991)

Gronroos(1984) suggested that quality in healthcare had two distinct components:

- Functional quality: how a patient

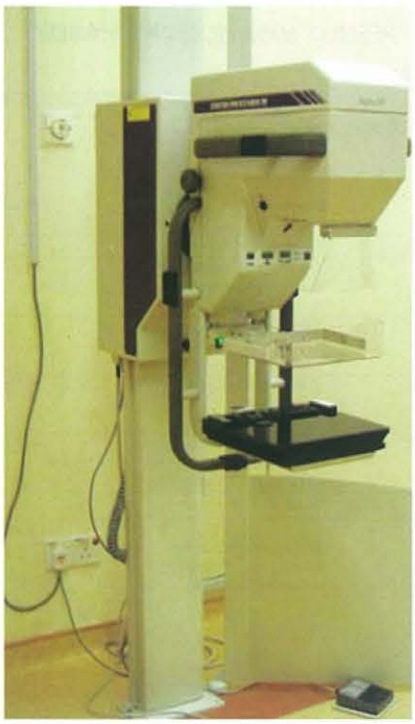
receives a service (food quality, access to care)
- Technical quality: the quality of the delivery of care (competence and outcome)

Other definitions of quality in health care include its relationship to public perceptions of trust in those who deliver care and the appropriate use of resources.

Patient perceptions of quality in healthcare also influence the public expectations and confidence placed in the NHS. Clinical errors, patient suffering and hospital closures always attract media attention while development of new services, changes to treatments and good news stories are hard to publicise. 'Trends of patients' experiences of the NHS' (The Picker Institute 2005) identifies eight dimensions of patient-centred care:

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Clear, comprehensible information and support for self-care
- Involvement in decisions and respect for patient preferences
- Attention to physical and environmental needs
- Emotional support, empathy and respect
- Involvement of, and support for, family and carers
- Continuity of care and smooth transitions.

In their simplicity these eight



dimensions underline the need to co-ordinate the work required to improve the quality of every patient experience.

Crossing the Quality Chasm (Institute of Medicine 2001) proposes an agenda for improving the quality of health care made up of six components:

Safe: avoiding injuries to patients from the care that is intended to help them

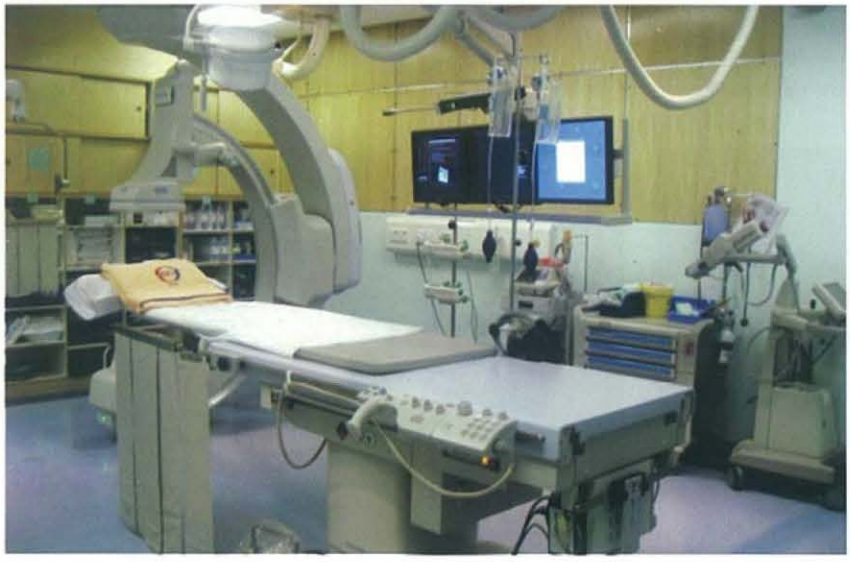
Effective: providing services based on scientific knowledge to all those who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively

Patient-centred: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Timely: reducing waits and sometimes harmful delays for bother those who receive and those who give care

Efficient: avoiding waste, including waste of equipment, supplies, ideas and energy

Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socio-economic status.



Quality measurement:

A quality measure is information from a patient's record or an operational process that is converted into a rate, percentage or time that shows how well providers are taking care of their patients. Quality measures give you information about how well providers care for some, but not all of their patients. Most quality measures have been designed to measure evidence based care. Patient who should not get the recommended care treatments are not counted in the measures.

Quality measurement is a relatively new science and requires a large amount of resources to develop and collect the information. Fully developed and tested measures are only available for reporting on some of the most common conditions or processes of care. Over the past few years, an increased interest in this science has occurred which may increase the rate of quality measurement development and reporting over time. But there is some quality information you can use right now to help you compare your health care choices. Many public and private groups are working to improve and expand health care quality measures. The goal is to make these measures more reliable, uniform, and helpful to consumers in making health care choices.

Research has shown that science-based measures can be used to assess quality for various conditions and for specific types of care. For example, quality health care is:

- Doing the right thing (getting the

health care services you need).
- At the right time (when you need them).
- In the right way (using the appropriate test or procedure).
- To achieve the best possible results. Providing quality health care also means striking the right balance of services by:
- Avoiding underuse (for example, not screening a person for high blood pressure).
- Avoiding overuse (for example, performing tests that a patient doesn't need).
- Eliminating misuse (for example, providing medications that may have dangerous interactions).

A well-understood and well implemented system helps all functions within the process to understand their responsibility for meeting customer needs, and appreciate their position in the overall process for doing so.

Facilitates continuous improvement. There is a direct requirement that the quality management system be continually improved The requirements are saturated with admonitions to monitor, review, and improve the subprocesses of the quality system. The preventive and corrective action activities required by the Standard enlist all levels and functions in the effort to prevent quality problems and quickly mitigate those that do occur.

Creates consistency throughout the organization.

It establishes and enforces consistent working methods and quality controls throughout the organization. This can be especially important in larger,multisite organizations whose facilities are major suppliers to each other.

Strengthens relationships between your organization , its suppliers and customers, and among suppliers/ customers within your organization.

