

3 PAX PER HOSPITAL
MAXIMUM

TRAINING FOR HOSPITAL ACCREDITATION CHAMPIONS

DATE : 09 MARCH 2019

**VENUE : IBIS HOTEL
KUALA LUMPUR CITY CENTRE**

JALAN YAP KWAN SENG, KUALA LUMPUR
(GPS: 3.163079, 101.714573)

PROGRAM

8:30	Registration & Tea
9:00	Briefing on Hospital Accreditation Program
10:00	Sharing of Experience from Accredited Hospital
10:00	Pre-survey activities
12:00	Intra-survey activities
13:00	Lunch & Prayer
14:00	Post-survey activities
15:00	Briefing on eHAP 5th Edition
15:30	Performance Improvement
16:15	Q & A
	Certification & Close



WHO SHOULD ATTEND	OBJECTIVE	EXPECTED OUTCOMES
<ul style="list-style-type: none"> ■ QA Coordinator / Managers ■ Departmental/Unit Accreditation ■ Survey Coordinator ■ Management Representative ■ Facility Support Service Liason Officers 	<p>Creating Hospital Accreditation Champions at Facility/Hospital level</p> <p>FEE RM 600 / PAX</p>	<p>At the end of the session all participants present will be able to:</p> <ul style="list-style-type: none"> ■ Facilitate the hospital accreditation process at the hospital level <ul style="list-style-type: none"> ■ Ability to provide guidance and direction to the facility/hospital in all accreditation requirement. ■ Act as an intermediary between the facility/hospital and the surveyors. ■ Interact and learn from the survey team during the survey process. ■ Acquire better knowledge with regard to-pre, intra and post accreditation survey requirement. ■ Be recognised as the facility/hospital champion for accreditation.

CONTACT

REGISTRATION FORM

Organisation/Institution:

Address:

Postcode

State

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Office No

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Fax No

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Email

Meal Preferences: Please tick []

Vegetarian (No of pax(s))

Non-vegetarian (No of pax(s))

PARTICIPANT(S) DETAILS

- (1) Name:
 Email:
- (2) Name:
 Email:
- (3) Name:
 Email:
- (4) Name:
 Email:
- (5) Name:
 Email:
- (6) Name:
 Email:

*** Photocopy of this form is acceptable*

COMPANY STAMP & SIGNATURE

I, the undersigned, have read and understood the registration policy and accept the terms contained therein

Authorised Signature:

.....
 Name of authorised person:

.....
 Designation:

.....

TRAINING FEE

**TRAINING FOR HOSPITAL ACCREDITATION CHAMPIONS
09 MARCH 2019**

MSQH Member

MYR 600/pax

PAYMENT DETAILS

All payments are in Ringgit Malaysia (MYR)

Cash/Bank Draft/Postal Order/Electronic Transfer/Cheque/LPO should be crossed and made payable to:

Bank Account: **Persatuan Kualiti Kesihatan Malaysia**

Account No: **8001130728**

Bank Address: **CIMB Bank, Jalan Tuanku Abdul Rahman, Kuala Lumpur, Malaysia**

REGISTRATION & ENQUIRY

Ms Tara/ Pn Ida/ Pn Hani

Email: thaaraniy@msqh.com.my
hidayat.msqh@gmail.com
azani.msqh@gmail.com

Phone: 03-2681 2232 Fax: 03-2681 3199

Address: Malaysian Society for Quality in Health (MSQH)
 B.6-1, Level 6, Menara Wisma Sejarah
 230, Jalan Tun Razak
 50400 Kuala Lumpur

Website: www.msqh.com.my

DISCLAIMER

MSQH reserves the right to alter the programme schedule and details without any prior notification.

Change of training date or venue

MSQH reserves the right to make alternative arrangement to the above without prior notice to participants. However, every effort will be made to inform participants of the changes.

Additional expenses

MSQH shall not be responsible for any additional expenses incurred by participants in the course of attending the training.

CANCELLATION

Cancellation of registration is subject to the following:

- 14 working days prior to commencement, 15% of training fee will be charged as administration fee.
- Less than seven (7) working days prior to the commencement, 50% of training fee will be charged.
- If no notification is received by the commencement date, full training fee will be charged.

Non Attendance

If participants fail to attend the training, a full training fee will be charge and no substitute is allowed.