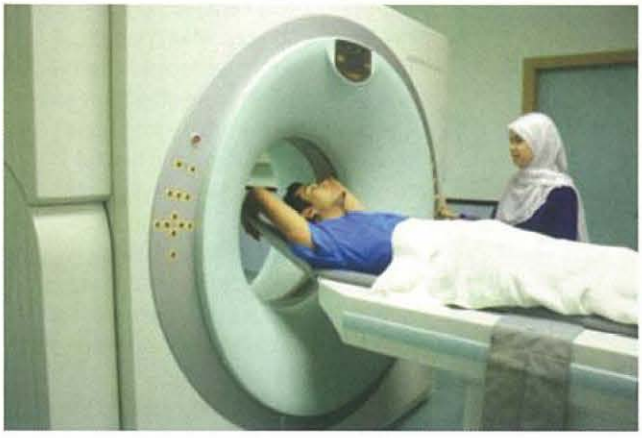
Provides confidence to customers in the capability of your organization to meet quality commitments. This benefit is much stronger when the quality system is registered.

Improves management decision making. Internal audits, management reviews, analysis of organization-level data, and effective document and data control are four strong pillars of ISO 9000 which provide management with the

RESULTS and analysis

Table 1: The result of various indicators for year 2008 and 2009 compared to the standard

	Indicators	Standard	Year 2008 (average)	Year 2009 (average)
	Patient Safety			
	LOS > 5 days after elective caesarean section	< 1%	0.47%	0%
	Unplanned admission to ICU within 24 hours of surgery	0	8	5
	Rate of White Appendix	5-20%	23%	12%
	% of Myocardial Infarction patients receiving Thrombolytic	> 70%	75%	95%
	Benchmarking			
		min	min	min
.	Waiting time admission	30	60	30
i.	Waiting time for discharge	54	40	30
ii.	complaints recorded	137	75	62
	Clinical incidents	3.7%	0.3%	0.2%
	Non-Clinical Incidents	16%	0.4%	0.2%
	Human Capital Development Diploma, Post Basic Training, Bachelor degree and Master Degree		21	34
	Understanding of label		40%	32%
	Ineffective communication		30%	29%



intelligence it needs to make the right moves.

Institutionalizes training in methods and procedures essential to quality. Reduces dependence upon individuals. People are vital to quality,but people also come and go. The levels of procedural development,documentation, record-keeping, and training required by an ISO 9000 quality system assure that techniques and skills will carry on even when performed by different individuals.

Impact of accreditation to hospital

Shortell et al. argued that quality improvement implementation leads to greater perceived patient outcomes.

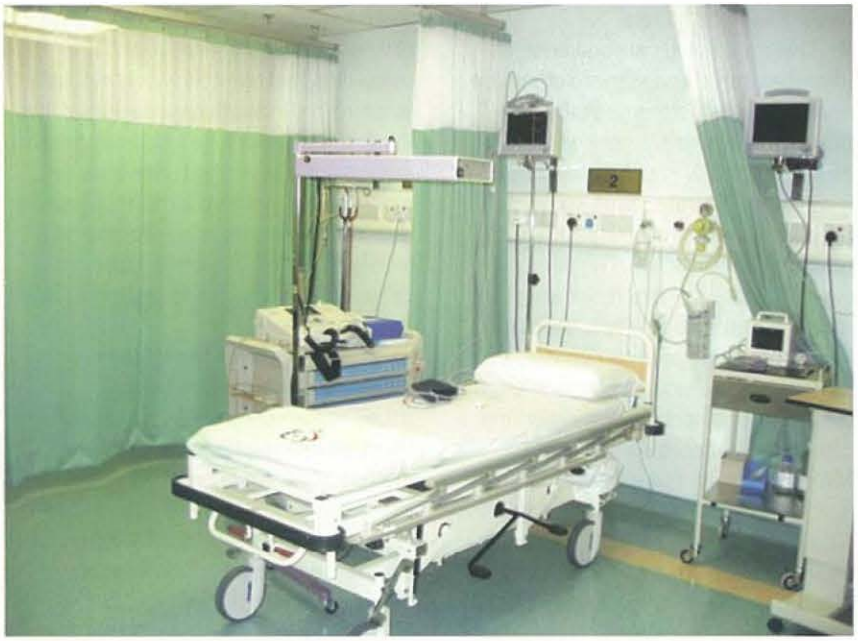
Pomey et al. assessed organizational changes after accreditation in France and Commission on Accreditation of Healthcare Organizations (JCAHO) and compliance with methadone doses prescribed in methadone maintenance programmes in the United States.

Managerial changes (organisational and cultural changes)

Study conducted by Pomey et al. (2010) on organisational and cultural changes (strengthening of the working team, team working, place of service users, etc) related to the introduction of a hospital accreditation programme in Canada .

Impact on health care outcomes: clinical results (7 studies) and/or patient and user satisfaction (4 studies).

Study by Menachemi et al. (2008) on the association between JCAHO



argued that accreditation can promote quality improvement implementation in hospitals thus leading to better outcomes.

Changes in professional practice

Study by Sekimoto et al. (2008) suggests that accreditation has an impact on the introduction of infection control programmes and development of infection control practice in Japanese hospitals.

Another study by D'Aunno et al. (2002) which suggests a relationship between accreditation by the Joint accreditation and health care outcomes (hospital readmissions) of patients treated in ambulatory surgical centres in the United States.

METHODOLOGY

A retrospective study was conducted from January to December 2008 before the accreditation of the hospital compared to January to December 2009 after the accreditation activities. Even though the hospital was accredited in July 2009, the compliance to the standard started from January 2009.The data collected were as follows:

For Patient Safety Indicators:

1. Percentage of patients with length of hospital stay > 5 days after elective caesarean section.
2. Unplanned admission to the intensive care unit within 24 hours of surgery.
3. Rate of White Appendix
4. Percentage of Myocardial Infarction patients receiving Thrombolytic therapy within 1 hour of their presentation at the Emergency department.
5. Benchmarking indicators

i. Waiting time & number of complaints
ii. Clinical and Non Clinical Incidents
iii. Result of external audit / surveyed findings
iv. Staff development and recruitment.
v. Quality Improvement Activities
vi. Medication Diabetic card and sticker for preventing medication errors

DISCUSSION

Refer to table 1, we can conclude that the Patient Safety Indicators (PSIs) are a set of indicators providing information on potential in hospital complications and adverse events following surgeries, procedures, and childbirth. The PSIs were developed after a comprehensive literature review, analysis of ICD-9-CM codes, review by a clinician panel, implementation of risk adjustment, and empirical analyses.

The PSIs can be used to help hospitals identify potential adverse events that might need further study; provide the opportunity to assess the incidence of adverse events and in hospital complications using administrative data found in the typical discharge record; include indicators for complications occurring in hospital that may represent patient safety events; and, indicators

also have area level analogs designed to detect patient safety events on a regional level.

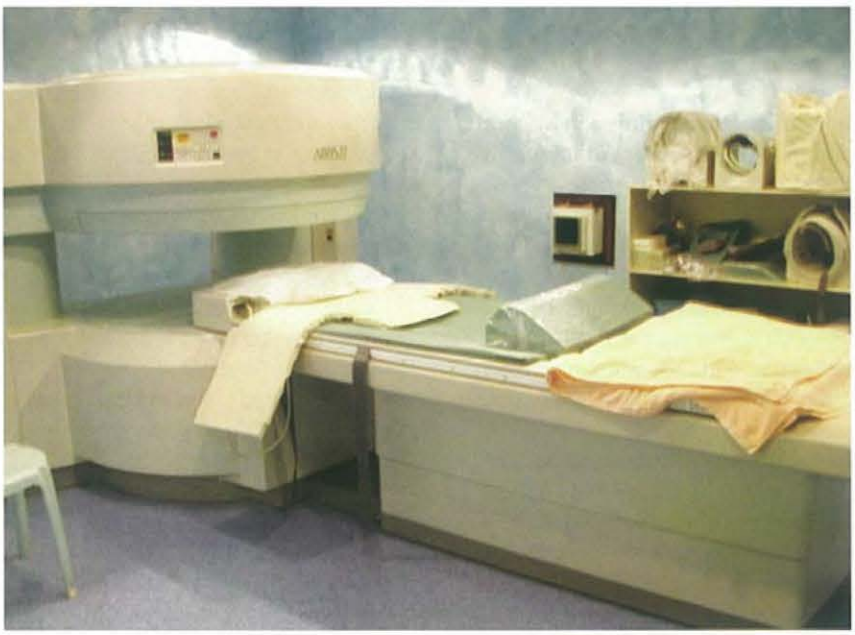
Many studies now demonstrate that patient safety is an international problem. For example, large studies in the United States, New Zealand, Australia, Canada, and the United Kingdom have all identified high rates of adverse events, and smaller studies in many other countries have found important safety issues.

In KPJ Seremban Specialist Hospital, for patient safety, four indicators were monitored and the comparison was made between year 2009 with year 2008. It was found that for year 2008 the rate of Length of Stay (LOS) > 5 days after elective caesarean section was 0.47% and 0% in year 2009. Both data are better compared to the standard of < 1%.

Based on the study conducted by Stytt Sjukrahuslega, in the Icelandic Medical Journal, 2011 it was found that Median hospital stay decreased significantly from 81 to 52 hours between 2007 and 2008-9. Readmissions were four in each period and outpatient visit rates similar. In 2008-9, 66% of all women were discharged within 48 hours. Women in the fast-track program were satisfied with early discharge. Most healthy women can be discharged early after singleton birth by elective caesarean, without increasing readmissions.

Unplan admission to ICU were higher for both years of 2008 and 2009 in KPJ Seremban Specialist Hospital compared to the standard of zero. Unplanned post-anaesthetic and surgical admissions to the intensive care unit (ICU) can provide an insight into the standard of peri-operative management in operating theatres and ICU resource management, including quality of anaesthetic care.

For KPJ Seremban, even though the rate of ICU admission was higher compared to the standard, most cases were post surgery admitted by anaesthetist for intensive monitoring of post surgery patients. However the rate of 2009 was lower compared to 2008. Rate of White Appendix was higher than the standard (5-20%) for year 2008 but it had dropped significantly for year 2009 after the implementation of Accreditation with recorded rate of only 12% which is within the standard rate.



Under pathological conditions, a thrombus can propagate into otherwise normal vessels. A thrombus that has propagated where it is not needed can obstruct flow in critical vessels. It can also obliterate valves and other structures that are essential to normal hemodynamic function. The principal clinical syndromes that result are acute myocardial infarction (AMI), deep vein thrombosis, pulmonary embolism, acute ischemic stroke, acute peripheral arterial occlusion, and occlusion of indwelling catheters. Therefore during acute Myocardial Infarction it is very important to administer Thrombolytic therapy within 1 hour of the onset.

The standard rate for percentage of Myocardial Infarction patients receiving Thrombolytic therapy within 1 hour at the emergency department was > 70% .From the data collected in KPJ Seremban, it was found that for the year 2008 the rate was 75% and it was higher in year 2009 with the rate of 95% in year 2009 after the implementation of Accreditation.

More and more hospitals are finding that significant increases in patient satisfaction are an added benefit that results from improving patient flow and bed management performance. When a hospital establishes a solid foundation of effective patient flow processes and supporting tools, satisfaction with the overall care experience is enhanced. Given that consumers have more choice of where to receive services and are using data that are now widely available to inform their health care decisions, it is imperative that hospitals address patient satisfaction issues. And once a patient receives care, satisfaction plays a role in how likely he or she is to recommend a facility to others. Even high-performing Organizations struggle to improve Patient Satisfaction

For several years the Hospital of the University of Pennsylvania (HUP), a member of the University of Pennsylvania Health System (UPHS) in Philadelphia, had not seen overall improvement in its patient satisfaction ratings. The organization focused on specific concerns, such as improving patient flow from the Emergency Department (ED) into the hospital, but did not address patient flow and bed management as a hospital-wide issue. Then, in October 2005, HUP began to take a comprehensive, end-to-end approach to improving patient flow.

The University Hospital (TUH) in Cincinnati, Ohio, a member of the Health Alliance, had not achieved its patient satisfaction goals for the three years prior to undertaking a comprehensive patient flow performance improvement initiative in June 2006. The hospital had established a committee to review patient satisfaction scores and outline activities to support improvement. However,

the committee lacked meaningful data and analyses that could help pinpoint opportunities and assist in developing action plans for increasing patient satisfaction.

The Children's Hospital—Denver (TCH) began a comprehensive patient flow improvement effort in April 2007. For two years prior to the initiative TCH had seen a steady decline in its Press Ganey patient satisfaction scores. TCH attempts to improve patient satisfaction first focused on individual hospital departments taking responsibility for their own satisfaction scores. Then service excellence teams were developed that focused on areas such as the ED, inpatient units and surgical care. However, patient satisfaction improvement efforts did not link flow processes organization-wide or provide data necessary to monitor performance. Therefore KPJ Seremban Specialist Hospital had embarked on benchmarking activities on admission time ,discharge time and number of complaints. The standard for patient admission was 30 minutes. However for

year 2008 it was 60 minutes but for year 2009 it was reduced to 30 minutes and meeting the set standard. For discharge the set standard was 54 minutes. In year 2008 it was 40 minutes and much better in 2009 with only 30 minutes after Accreditation being implemented.

The complaints had also improved from 75 cases in 2008 to 62 cases in 2009. Both were lower that the set standard of 137 complaints. However for year 2009, it was better than year 2008.

Reasons for complaints:

The main reasons for complaints were the poor attitude of the staff (15 cases in 2008, 12 cases in 2009), not giving enough information to patients (30 cases in 2008, 25 cases in 2009),

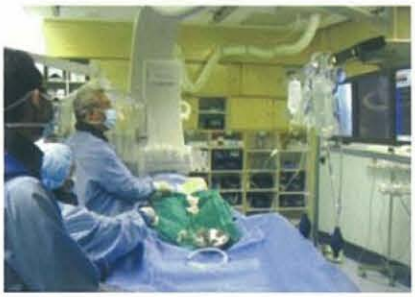
professionalism of staff and doctors (15 cases in 2008, 12 cases in 2009), delay in getting treatment (10 cases in 2008, 8 cases in 2009), delay in admission and discharges (5 cases in 2008 and 5 cases in 2009).

Patient complaints are indications of their dissatisfaction with the service received. With increasing patient expectations, we need to address this issue for a more satisfying relationship between healthcare provider and user.

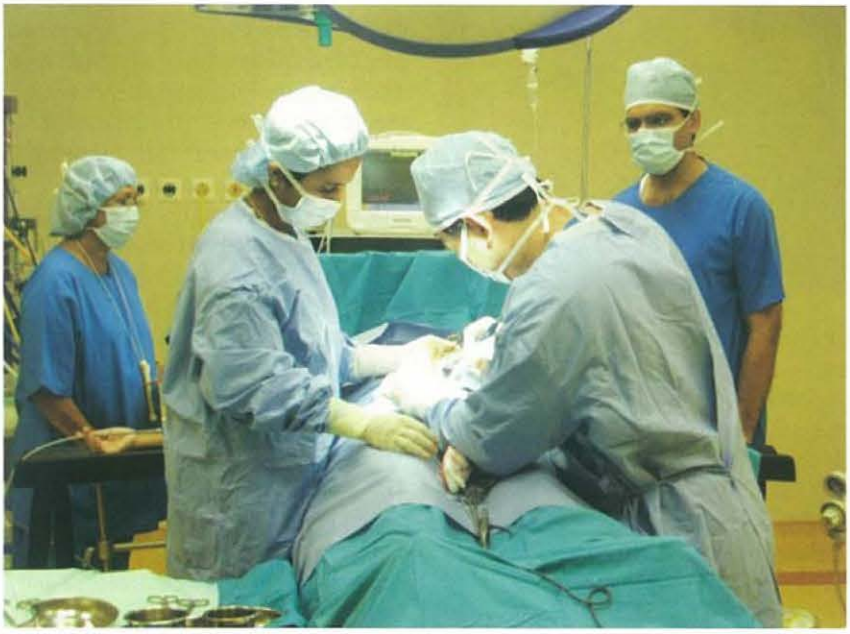
As a comparison, another study was conducted by HC Lim et al, Why do patient Complain which was published in Singapore Medical Journal, was found that, the main reasons why patients in this study complained, were strikingly similar. Poor attitude/ conduct, unprofessional conduct, mismanagement, poor communication and long waiting time were common causes of patients' unhappiness. The Medical Defence Union reported that breakdown in communication between doctor and patient constitutes a major component in complaints and claims. In this study, the main reasons for complaints were found to be related to attitude/conduct (28.8%), professional skills (17.8%), unmet patient expectations/requests (16.2%), waiting time (10.0%) and communication (7.8%). Awareness of these reasons for patient dissatisfaction is necessary as a first step in the prevention and management of complaints.

In this study, the top patient complaint was related to attitude/ conduct. Patients seeking medical care expect to be treated by doctors and other healthcare personnel with kindness, concern and empathy. With increasing consumerism and the evolving medical scene into a more customer-orientated service, patients not only expect good medical care but also good service from the medical profession. Real or perceived poor attitudinal behaviour would cause dissatisfaction. Real conduct problems should be reduced to a minimum. It is also important for healthcare personnel to portray a professional and caring image so that patients do not misperceive them as being rude and uncaring. Healthcare personnel also need to match their professional styles according to different patients. A doctor's personal style is not always appropriate for all his patients and may sometimes be misinterpreted as hostile even when it is not.

The second main reason for complaints was related to professional skills. The complaints were mainly of cursory examination, incompetence and inadequate explanation. Patients expect doctors to be competent and skillful, thorough in their clinical examination and to provide adequate explanation regarding patients' illnesses. Competency and good professional skills are basic requirements expected of any healthcare professional. With rapid advances in medical science and technology and with an increasingly well-informed public, healthcare personnel need to involve themselves in continuing medical education and training to maintain their professional skills and knowledge. Continuing educational and service training for all categories of healthcare



personnel should be emphasised and maintained. In a busy polyclinic with a heavy workload, consultation time is sometimes limited. Complaints about cursory examination and inadequate explanation are often the reflection of short consultation time. Measures taken to increase the consultation time would also increase patient satisfaction and decrease complaints arising from a rushed consultation.



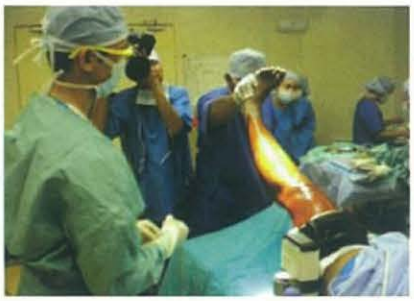
Dissatisfaction also occurs when there is a mismatch between patients' expectations or demands and medical services received or offered. These unmet expectations were found to be mostly related to medical leave, medication or referral. It is crucial for healthcare personnel to provide clear and adequate explanation to address these unmet needs and expectations. In cases of unrealistically high expectations, a more tactful approach is necessary. The information provided by the mass media and the press may sometimes be misinterpreted by the public resulting in unrealistic expectations. Healthcare personnel and the mass media should work together to provide appropriate information to better inform and educate the public.

Waiting time was found to be an important cause of unhappiness. Waiting to consult a doctor and registration accounted for the majority of complaints on waiting time. Patient load, staff situation and flow of patients in the polyclinics are factors that would affect waiting time. Having an adequate staff complement appropriate for the patient load is important in reducing waiting time. Continuing efforts at workflow improvement in the polyclinics would also help increase efficiency.
Unnecessary comments and inadequate explanation accounted for the majority of complaints under the category of communications. Whilst it is necessary to provide patients with adequate information, healthcare providers should at the same time avoid making unnecessary remarks. Complaints often follow a conflict situation. Good listening, communication and negotiation skills are needed to resolve these unpleasant situations. These are skills that can be learnt and improved upon. Role playing complaint situations can help healthcare personnel develop better strategies in the management of such problems

From the data collected in KPJ Seremban, it was found that for clinical incidences the percentages had reduced from 0.2% in 2009 compared to 0.3% in 2008. Result for year 2009 was better compared to 2008 before Accreditation implementation. For both years it was better compared to the standard of 3.7% to 16%. The same trend can be seen in non clinical incidences where 0.4 % was recorded in 2008 compared to only 0.2 in 2009.

For continuous human capital development, as part of the requirement of hospital Accreditation the number of staff attended training in KPJ Seremban had improved from 21 in year 2008 to 34 in year 2009. Corporations are recognizing the importance of investing in their employees now more than ever before. Companies are beginning to understand that to stay on top in the global economy, they need to place more and more emphasis on developing and retaining their people. Organizations that appreciate the financial impact of their employees often refer to them as human capital.

Derek Stockley (2008), who works as a human resource trainer, defines human capital as "recognition that people in organizations and businesses are an important and essential asset who contribute to development and growth, in a similar way to physical assets such as machines and money. The collective attitudes, skills and abilities of people contribute to organizational performance and productivity. Any expenditure in training, development, health and support is an investment, not just an expense." He continues to say, "Competition is so fierce and change is so fast, that any



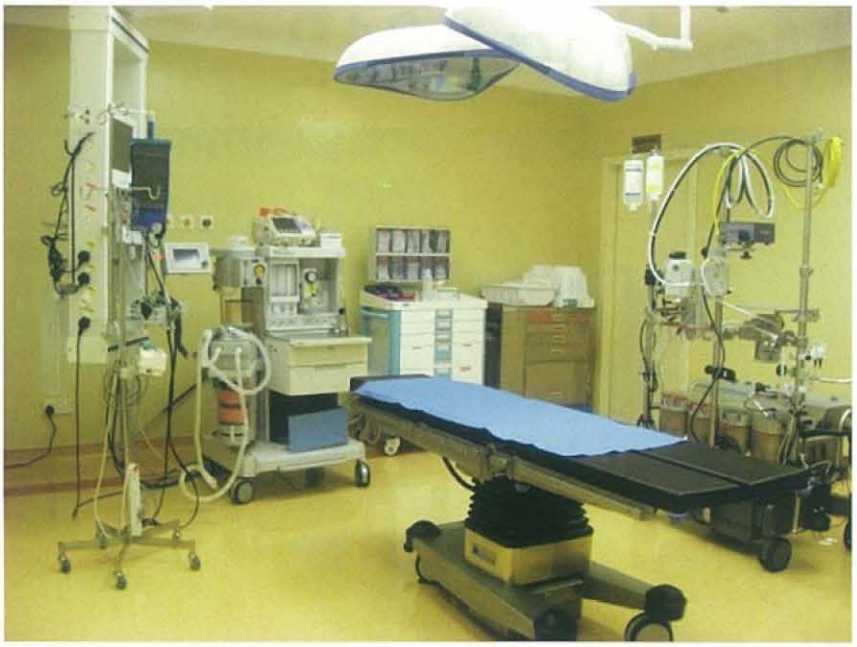
Competitive edge gained by the introduction of new processes or technology can be short-lived if competitors adopt the same technology. But to implement change, their people must have the same or better skills and abilities."

For the audit conducted for ISO 9001: 2008 compliance there was no non conformance recorded in year 2009. The result of final survey for MSQH Accreditation produced in July 2009 found that KPJ Seremban Specialist Hospital complied to the standard set by the accrediting body and the hospital was awarded 3 years accreditation until middle of 2012.

The figure on poor understanding of label was improved from 40% in 2008 to 32 % in 2009. Ineffective communication had also being improved from 30% in 2008 to 29% in year 2009

CONCLUSION

Based on the data collected we can



see clearly how various clinical and non clinical indicators, accreditation, licensee and external assessment process had improved quality services for KPJ Seremban Specialist Hospital. The data produced by this study was in line with the other literature reviews conducted by many researches. After the implementation of various external assessment such as ISO 9001:2008 and MSQH hospital accreditation, we can see that for indicators related to patient safety such as rate of Length of Stay>5 days after elective caesarean section and percentage of Myocardial infarction receiving Thrombolytic therapy within 1 hour at the emergency department were better than 2008 and the standard after the implementation of the Accreditation. Regarding the benchmarking indicators the admission time ,discharge time and number of complaints had improved after the implementation of Accreditation. The complaints had also improved from 75 cases in 2008 to 62 cases in 2009

For both ISO 9001: 2008 and MSQH Accreditation, during the surveys that were conducted, there was no non conformance recorded and in year 2009 the hospital was awarded 3 years accreditation until middle of 2012.

The figure on poor understanding of label was improved from 40% in 2008 to 32 % in 2009. Ineffective communication had also being improved from 30% in 2008 to 29% in year 2009

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Hj Abd Aziz Abd Rahman
Chief Executive Officer (CEO)

Aged 56 years, Hj Abd Aziz Abd Rahman is The Chief Executive Officer of KPJ Seremban Specialist Hospital since February 2004 heading the commissioning team and officially opening the Emergency services in November 2004.

He graduated with a Master in Pharmacy, 1983 from Institute Technology Bandung, Indonesia (ITB), Post Graduate Diploma In Medical Microbiology (IMR) 1990 from Institute of Medical Research Malaysia, Master Clinical Pharmacy (1992) from University Science of Malaysia (USM) and Post Graduate Hospital and Health Management, 1997 from South Bank University of London and holds MBA in 2002 from Institute of Business and Management IBM GLOBAL Jakarta Indonesia in cooperation with Washington International University. Currently he is pursuing PhD in Technology Management in Universiti Malaysia Pahang.

He started his career as Pharmacist in Government hospital from 1983-1995.

His career with KPJ Healthcare Berhad commenced in 1995 as Chief Pharmacist in KPJ Johor Specialist Hospital from 1995-1999 and promoted to Deputy General Manager in PSH in 1999, General Manager in Rumah Sakit Selasih, Indonesia from 2000-2003. Now he is the CEO of KPJ Seremban since it's operational.

AHF BOG Meeting 2012

Tuesday 17 July 2012 - Kuala Lumpur, MALAYSIA - The Board of Governors of the Asian Hospital Federation held its annual meeting in Kuala Lumpur on 17 July 2012. Participants included Dato' Dr. Jacob Thomas (AHF President/ Board Chair), Dr. Ruben C. Flores (AHF President Elect) , Prof Dr Paul Dugdale (Representative of The Australian Healthcare & Hospitals Association) , Dr Lo Su Vui (Representative of Hong Kong Hospital Authority), Dr Lawrence Lai (Immediate Past Representative of Hong Kong Hospital Authority), DR. Dr. Sutoto, MKes (President of Indonesia Hospital Association), Dr Yoon Soo Kim (President of Korean Hospital Association), Dr Kwang Tae Kim (IHF President Designate), Dr BU C Castro (President of Philippines Hospital Association), Dr Yi-Hung Chu (Representative of Taiwan Hospital Association).

The meeting was hosted by the Association of Private Hospitals of Malaysia during its 20th Annual Conference and Exhibition from 17 to 19 July 2012 at Kuala Lumpur Convention Center. The Board was also invited to join the APHM conference with the theme Re-Thinking, Re-Engaging, Retaining Human Capital, Re-Inventing Leadership.

APHM International Healthcare Conference & Exhibition 2012

17 - 19 July 2012, Kuala Lumpur Convention Centre, Malaysia

The launching of APHM's 20th Conference and Exhibition by YB Dato' Sri Liow Tiong Lai, Minister of Health Malaysia, started off with a rousing drums performance by the Malaysian Drum Symphony

YB Dato' Sri Liow Tiong Lai, Minister of Health Malaysia, presenting the Opening Address. Other VIPs on stage were Dato' Dr Jacob Thomas, APHM President and Dr Kwang Tae Kim, President Elect, International Hospital Federation

The annual APHM Conference and Exhibition has always been a much-awaited event by its members and also by those in the healthcare and related industries.

Critical issues affecting the healthcare industry had been discussed and presented each year.

In this 20th year, APHM's focus was on the critical issue of human capital with 35 invited foreign and local experts presenting on the theme: **"Re-Thinking, Re-Engaging, Retaining Human Capital, Re– Inventing Leadership".**

Among the notable speakers:-

- Keynote Speaker: Mike Wagner, Executive Director and Teaching Officer, The Advisory Board Company, USA
- Johan Mahmood Merican, CEO, Talent Corporation Malaysia Bhd
- Wayne Bruce, Chief Executive, Ccentric Australia
- Dr Ruben C. Flores, President Elect, Asian Hospital Federation
- Dr Mary Cardosa, Immediate Past President, Malaysian Medical Association
- Paula Wilson, President and Chief Executive, Joint Commission Intl, USA
- Tan Sri Dato' Dr Abu Bakar Suleiman, President, Intl Medical University
- Dr Sanjiv Malik, Executive Director, Hospitals & Consultancy, Group HR Head, DM Healthcare, UAE

APHM also organized its annual Nursing Conference on 19 July 2012 with Dr Sharon Vasuthevan, President of the Nursing Association, South Africa as its Keynote Speaker. We also had speakers from Australia, Singapore, India and Thailand sharing their expertise with the nursing faculty.

The Asian Hospital Federation had a Forum to discuss issues that Asian countries faced in meeting its human capital needs in healthcare. Participating in this Forum were the Presidents of hospital associations from Hong Kong, Taiwan, Indonesia, Japan, South Korea and the Philippines. The Forum was moderated by Dato' Dr Jacob Thomas, the President of AHF as well as APHM.

Special points of interest:

- 35 FOREIGN AND LOCAL SPEAKERS
- KEYNOTE SPEAKER: MIKE WAGNER, ADVISORY BOARD COMPANY, USA
- TOTAL PARTICIPATION OF 605 DELEGATES FROM 30 COUNTRIES
- 120 EXHIBITION BOOTHS SOLD OUT
- ASIAN HOSPITAL FEDERATION HELD ITS BOARD OF GOVERNORS MEETING DURING EVENT

Dr Sanjiv Malik presenting "Redefining and Refining Leadership for 21st Century". Moderator for the session was Mr Mike Wagner

Exhibition—A great success with all 120 booths sold out !

The Exhibition this year received tremendous support from organisations from Malaysia and abroad who took this opportunity to showcase their latest products and services for the healthcare sector.

80 local and foreign companies occupied 120 exhibition booths.

Exhibition sales for APHM 2013 has already commenced. Event will be held on 2—4 July 2013 in Sunway Pyramid Convention Centre.

For details contact Majmin at 6017-8821680 or email: majmin8@gmail.com

Visit Website:- www.aphmconferences.org

Accreditation: The Philippine Experience

By:
RUBEN C. FLORES, MD, MHA
PHA- President

Accreditation as a way to ensure compliance to quality standards and continuous quality improvement is just beginning to take root in the Philippines' health care system.

The passage of the National Health Insurance Act of 1995 saw the establishment/creation of the Philippine Health Insurance Corporation (PHIC). Because PHIC as per RA 9241, Article 1, Section 2 is mandated to promote the improvement of quality through the institutionalization of quality assurance at all levels of the health care delivery system, accreditation was the next step.

Thus in 2002, PHIC launched its Benchbook for national application. The Benchbook standards were developed based on International standards, more particularly, the ACHS and JCI standards for hospitals adopted to the Philippine situation taking into account the local circumstances, laws and culture. This Benchbook was perceived as a new way of incentivizing hospitals to adopt quality improvement activities in order to be granted by PhilHealth an accreditation status. Accreditation is linked with PHIC reimbursement.

This PhilHealth Benchbook aims to assess the other aspects of hospital operation focusing on the process and outcome beyond mere structural standards compliance. Specifically the Benchbook look at the following areas:

1. Patient Rights and Organizational Ethics
2. Patient Care
3. Leadership and Management
4. Human Resource Management
5. Information Management
6. Safe Practice and Environment
7. Improving Performance

This Benchbook was adopted as the new accreditation standards for hospitals and was implemented in 2010. In its first year of the PhilHealth Benchbook implementation, many hospitals exerted efforts to comply with the standards and the table below shows the percentage of achievement per level:

Level of Accreditation	Number of Hospitals	Percentage
Center of Safety	1246	87.99%
Center of Quality	126	8.90%
Center of Excellence	44	3.11%
TOTAL	1416	100%

Based on the survey results, the following can be concluded.

1. Benchbook compliance seems not a significant problem among higher level hospitals (Lavado et al, 2010)
2. Some lower level hospitals experience hardship in complying with the standards because of the administrative and financial constraints.
3. Training and educational assistance should enable the majority of hospitals to obtain accreditation in one to two years.
4. The impact of the Benchbook on improving health outcomes has yet to be established.

The Philippines can be considered unique in a sense because accreditation is being undertaken by a government instrumentality.

To further institutionalize the national accreditation initiatives, a body that will undertake the accreditation of hospitals was espoused by the Department of Health. Towards this end, a national multi-stakeholders consultation meeting was conducted last June 10, 2011.

In this meeting, the Philippine Council for the Accreditation of Healthcare Organization (PCAHO) was unanimously endorsed by the delegates to the Secretary of Health to be designated as the National Accrediting body for hospitals adopting the PhilHealth Benchbook standards as the accreditation tool.

This new development would effect a shift on the task of accreditation from being performed by government (PHIC) to one that is carried out by a private entity thru a 3rd party accreditation scheme. PCAHO is actually a multi-stakeholder organization dedicated to quality improvement initiatives and accreditation and has been in existence for almost thirteen (13) years now. PCAHO was borne out of an ADB Funded Project – Strengthening of Licensing and Regulation of Hospitals, DOH, 1995-1997 – that saw the need for Accreditation of Hospitals for the improvement of the Quality of hospital services. The Department of Health currently recognizes PCAHO as the National Accrediting Body for Accreditation of Health Facilities for Medical Tourism and the Certifying Body for the QSS of medical clinics of OFW and CDTL. PCAHO is currently an

institutional member of the International Society for Quality in Healthcare (ISQua) and an Associate member of the ISQua Accreditation Federation (IAF). It is also a National member of the Asian Society for Quality in Healthcare (ASQua) and a member of the Executive Board. It has been invited to serve on the JCI Asian Pacific Advisory Council

The task ahead is Herculean. PCAHO has to gain the credibility and acceptability in the hospital community by establishing a track record for competence in accreditation at par with local and eventually international standards.

It is to be hoped that with this new development, accreditation in the country will leapfrog and thereby ensure safe, quality, and excellent health services to the Pilipino and the global community.

PURI CINERE HOSPITAL Lactation Clinic

Children are the future generations ... ...

Preparing for the baby to be healthy generation, smart and tough it is our responsibility as parents.

Starting from the psychological aspects of mature pregnancy of mom, balanced nutrition, and regular medical examinations until the baby was born to be the main thing that must be considered.

When the baby is born, breast milk is best food to be supplied to meet the nutritional needs of infants and protect it against possible infections. But still many of the mother is not optimal to give milk to their babies for various reasons.

Referring to the Indonesia Law - Health Law No. 36 of 2009 section 128 is that the administration of Mother's Milk (ASI) to the right of every baby and during breast feeding the family.

The purpose of Puri Cinere Hospital Lactation Clinic is a place to get information for pregnant women who want to understand more clearly about the benefits of breastfeeding and how breastfeeding is good for the baby. Also to provide counseling and treatment for mothers who have breastfeeding problem.

Lactation Clinic Services addressed to Puri Cinere Pregnant and nursing mothers, the role of Specialist Obstetrics and Gynecology Specialists Children are very high. Mom - Mom is in a period of 28 weeks (ANC) can already be referred to the Lactation Clinic as well as the mother - mother after delivery (post partum) may perform counseling or joint education classes held in Puri Cinere Hospital Lactation Clinic, Home care and Services.

Supported by:

- Certified International Consultant
- National Certified Counselors & experienced
- Facilities and equipment are appropriate and comfortable
- Time effective service.
- Strategic Clinic Locations

Puri Cinere Hospital Lactation Clinic will provide services and to meet the criteria that have been issued by WHO / UNICEF in

support of "10 Steps to Successful Breastfeeding" are:

1. Have a written policy on breastfeeding
2. Provide training for officers
3. Explain the benefits of breastfeeding right
4. Implementing Early Initiation of Suckling
5. Demonstrate the correct breastfeeding technique
6. Do not give food or drink other than breastmilk
7. Implement rooming
8. Helping Mother breastfeeding baby as often as possible and arbitrarily
9. Do not give your baby a pacifier or kempeng
10. Promoting Breastfeeding Support group

Information
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PURI Cinere Hospital - FLOOR 4
JL. Maribaya No. 1 - Puri Cinere Depok 16 514
Tel (+62-21) 7545488 , Fax: (+62-21) 7545490

LIQUID MAGIC IS NAMED "milk"

The presence of beloved baby is the most awaited by all mothers. Towards the day of "H", all the equipment the child usually is ready, but if you also have to prepare food for the little guy?

ASI (Air Susu Ibu/Breast Milk), THE MOST IMPORTANT FOOD FOR BABIES

Breast milk (ASI) is a matchless compound created by God to fulfill the nutritional needs of infants and protect it against possible infections. The balance of nutrients in breast milk is at its best and has the form of milk is best for the baby's immature body. At the same time, breast milk is also very rich in food juices which accelerate the growth of brain cells and the development of system-saraf.Makanan artificial food for infants who are mixed using today's technology could not match the benefits of this miraculous food.

List the benefits of breastfeeding for babies is being added every day. Research shows that babies who were breastfed are particularly protected against respiratory and digestive system diseases. That is because the immune substances in breast milk provide a direct defense against disease. Other properties of breast milk also provides protection against the disease is providing a hospitable environment for bacteria "profitable" so-called "normal flora". The presence of these bacteria inhibit the growth of bacteria, viruses and parasites. Moreover, it has been demonstrated also that there are elements in breast milk that can shape the immune system against infectious diseases and help to work properly.

Because it has been mixed in a special way, milk is the most easily digested food your baby. Although very rich in nutrients, breast milk is easily digested by the baby's digestive system is vulnerable. Since the baby thus expends less energy on digestion, so that he can use that energy for other bodily functions, growth and organ development

One of the things that cause breast milk is necessary for the development of newborns is the content of omega-3 oil alpha linoleic acids. Aside from being a substance essential for the human brain and retina, the oil is also very important for newborns. Omega-3 is particularly important during pregnancy and the early stages of babies with brain and nerves develop in nomal. Scientists are particularly emphasize the importance of breastfeeding as a natural and perfect store of omega-3.

ASI, PASTI!

FACTS ABOUT ASI

It plays an important role on the health of babies change with the stages through which the infant and the type of nutrients needed at certain stages. The content of the milk change to meet the needs of this very special. ASI, which is always ready at all times and always at the ideal temperature, plays a major role in brain development because the sugar and fat it contains. In addition, elements such as calcium which has played a major role in the development of baby's bones.

Although it is called milk, this miraculous compound actually consists mostly of water. This is the most important feature because in addition to food, babies also need liquid in the form of water. The situation is really clean and healthy may not be established in water or foodstuffs other than mother's milk. However, breast milk - at least 90% water -, the baby's water needs in the most clean and healthy.

ASI AND INTELLIGENCE

Scientific research shows that cognitive development in infants fed breast milk is better than other babies. A comparative analysis of breast-fed infants and formula-fed babies by James W. Anderson - an expert from the University of Kentucky - proving that IQ (intelligence) babies fed breast milk were 5 points higher than other babies. Based on the results of this study established that breast milk is given up to 6 months benefit the intelligence of infants, and children who are breastfed are less than 8 weeks show no IQ benefit.

On the first day after birth, breast milk is very high nutrient content. AT LEAST 30 minutes or half an hour after birth, infants should be breastfed. At that time the mother produces milk colostrum, early milk-colored or yellowish and watery. Colostrum is rich in nutrients and antibodies that serve to protect infants from infection. Colostrum will appear again 30 hours later. That means if the baby does not immediately get the first colostrum, she lost her highly nutritious substances from the mother.

Functionally, colostrum plays clean up the bile and mucus (meconium) in the baby's digestive tract. This is very important because at the time after birth, babies are very susceptible to infection and a very new environment for him. Colostrum also will eliminate hunger in the newborn must be accompanied by the intake of sugar without milk or formula.

In addition to filling, colostrum contains immunoglobulins or immune. Type of protein in the body in charge of fighting the infection was not owned by the dairy animals. The content of this substance in colostrum hingga17 about 10 times more than in mature breast milk. That caused breastfed babies have immune optimally 15 to 20 times better. Actually, the baby's body has begun to make its own antibodies soon after birth. However, the new antibodies that will reach peak strength in infants aged nine to 12 months

Therefore, breastfeeding is the most powerful antibody aid for early growth of the baby. Moreover because the milk turned out to contain many millions of white blood cells that are useful to kill the bad bacteria in the gut of infants. Immune substances is truly amazing. Mothers immune to various diseases will be reduced to their infants through breast milk. If there's a mother has antibodies against five diseases, the baby will also get the same heritage.

Because of the many benefits of breastfeeding for infants, preparing for early breast milk. How do I?

1. Lactation counselors do counseling with mothers during their pregnancy place. Counseling is done during pregnancy, allowing mothers to get information about the nail on the benefits of breastfeeding, how to breastfeed, and so on
2. Asking the right to breastfeed EARLY TO GET SERVICE INITIATION during childbirth
3. Asking the right to NOT GIVE ANYTHING OTHER THAN INTAKE milk to the newborn
4. Asking the right to BABY DO NOT ISSUED SEPARATE from the mother
5. Choosing health care facilities and health workers who run the 10 Steps to Successful Breastfeeding

CHOOSE PLACE OF LOVE BABY CHILDBIRTH

Maternity home or hospital "dear baby" is a health care facility that meets the criteria that have been issued by WHO/UNICEF in order to support the program meyusui. The 10 criteria are:

1. Have a written policy on breastfeeding
2. Provide training for officers
3. Explain the benefits of breastfeeding right
4. Implementing Early Initiation of Suckling
5. Demonstrate the correct breastfeeding technique
6. Do not give food or drink other than breastmilk
7. Implement rooming
8. Helping mothers breastfeed your baby as often as possible and arbitrarily
9. Do not give a pacifier and or kempeng
10. Fostering Support Group Breastfeeding

To determine whether a health care facility to implement 10 measures the success of breastfeeding, the mother can ask for their rights, namely:

1. to explain the benefits of breastfeeding
2. to be taught the proper way of breastfeeding
3. to get service when the delivery of Early Initiation of Suckling
4. not to give anything other than breast milk intake to a newborn
5. for babies are not kept separate from the mother
6. to support mothers to breastfeed whenever
7. to not give a pacifier or kempeng
8. Health workers not to give gifts that come from manufacturers of infant formula
9. Health facilities are not put formula milk manufacturer's logo on posters, leaflets, banners, baby boxes, blankets, and all materials of mother and baby
10. to be developed or referred to breastfeeding mothers support group

So, do not ever hesitate to give exclusive breastfeeding as the foods for our babies.

From various sources

JOURNAL

Asian Hospital Federation

ADVERTISING RATE CARD

Date Effective June 1, 2012

The Asian Hospital Federation is an independent, non-political body, constituted by a number of national hospital association in the Asia Pacific region.

The aims and objectives of the Federation are to coordinate activities of hospital associations in the region for the attainment of quality health care and to establish and promote asystem for the exchange of information in every aspects of hospital and health care services, and on the latest advances and developments in medical sciences and technology.

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All Rates are net.

4 Color Back Cover	1x	2x	4x
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Full Page	US$ 500	US$ 400	US$ 300
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Advertising placement

Booking placement deadline is 2 (two) months before printing.

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Professional Care. Exclusive Setting. Personalised Service.

You helped my baby's heart, and mine, beat strong again.

VIRYANTI and FELICE CHOLIN, mother and daughter

Organization Accredited by Joint Commission International

My baby was born with a life threatening congenital problem, known as Tracheo-Esophageal Fistula (TEF). In Sumatra, Indonesia where we are from, it's not easy finding doctors who specialize in treating these types of complicated medical conditions so we decided to travel to Malaysia for treatment.

I decided to go to Sime Darby Medical Centre because the hospital is well known in my city and they have an excellent reputation for treating difficult cases, like ours. I knew we made the right decision choosing Sime Darby Medical Centre, because instead of one doctor looking after Felice we had a team of specialists, who also found and treated a problem with her heart.

I can't say this was an easy time for either of us, but the care and the commitment of the doctors and nursing staff were beyond anything we could have expected. I am happy to report Felice is doing well and improving by the day... and so is her mother.

Sime Darby Healthcare

www.simedarbyhealthcare.com